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990-EZ

Short Form Return of Organization Exempt From Income Tax OMB No 1545-1150

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service . 20 A For the 2009 calendar year, or tax year beginning 2009, and ending June 30 January 1, 2010 C Name of organization D Employer identification number B Check if applicable use IRS 51 0204879 Address change VFW Post 10429 Benbrook Memorial Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number orint or Initial return type. P O Box 126371 817/249-6470 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Benbrook, TX 76126-16126 Number > Application pending G Accounting Method ☑ 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 ▶ ☐ if the organization is not required to attach Schedule B (Form 990, ı Website: ▶ Tax-exempt status (check only one) — ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) K Check F ____ 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 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 10907 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 2546 1 Program service revenue including government fees and contracts 1751 2 2 -114 3 3 51 4 4 5a Gross amount from sale of assets other than inventory 5b h Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 C Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here __ of contributions Gross revenue (not including \$ _ 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0 6c Gross sales of inventory, less returns and allowances 7a 19942 Less: cost of goods sold 10907 9035 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 12202 Other revenue (describe > Schedule attached 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 25471 9 9 204 10 10 Grants and similar amounts paid (attach schedule) . 0 11 Benefits paid to or for members REGEIVED 11 4698 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contrict 13 13 0 23980 14 14 Occupancy, rent, utilities, and maintenance 15 511 15 Printing, publications, postage, and shipping . . . Other expenses (describe > Schedule attached 16 4965 16 Total expenses. Add lines 10 through 16 . 17 34358 17 -8887 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 60669 0 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 51782 21 21 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 60669 22 51782 22 Cash, savings, and investments 111141 23 111141 23 0 24 0 24 Other assets (describe ▶

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

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Total liabilities (describe ▶

25

26

27

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171810 25

60669 27

0 26

Form 990-EZ (2009)

162923

51782

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	t III Statement of Program Service Accom		_	II.)		Expenses		
What is the organization's primary exempt purpose? Serve veterans and the community Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						(Required for section		
	organ)(3) and 501(c)(4) izations and section						
organical description of the control								
each	program title.				for ot	a)(1) trusts, optional hers)		
28	VOD, ROTC							
	VOD, KOTO							
	(Cranto ¢) If this amount	includes foreign grants ob			28a	204		
~~		includes foreign grants, ch			208	204		
29								
		.						
	(Grants \$) If this amount	ıncludes foreign grants, ch	eck here	. ▶ ⊔	29a	0		
30								
					.			
					.			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	0		
31	Other program services (attach schedule)							
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	0		
32	Total program service expenses (add lines 28a	through 31a)		•	32	204		
Par						tions for Part IV)		
	· · · · · · · · · · · · · · · · · · ·	(b) Title and average	(c) Compensation	(d) Contribu	tions to	(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee bene deferred com	ofit plans &	account and other allowances		
Pote	r Kau	devoted to position	enter -o,	deletted comp	361136(1011	Oliter allowalices		
	Asta Ct. Benbrook, TX 76126	Commander - 20						
	. Bradfield	Quartermaster - 12						
	Hollowcreek Rd. Aledo, TX 76008							
	y Grantland	Adjutant - 8						
1113	W. Mason Fort Worth, TX 76110			ļ				
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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				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	5.11				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a				
b	Did the organization file Form 1120-POL for this year?	37b		✓	
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				
39	Section 501(c)(7) organizations. Enter:				
а	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				
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		1	
41	List the states with which a copy of this return is filed. ▶ None				
42a	The organization's books are in care of ▶ Peter Kau Telephone no. ▶	817-24	9-647	D	
	Located at ▶ 1000 Stevens Drive, Benbrook, TX ZIP + 4 ▶				
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		✓	
	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.?	42c		1	
v	If "Yes," enter the name of the foreign country:	720		_	
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year				
			Yes	Nο	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ	44	,	1	
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		<i>J</i>	
			\ <u></u>	(2222)	

