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Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2009 ca	alendar	year, or tax year beginning , 2009, and ending			, 20
В	Check if a	applicable	Please	C Name of organization American Legion Post 85	□□	Employ	yer identification number
_	Address		use IRS label or	Doing Business As		41	0900319
$\overline{}$	Name ci	ı ı	print or	Number and street (or P O box if mail is not delivered to street address) Room/surte	E	Telepho	one number
$\overline{}$	Initial ref	- 1	type See	6439 Elm Street	- (651)	674-4810
$\overline{}$	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4			
_	-		tions.	North Branch, MN 55056	G	Gross re	eceipts \$ 1079501
$\overline{}$	Amende		F Nan	and address of principal officer.			
_	Applicatio	on pending	1	H(a) is	-	•	
_	Tay-eye	empt status					included? LYes VNo
<u>.</u>	Websi						,
K			Z Com	oration ☐ Trust ☐ Association ☐ Other ▶ L. Year of formation: 1945		State of	f legal domicile: MN
Б	art I	Summ		Total of formation 1940		Otate 0	riegar dorniene. MIN
_				. Votorans grou		vina o	ther veterane that
	1 1	Briefly de	escribe	the organization's mission or most significant activities: Veterans grou	Aba	41118	die veterans mat
ņ	-			and social services care. Organization also promotes americanism to	rue (jenera	i public and
Activities & Governance	-	support	s otner	activities that help the local community.			
E	-					-	
Š	2 (Check this	box ►	if the organization discontinued its operations or disposed of more than 25% of its net a	ssets		
8	i 3 I	Number	of votir	g members of the governing body (Part VI, line 1a)		3	260
es	4	Number	of inde	pendent voting members of the governing body (Part VI, line 1b)		4	260
Ž	5	Total nur	nber of	employees (Part V, line 2a)		5	22
Act	6	Total nur	nber of	volunteers (estimate if necessary)		6	100
	7a	Total gro	ss unre	lated business revenue from Part VIII, column (C), line 12		7a	64596
	b	Net unrel	lated b	usiness taxable income from Form 990-T, line 34	<u> </u>	7b	-11333
	ŀ			Prior	Year		Current Year
۵	. 8	Contribut	tions a	nd grants (Part VIII, line 1h)	3	1434	30182
Revenue	9			revenue (Part VIII, line 2g)			
š	10	_		me (Part VIII, column (A), lines 3, 4, and 7d)		538	249
ď	11			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29	9558	151961
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	33	1530	182392
_				lar amounts paid (Part IX, column (A) lines 1-3)			
	14	Donofite	naid to	or for annual (Part IV, column (A) line (I)			
es	45	Calariae .	paid to	or for members (Part IX, column (A), line 4)	18	4089	92843
Expenses	15	Salanes, i	omer co	dragging to the Control of the Contr		1000	020-10
Š	loa	Professio	onai tun	draising rees (Part IX, column (A), line (Pe)			
ш	_	i otal tuno	araising	expenses PartiXAtolulintaD) 2He 25)	17	7704	91577
				(Part IX, Column (A), lines 11a-11d, 1011-24f)		1793	
	18	lotal exp	oenses.	Add lines 18-17 (must equal ParriX, column (A), line 25).			184420
_ 9		Revenue	iess ex	penses Subtrac (Next a) Frem line 12		0263	-2028
ets or				Beginning of			End of Year
SSB	g 20 ·	Total ass	sets (Pa	rt X, line 16)	•	7583	466756
Net Asser	21			Part X, line 26)		2078	3279
				nd balances. Subtract line 21 from line 20	<u>46</u>	5505	463477
Р	art II		ature	· · · · · · · · · · · · · · · · · · ·			
		Under pe	enalties of	perjury, I declare that I have examined this return, including accompanying schedules and sta e, correct, and complete Declaration of preparer (other than officer) is based on all informati	temen	ts, and t	to the best of my knowledge reparer has any knowledge
			.,		2 /	1-1	
	gn	ID	IJ.	to le work	<u> </u>	9//	<u>'0 </u>
He	ere	▼ Sign	ature of o	officer [Date		
		I	<u>51</u>	LOCA A. WACHA			
		Туре	or print	name and title			
		Preparer'		Date Check if self-			identifying number
Pai	id	signature	· 🚩 }	/\ employed ▶] ^{(se}	e instruc	uons)
	eparer's	l		ams lettine 3/1/10			
	-	Firm's na		Paragon Financial Services, Inc.	,	68	0525483
US	e Only	if self-em address,			e no 🕨	► (76 3	
Ma	ay the	•		return with the preparer shown above? (see instructions)			. 🗸 Yes 🗌 No
				work Reduction Act Notice, see the separate instructions. Cat No	1122		Form 990 (2009)
		-, - 	pci		1202	- 1	1 JULIU 2003)

