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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

▶ 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 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN LEGION POST 562 <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 31 <hr/> City or town, state or country, and ZIP + 4 CUMMING, IA 50061	D Employer identification number 42-6127824 <hr/> E Telephone number (515) 202-2540 <hr/> F Group Exemption Number ▶ 0925
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

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

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

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 ▶ \$ 22,130

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	362
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	4,968
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶)	8	16,800	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	22,130	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	6,051
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	13,118
17 Total expenses. Add lines 10 through 16	17	19,169	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,961
	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	34,052
	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	37,013

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	13,932	22	16,012
23 Land and buildings		23	
24 Other assets (describe ▶)	20,120	24	21,001
25 Total assets	34,052	25	37,013
26 Total liabilities (describe ▶)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,052	27	37,013

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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: 2010-05-17

DEAN C YORDI TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RICARDO J ALVERIO CPA Date: 2010-08-16 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ACCOUNTING AND TAX SOLUTIONS, 1037 SUNSET DR, NORWALK, IA 50211223

Preparer's identifying number (See instructions): EIN: Phone no: (515) 981-5222

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

Additional Data

Software ID:

Software Version:

EIN: 42-6127824

Name: AMERICAN LEGION POST 562

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
FRANCIS DOLL 5006 LAKEWOOD DR NORWALK, IA 50211	DIRECTOR 5 00	0		
RICHARD HARKIN 287 30TH AVE CUNNING, IA 50061	DIRECTOR 5 00	0		
PAUL KING 435 15TH AVE CUMMING, IA 50061	DIRECTOR 5 00	0		
DEAN C YORDI 1520 BIRCH ST NORWALK, IA 50211	TREASURER 15 00	0		

TY 2009 Other Assets Schedule

Name: AMERICAN LEGION POST 562

EIN: 42-6127824

Description	Beginning of Year Amount	End of Year Amount
INVESTMENTS	20,120	21,001

TY 2009 Other Expenses Schedule**Name:** AMERICAN LEGION POST 562**EIN:** 42-6127824

Description	Amount
BUSINESS EXPENSES	5,658
MEETING EXPENSES	1,861
PAYMENT TO AFFILIATES	5,599

TY 2009 Other Revenues Schedule

Name: AMERICAN LEGION POST 562

EIN: 42-6127824

Description	Amount
RENT INCOME	16,800