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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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

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

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

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

PHILLIPS KLEINER VFW POST 5627

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

5051 Branchville Rd

City or town, state or country, and ZIP + 4

College Park, MD 20740

D Employer identification number

52-6045798

E Telephone number

(301) 474-3512

F Group Exemption

Number ► 1831

• 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: ►

J Tax-exempt status (check only one) - ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H 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 ► \$ 98,308

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,771
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	25
	4	Investment income	4	
Expenses	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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"/>		
	6a	Gross revenue (not including \$ reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
	6c	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	84,112
	7b	Less cost of goods sold	7b	63,831
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	20,281
Assets	8	Other revenue (describe ► STM141)	8	11,400
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	34,477
	10	Grants and similar amounts paid (attach schedule) STM122	10	17,715
	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	1,178
	14	Occupancy, rent, utilities, and maintenance	14	23,321
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► STM130)	16	7,763
	17	Total expenses. Add lines 10 through 16	17	49,977
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(15,500)
	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	31,954
	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	16,454

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 22,427	22 6,648
23 Land and buildings	23 2,934	23 2,713
24 Other assets (describe ► STM131)	24 7,425	24 7,600
25 Total assets	25 32,786	25 16,961
26 Total liabilities (describe ► STM132)	26 832	26 507
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 31,954	27 16,454

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **Provide support to veterans**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Provide facilities for fellowship and membership activities

of veterans. Participated in local, regional, state and national activities relating to veterans interests/affairs

(Grants \$ 17,715) If this amount includes foreign grants, check here ☐**28a** 0**29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)** **32** 0**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Larry Williams 2118 Chapman Road Hyattsville MD, 20783	Jr Vice Command 0	0	0	0
Joseph Ruth 4904 Lincoln Ave Beltsville MD, 20705	Sr Vice Command 0	0	0	0
William Dunn Jr 4505 Naples Ave Beltsville MD, 20705	Quartermaster 0	0	0	0
Alan Nicholas 5051 Branchville Rd College Park, 20740	Post Adjutant 0	0	0	0
Jim Hontz 5810 67th Ave Riverdale MD, 20737	Post Advocate 0	0	0	0
Jim Carothers 6106 20th Ave West Hyattsville MD, 20782	Post Surgeon 0	0	0	0
James Middleton 3809 Hudee Drive Bowie MD, 20721	Post Chaplain 0	0	0	0
Joe Berizzie 3102 Quartet Lane Silver Spring, 20904	3 Year Trustee 0	0	0	0
Eddie Evans 6685 Tippetts Dr Mercersburg PA, 17236	2 Year Trustee 0	0	0	0
Christopher Meyers 4505 Naples Ave Beltsville MD, 20705	Commander 0	0	0	0
Joe Chlopicki 5717 Ruatan St College Park MD, 20740	1 Year Trustee 0	0	0	0

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	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	X
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 William Dunn Jr Telephone no 240-481-4382		
Located at 5051 Branchville Rd College Park, MD ZIP + 4 20740		
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)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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

	Yes	No
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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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."

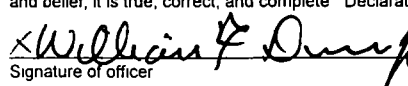
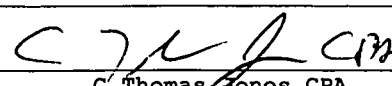
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 . . . ▶

Sign Here	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.				
	 Signature of officer		Date <u>2-13-11</u>		
Paid Preparer's Use Only	 Preparer's signature		Date <u>02-13-2011</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>C Thomas Jones CPA</u> <u>10242 Donleigh Dr</u> <u>Columbia, MD 21046-1125</u>		EIN ▶		Phone no ▶ <u>410-964-1070</u>
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EEA		
	Form 990-EZ (2009)				

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PHILLIPS KLEINER VFW POST 5627

FORM 990 - 1

52-6045798

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
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-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10
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	12
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . ▶	13

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II 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	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	221

Part III 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	17	
18	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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	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	22	221
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

Activity	Support to local non-profits/vets	<u>Amount</u>	<u>Relationship</u>
Grantee	Various	17,715	
Address	5051 Branchville Rd		
	College Park MD 20740		
	Total	<u>17,715</u>	

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

<u>Description</u>	<u>Amount</u>
Bank Fees	512
Bar Supplies	1,518
Insurance	3,397
Licenses	1,416
Other Fees	920
Total	<u>7,763</u>

Form 990EZ, Part II, Line 24 Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Inventories	7,425	7,600
Total	<u>7,425</u>	<u>7,600</u>

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
	832	507
Total	832	507

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

<u>Description</u>	<u>Amount</u>
Gross Rents	11,400
Total	11,400

990

Overflow Statement

2009
Page 1

Name(s) as shown on return

FEIN

PHILLIPS KLEINER VFW POST 5627

52-6045798

Office Expenses

Description	Amount
Building Maintenance	\$ 683
Office	637
Supplies	450
Utilities	21,551
Total:	\$ 23,321

* Item was disposed
of during current year

Depreciation Detail Listing

Management & General
For your records only

2009

PAGE 1

Name(s) as shown on return

PHILLIPS KLEINER VFW POST 5627

Social security number/EIN

52-6045798

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	Building	19620701	35,000		100.00		35,000	31.5		0		35,000			
2	Floor and ceiling rep	20060601	2,500		100.00		2,500	39	S/L MM	2.564	64	259			64
3	Furniture and equipment	19700701	10,000		100.00		10,000	7		0		10,000			
4	Tables and chairs	20070601	1,100		100.00		1,100	7	S/L MQ	14.286	157	628			157
Totals			48,600				48,600				221	45,887			221

Land Amount
Net Depreciable Cos.

48,600

ST ADJ

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- ☒ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
☐ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
 Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization PHILLIPS KLEINER VFW POST 5627	Employer identification number 52-6045798
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 5051 BRANCHVILLE RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions College Park, MD 20740	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ William Dunn Jr College Park, MD 20740

Telephone No ▶ 240-481-4382

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1831 If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02-15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning 07-01, 20 09, and ending 06-30, 20 10

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EEA

Form 8868 (Rev. 4-2009)