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 services?
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	••••••
4-	(Code: \(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\2\)\(\frac{1}\2\)\
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	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," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	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," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	1	
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓_

Pa	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		1
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		1
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		1
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		1
b	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		✓
b	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		
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		1
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? If "Yes," complete Schedule L, Part III.	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		1
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		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35_		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	*
			•	

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 22 22			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓.	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
	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)?	4 a		1
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 and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	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			
•	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.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	areas means from members of shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
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	✓	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			l
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	√	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			•
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	1	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			· ·
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
				† <i></i>
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		Ì
13		13	_	1
	Does the organization have a written whistleblower policy?	14		1
14	Does the organization have a written document retention and destruction policy?	<u>├</u>		
15	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?			
_	The organization's CEO, Executive Director, or top management official	15a	1	
a L		15b	1	
D	Other officers or key employees of the organization	130	_	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
_	with a taxable entity during the year?	104		•
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		
800		100	L	L
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(d	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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 recoordanization: Carene Johnson 6439 Elm Street, North Branch, MN 55056 651-674-4810	rds o	f the	

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 co	mpensate	any o	curr	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	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 Wacha Commander	Part			1				О	0	0
Jlm Johnson Adjutant	Part			1				0	0	0
Rich Pechuman Sr. Vice Commander	Part			1				0	0	0
Kevan Swanson Jr. Vice Commander	Part			1				0	0	0
Rick Hals Finance Director	Part			1				0	0	0
Carene Johnson Bar Manager	Full				1			15645	0	0
Glenn Pierce Gaming Manager	Fuli				1			23400	0	0

Рa	Section A. Officers, Directors, 170	istees, key	/ Emp	loy	ees,	, an	a nigi	nesi	Compensate	a Employees (co	ontinuea)
	. (A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Por director	nstitutional trustee	Officer	all Key employee	Highest compensated employee	Former	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
											-
								7	-		
				•				i			
							ļ				
<u>1b</u>	Total	<u> </u>	<u> </u>			<u></u>	<u> </u>	▶	39045	0	0
<u> </u>	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above)) wh	no received mo	ore than \$100,0	·
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se	chedule J	for su	ch i	ındi	vidu	ıal .				Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations and individual.										4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	ens Sch	satio	on f ele J	rom a for s	any uch		anization for	5 1
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compensation
No	1e										
					_						
									 		
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	those	liste	ed above) who	received	