rait	4	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) n 17(a)(1) nonexempt o 1d 51.	charitable trus	antabi ts must	e trusts only. A answer questic	ns 46	tion 5–491	ɔ
		the organization engage in direct or indirect						Yes	No
		didates for public office? If "Yes," complete s					46	_	1
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						47	_	√
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		V
		the organization make any transfers to an ex	•	_	tion? .		49a		1
		es," was the related organization a section 5		· · · · · ·		· · · · · ·	49b		√
		nplete this table for the organization's five hig loyees) who each received more than \$100,0							
			(b) Title and average			(d) Contributions to	(e)	Exper	
	(a) N	ame and address of each employee paid more than \$100,000	hours per week devoted to position	1		employee benefit plans & deferred compensation		count a	
			2010102 10 p001001	1		····-	-		
							<u> </u>	-	
		•••••							
f	-	Il number of other employees paid over \$100							
		(a) Name and address of each independent contractor	paid more than \$100,000		(b) Typ	e of service	(c) Co	mpens	ation
								_	
d	Tota	al number of other independent contractors e	each receiving over \$1	00.000 ▶		0			
		·							
		Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including according office of preparer (other than office	ompanying schedule er) is based on all in	s and stat	ements, and to the be of which preparer has	st of my any kno	know owledg	edge e
Sign Here		Signature of officer Peter Kau Commander			[27 Aug	<u> </u>	01	۵_
		Type or print name and title		·					
Paid Propor		Preparer's signature	Dat	Check self- employ		Preparer's identifying nui	nber (Se	ie instrui	ctions)
Prepare Use On	- 1	Firm's name (or yours if self-employed),	_		EIN	>			
		address, and ZIP + 4			Pho	one no 🕨	_		
May th	e IRS	6 discuss this return with the preparer shown	n above? See instructi	ons	<u></u>	<u> ▶ [</u>	Yes		<u>No</u>
						Fo	m 99	Ų-EZ	. (2009

	10429 Benb 0 EZ Januar	rook Memorial y 1 - June 30			
Line		,			
` 1	Contribution	ıs			2,546
2		rvice Revenue			1,751
3	Membership				(114)
4	Investment				51
5 6	2117 CSCITICITE	211001110			-
6					-
		Canteen	13,459		
		Steak Night	6,483		
7a	Gross Sales	_	1	9,942	
		Canteen	6,555		
		Steak Night	4,352		
7b	Cost of Good	_	•	0,907	
7 c	Gross Profit	23 23.0	_	-,	9,035
, C	01033 110110	Gas Royalties		2,202	3,033
		Gas Right of Way Easement		0,000	
0	Other Rever	•	1	0,000	12,202
8					•
9	Total Reven	ue			25,471
10	Grants Paid	Programs - VOD, ROTC, ect.			204
11	Paid to mem	_			-
12	Salaries				4,698
13	Prof Fees				_
		Satellite Service		560	
		Alarm System		410	
		Electricity		2,687	
		Telephone		339	
				281	
		Dumpster			
		Waste Water Fee		188	
		Amerigas		1,962	
		Tree Removal		141	
		Walk-in Repair		992	
		Water Tank Replacement		987	
		Roof Replacement	1	4,989	
		Misc. Repairs		444	
14	Utilities, Ma	int.			23,980
15	printing, pos	stage			511
		Machine License		440	
		Post Insurance		1,723	
		General Supplies		154	
		Unemployment Tax		120	
		FICA/Medicare		554	
		TABC Tax		1,974	
16	Other Exp	17.50 TOX		-,5,	4,965
17	Total Exp				34,358
18	Excess or De	eficit			(8,887)
19					- · · · ·
	Net Beg of Year Other Changes				60,669
20	-	-			-
21	Net End of Year		Booleana -f	_	51,782
	Carlo Carria	Tourselments	Beginning of yea	r	End of year
22		gs, Investments	60,669	51,782	
23	Land & Build	_	111,141	111,141	
24	Other Asset		4=4-5-		-
25	Total Assets		171,810		162,923
26	Total Liabilit		-		-
27	Net Assets of	or fund balances	60,669		51,782