Part	VIII	Statement of Rev	venue				_		
	•	•		_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a					
g a	b	Membership dues		1b	14245				
an an	С	Fundraising events		1c	15937				ļ
gif	d	Related organizations		1d	<u>.</u>	i			'
ns,	е	Government grants (contri	butions)	1e					,
er 3	f	All other contributions, gifts, g	rants,	ĺ					,
et i		and similar amounts not include		1f					1
o P		Noncash contributions include	d in lines 1a-11	f. \$					Į.
a C	h	Total. Add lines 1a-1f		•	▶	30182			
en.					Business Code				l
эле	2a								
e K	b								
Program Service Revenue	С		· · · · · · · · · · · · · · · · · · ·						
Se	d								
Гаш	ę	All other program consis						- '	
rog	1	All other program service Total. Add lines 2a–2f			•				
	g								
	3	Investment income (incl				249	124	125	
		other similar amounts)				2-10			
	4 5	Income from investment of Royalties	•	Done	d proceeds				
		rioyanics	(i) Real	_ <u>·</u>	(ii) Personal				
	60	Gross Rents		1347	, , ,				
		Less: rental expenses							!
		Rental income or (loss)							!
		Net rental income or (lo	ss)		▶	4347	2174	2173	
	72	Gross amount from sales of	(i) Secuntie	s	(ii) Other				
	, a	assets other than inventory							
	ь	Less, cost or other basis							Ì
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)			.				
evenue	8a	Gross income from events (not including \$	fundraisin			i			
ě		of contributions reported	d on line 1d						!
Œ		See Part IV, line 18		а					
Other		Less: direct expenses		b					
Ò	С	Net income or (loss) fro	m fundrais	ıng e	vents				
	9a	Gross income from gam	ing activitie	s.					•
		See Part IV, line 19			882218				İ
		Less: direct expenses.		-	841262	100.00			2
		Net income or (loss) fro			ities ▶	40956	31987	8969	
	10a	Gross sales of inve			450540				
		returns and allowances		a	159518 55847				[
		Less: cost of goods sol Net income or (loss) from		b vento		103671	51835	51836	'
		Miscellaneous Reve		v Cill	Business Code	103071	31033	31030	
	14-	A TALL			220035 0003	1825	913	912	
	11a b	Manualla a Manualla a a			- 	1162	581	581	
	_				-	1102	331	301	
	٦ C	All other revenue			<u> </u>			<u> </u>	
		Total. Add lines 11a-1	 1d	•					
	12	Total revenue. See ins		•		182392	87614	64596	

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	t requirea to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	83729	· · · · · · · · · · · · · · · · · · ·		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9114			
11	Fees for services (non-employees):				
	Management				
	Legal			_	
	Accounting				
	Lobbying		**·····		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			 	
	Other	369			-
12	Advertising and promotion	6240			
13	Office expenses	0240		· · · · · · · · · · · · · · · · · · ·	
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				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4754			.
23	Insurance	4/34			
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Lawful Purpose Donations	36382	-		
b	Schedule 1	11271			
c	Schedule 2	32561			
d					
e					
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	184420			
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.				

Га	rt X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	37828	1	35791
- 1	2	Savings and temporary cash investments	6180	2	
	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 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			
,,	_			7	
Assets	7	Notes and loans receivable, net	6225		13266
Ş	8	Inventories for sale or use	40		899
1	9	Prepaid expenses and deferred charges	40	-	099
	10a	Land, buildings, and equipment: cost of			
		other basis. Complete Part VI of Schedule D	416800	100	416800
		Less: accumulated depreciation 10b	410000	11	410000
	11 12	Investments—publicly traded securities	-	12	
	13	Investments—program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	500	-	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	467583		466756
	17	Accounts payable and accrued expenses	395	17	3279
- 1	18	Grants payable	·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ap		employees, highest compensated employees, and disqualified			
ןב		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	A long a consideration of the constraint of the		24	
	25	Other liabilities. Complete Part X of Schedule D	1683		
_	26	Total liabilities. Add lines 17 through 25	2078	26	3279
ances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	····
Net Assets or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
šš	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	465505	32	463477
ě	33	Total net assets or fund balances	465505	,	463477
لت	34	Total liabilities and net assets/fund balances	467583	34	466756

Pa	t XI Financial Statements and Reporting							
	•		Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other modifiedcast							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1				
	Schedule O.			-				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?	2b		✓				
С	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?							
	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							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a						
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.	3b						

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
American Legion Post 85

Employer identification number 41 0900319

Par	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similars to Form 990. Part IV, line 6.	ar Funds or Accounts. Complete if
	in organization and organization	(a) Donor advised funds	(b) Funds and other accounts
1 2 3	Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) .		
4 5	Aggregate value at end of year Did the organization inform all donors and funds are the organization's property, sub	donor advisors in writing that the asset	s held in donor advised control? Yes . No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private	lonors, and donor advisors in writing that for the benefit of the donor or donor adbenefit?	t grant funds can be lvisor, or for any other Yes . No
Par	t II Conservation Easements. Com	plete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize easement on the last day of the tax year.	g., recreation or pleasure)	ation of an historically important land area ation of a certified historic structure
а	Total number of conservation easements		1 1
b c d	Total acreage restricted by conservation ex Number of conservation easements on a conservation easements include the conservation easements on a conservation easement include the conservation easements on a conservation easement include the conservation easements on a conservation easement include the	certified historic structure included in (a)	2c
3	Number of conservation easements modifithe tax year ▶	ied, transferred, released, extinguished,	or terminated by the organization during
4	Number of states where property subject	to conservation easement is located >	
5	Does the organization have a written policy violations, and enforcement of the conservations	vation easements it holds?	Yes . No
6 7	Staff and volunteer hours devoted to mon Amount of expenses incurred in monitorin		- '
	> \$		
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the footnote to the organization easements.	on's financial statements that describes
Par		ections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted u art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, of	or research in furtherance of public service,
b	If the organization elected, as permitted u historical treasures, or other similar assets provide the following amounts relating to	s held for public exhibition, education, or these items:	research in furtherance of public service.
	(i) Revenues included in Form 990, Part V (ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported	s of art, historical treasures, or other sin	nilar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X .	line 1	▶ \$

Pag	e	2

Par	t III Organizations Maintaini	ng Collections	of Art, His	storica	al Treasures,	or O	ther Similar As:	sets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	ther recor	ds, che	eck any of the	follow	ing that are a sig	nificant us	e of its
а	Public exhibition		d		oan or exchar				
b	Scholarly research		е		Other				
C	Preservation for future generat								
4	Provide a description of the organize Part XIV.	ation's collections	and expl	ain hov	w they further t	he or	ganızation's exer	npt purpos	e in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	ined as pa	rt of th	e organization's	colle	ction?	Yes	□ No
Par	Escrow and Custodial A IV, line 9, or reported an a					swer	ed "Yes" to Form	n 990, Pai	rt
	Is the organization an agent, trusted included on Form 990, Part X? .					ns or	other assets not	Yes	□ No
þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followi	ng table:		Am	ount	
	Beginning balance					10	ļ		
	Additions during the year					1d		· · ·	• •
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount "Yes," explain the arrangement in	ount on Form 990						Yes	☐ No
	t V Endowment Funds. Co		anization	ansv	vered "Yes" to	o For	m 990. Part IV.	line 10.	
		(a) Current year	(b) Prior		(c) Two years t	$\overline{}$	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance		i						
ь	Contributions								
_	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f g	Administrative expenses End of year balance						······································		
2	Provide the estimated percentage of	•		as:					
а	Board designated or quasi-endowm		%						
b	Permanent endowment ▶	%							
C	Term endowment ▶ %	,							
3а	Are there endowment funds not in th	e possession of th	ne organiza	ition th	at are held and	admi	nistered for the	ĪV.	- No
	organization by:							Ye 3a(i)	s No
	(i) unrelated organizations								+
_	(ii) related organizations				bodulo D2			3a(ii)	-╁
4	If "Yes" to 3a(ii), are the related organisms. Describe in Part XIV the intended us							3b	
	t VI Investments—Land, Bu					rt X i	ine 10		
·	Description of investment	(a) Cost or of			ost or other		ccumulated	(d) Book vo	duo
_	Description of investment	(investm			sis (other)		preciation	(d) Book va	
1a	Land	.							
b	Buildings				346800			3	46800
С	Leasehold improvements							<u>_</u>	
d	Equipment	.			70000				70000
<u>e</u> Tota	II. Add lines 1a through 1e. (Column (d)	must equal Form 9	90. Part Y	colum	(R) line 10(c))		•		146900
. 000			55, r art X,	Joiann	. (D), and 10(D).)	 -			16800

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 valua Cost or end-of-year man	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Relate	d. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
	· · · · · · · · · · · · · · · · · · ·		
			
		- 10	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX Other Assets. See Form 990, Pa			415
	(a) Description		(b) Book value
			
	· · · · · · · · · · · · · · · · · · ·		
Table (Only 1971)	(D) (may 15.)		
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability	(b) Amount		
Federal income taxes	(2) 21.04.11		
		\neg	
		_	
	 	_	
		\dashv	
		\dashv	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			

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Page	-

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nente
	•	1	ileilia
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
4	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
6	Investment expenses	7	
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	
9 10	Total adjustments (net) Add lines 4 through 8	10	<u> </u>
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		r Return
		1	
1	Total revenue, gains, and other support per audited financial statements	+	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments		
a	The difficulties gains of investments	-{	
b	Donated Scivices and use of facilities		
C	riceoveries of prior year grants		
d	Other (Describe in Part XIV.)	<u>-</u> -	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	-	
C	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
		ses p	per neturn
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	{	
þ	Prior year adjustments	{	
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	{	
b	Other (Describe in Part XIV.)		
္ငင	Add lines 4a and 4b	4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u> </u>
			5 . 8
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	nu 4t	o. Also complete
	part to provide any additional information.		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "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 Open To Public Inspection

Department of tife Treasury Internal Revenue Service Name of the organization

Name of the organization		•			Employer identi	fication number
American Legion Post 85					41	0900319
Part I Fundraising Activitie Form 990-EZ filers are					o Form 990, Pa	rt IV, line 17.
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a ☐ Mail solicitations b ☐ Internet and email solicitations f ☐ Solicitation of government grants c ☐ Phone solicitations g ☑ Special fundraising events						
d In-person solicitations		•	•	· ·		
2a Did the organization have a writt or key employees listed in Formb If "Yes," list the ten highest pair	990, Part VII) o d individuals or	or entity in c r entities (fu	onnection	with professional for	undraising service	es? ∐ Yes ☑ No
to be compensated at least \$5,	000 by the orga	anization.				
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-			
		-				
Total	<u> </u>		>		•	
List all states in which the organ registration or licensing.	nization is regis	stered or li	censed to	solicit funds or ha	as been notified	it is exempt from
	· · · · · · · · · · · · · · · · · · ·					
		• • • • • • • • • • • • • • • • • • • •				
·····						
		•••				
				· · · · · · · · · · · · · · · · · · ·		

Sched	lule (G (Form 990 or 990-EZ) 2009						age 2
Par	t II	Fundraising Events. Co more than \$15,000 on F					ortec	i
			(a) Event #1 Mid Summer (event type)	(b) Event #2	(c) Other events	(d) Total e (add col (a) col (c)	through)
اف	1 2	Gross receipts	15937				15	5937
_	3	Gross income (line 1 minus line 2)	15937					5937
	4	Cash prizes						
	5	Noncash prizes						
ses	6	Rent/facility costs						
Expens	7	Food and beverages	18510				18	<u>8510</u>
Direct Expenses	8	Entertainment						
_	9	Other direct expenses		, , , , , , , , , , , , , , , , , , , ,				
- 1	10 11	Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in co ine line 3, column (d), a	olumn (d) nd line 10		(510 2573
Par	t II		the organization answ	vered "Yes" to Form	990, Part IV, line 19,	or reported	om b	re
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
Rev	1	Gross revenue	92353	756281	33584		882	2218
ses	2	Cash prizes	69335	630339	23839		72:	3513
rect Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs					_	
	5	Other direct expenses .		117749			117	7749
	6	Volunteer labor	☐ Yes% ☑ No	☐ Yes% ☑ No	☐ Yes% ☑ No			
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		(841	262)
	8	Net gaming income summar	y. Combine line 1, colum	nn d, and line 7	<u> ▶</u>		40	0956
9 a b	İs	iter the state(s) in which the o the organization licensed to o "No," explain:	perate gaming activitie	s in each of these state		9a	Yes	No
10a b		ere any of the organization's ("Yes," explain:	gaming licenses revoke			ar? 10a		1
11	 Do	pes the organization operate o	naming activities with o	onmembers?		11		
12	ls	the organization a grantor, be	eneficiary or trustee of		a partnership or other			

Page	3
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a The organization's facility 13a 100.0 % b An outside facility 9	es No	Yes			
a The organization's facility				Indicate the percentage of gaming activity operated in:	13
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Glenn Pierce Address ▶ 6439 Elm Street, North Branch, MN 55056 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party: Name ▶			.	The Organization 3 lacinty	а
and records: Name ► Glenn Pierce Address ► 6439 Elm Street, North Branch, MN 55056 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party: Name ►			-	All outside facility	b
Address ► 6439 Elm Street, North Branch, MN 55056 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					14
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$				Name	
revenue? 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 of the third party: Name ▶				Address > 6439 Elm Street, North Branch, MN 55056	
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 of the third party: Name ▶			15a		15a
Name ►				If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	b
Address Gaming manager information: Name Glenn Pierce Gaming manager compensation Saming manager compensation Manages, supervises, hires, fires, audits and reports to the Post Director/officer Employee Independent contractor				If "Yes," enter name and address of the third party:	С
16 Gaming manager information: Name ► Glenn Pierce Gaming manager compensation ► \$ 23400 Description of services provided ► Manages, supervises, hires, fires, audits and reports to the Post □ Director/officer				Name ▶	
Name ► Glenn Pierce Gaming manager compensation ► \$ 23400 Description of services provided ► Manages, supervises, hires, fires, audits and reports to the Post □ Director/officer □ Employee □ Independent contractor				Address ▶	
Gaming manager compensation ▶ \$ 23400 Description of services provided ▶ Manages, supervises, hires, fires, audits and reports to the Post □ Director/officer □ Employee □ Independent contractor				Gaming manager information:	16
Description of services provided ► Manages, supervises, hires, fires, audits and reports to the Post □ Director/officer □ Imployee □ Independent contractor				Name Glenn Pierce	
□ Director/officer					
				Description of services provided Manages, supervises, hires, fires, audits and reports to the Post	
	İ			☐ Director/officer ☐ Employee ☐ Independent contractor	
17 Mandatory distributions:				Mandatory distributions:	17
a Is the organization required under state law to make charitable distributions from the gaming proceeds to					а
retain the state gaming license?	✓	✓	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 36382					<u>ь</u>

Schedule G (Form 990 or 990-EZ) 2009

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.

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **American Legion Post 85** 0900319 Part VI, Sec B, Line 11 The Organization holds monthly membership meetings for all financial activity. Once the tax return is completed, the forms are presented to the Finance Director, the Finance Director in turn reviews and presents the returns to the Board of Directors. Final approval is done by the Board before they get mailed to the appropriate government agency. Part VI, Sec B, Line 15 The Organization's policy for all paid employees is to be determined and reviewed by the Board of Directors at the monthly finance committee meeting. After review and approval the employee or vendor can be paid. Part VI, Sec C, Line 19 The Organization makes available to the general public all governing documents and financial statements. Currently, there is no written conflict of interest or document retention policies.

North Branch AML Post 85 41-0900319 12/31/09

Schedule 1

Form 990, Part IX, Line 24b

Cash Short	914
Bar Supplies	3720
Repairs and Maint.	2361
Licenses	260
Entertainment	1110
Dues	369
Security	<u>2537</u>

Total <u>11271</u>

Schedule 2

Form 990, Part IX, Line 24c

Auto Expense	96
Bar Supplies	359
Postage	463
Club Supplies	507
Special Events Costs	18510
Insurance- Van	629
Insurance- Building	3877
Accounting	2400
Dues	<u>5720</u>

Total <u>32561</u>