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#### 990 Fom

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public

			Service	•	. 1	Th	e orga	nizatio	on may	have to	use a c	opy of this	return t	o satisfy s	state rep	orting	g requ	ııremen	ts		ln:	spectio	n
A	For	the	2009 calend	lar year,	or	or ta	ıx yea	r begi	inning					, 20	09, and	endi	ing				, 20		
В	Chec	k if ap	plicable	Please	C	C N	Name of	organiz	ation Al	MERICA	AN LE	GION PO	ST 22							D	Employer	identificat	tion no.
	Addr	ess ch	ange	use IRS label or	T		Doing Bu	usiness	As			-								٦,	46-0213	3269	
	Nam	e chan	ae	print or		_	Number	and stre	et (or P C	D box if m	ail is not d	elivered to sti	reet addre:	is)			Room/suite			ĪΕ	Telephone	number	
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Ħ			pending	F Name	e an															_			,
_	, <del>4</del> -1		ponumg				100,000	о. <b>р</b> о	.,								H(a)	Is this a g	roup	retur	n for	Yes	X No
_	Tax-	exemn	t status	X 501(c)(	1	19	) <b>4</b> (	insert n	0) [	49476	a)(1) or	527										=	□ No
<u> </u>		/ebsite: ► N/A									-1(1) 01			-			H(c)	If "No," at Group ex	tach	a list	luded? (see instruc	tions)	
ĸ			of organization 🗓 Corporation 📋 Trust 🗋 Association 🗋 Other 🕨 L. Year of formation 1997 M. State of legal										SD										
	irt		Summar	<del></del>																			
نسندا			Briefly descr	•	rga	anı	zation'	s miss	sion or r	most sic	ınıfıcant	activities.	1	UNDRA	ISING	то	SUP	PORT	PRO	OGR	RAM.		
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v	,	2	Check this b	ох ▶ П	ıf t	f the	orgar	ıızatıo	n discor	ntinued	ıts opera	ations or di	sposed	of more t	han 25%	6 of its	s net	assets				_	
† r	,		Number of v	_			-						•						1:	3			6
1 8	a		Number of in	-				_	_			-	line 1b)							4			0
e r	- 1		Total numbe	•			-			-	_								_	5	<del></del>		28
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i			Total gross u				-			• .									7	7a		1:	5,125
-	1		Net unrelate																7	7b			0
																		nor Year			Cun	rent Year	
R		8	Contributions	s and grai	เกเร	nts (I	Part V	III. lıne	e 1h)									9	9,8	78		2	0,839
v			Program ser	-					-										•			-	
i e	.		Investment i				•												1	97			0
ַ וַ	-		Other revenu															226	5,8	36		26	6,501
Ęĭ	- 1		Total revenu															236		$\overline{}$			7,340
₹ -	-		Grants and s													1			3,9	$\overline{}$			3,579
<u>ن</u>			Benefits paid																				0
Ø E		15	Salaries, oth	er compe	ens	nsat	ion er	allan	e bené	īnts ŽI (Pal		umn (A), li	nes 5-10	0)			,	9:	5,4	43		10	4,271
P	- 1		Professional								17/1												0
n			Total fundra		_	-	L -			CONTRACTOR OF THE	-	1			0								
s e	-	17	Other expen	ses (Part	t IX	IX. c	Jolumr	, XG			11-24f)	1			<del></del> .			130	5,4	41	***************************************	17	1,679
s	- 1		Total expenses Add										25)						5,8	_			9,529
	- 1		Revenue les																1,0				7,811
Net																Bed	ainnina	of Current			End	d of Year	
Asse	ets	20	Total assets	(Part X. I	lıne	ne 1	6) -												2,8				6,138
or Fund			Total liabilitie				,												3,7				4,407
Bal- ance	- 1.		Net assets o	•			,												9,0				1,731
	art		Signatu													1							
ستسا			Under penalti	es of penury	اورو	dec او	clare tha	ıt I have	examine	d this retu	m, includia	ng accompany	ying sched	ules and sta	atements, a	and to	the bes	t of my kn	owled	dge		,	
			and belief, it i	is true, corre	ect, i	ft, and	d comple	ete Dec	laration o	of preparer	(other tha	n officer) is b	ased on al	Information	of which p	prepare	er has a	iny knowle	edge		//		
Sig	gn				Ħ	HY,	rle,	, /	1111	kun									- 1	11	/4/2i	(U)	
He	re		Signatu	re of officer	7	1		11					-		_					Date	e /		
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				print name a														-					
_			Preparer's										Date	_	Che	eck if		Prep	arer's	der	ntifying numb	er	
			signature	<b>)</b>	_		-		1//	2				/	اووا	f-	ı <b>▶</b> [	(see	ınstn	uction	ns)		
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Us	e Or	ııy	Firm's name if self-employ								****	JAN TOE				–լ՟		•					
			address, and				4/02 MAPLE AVE RAPID CITY, SD 57701							Phone no ▶ 605-716-3985									
Ma	v the	e IRS	discuss this	s return wi	/ith	th th						ructions)									· · · · X Yes No		
	,						- r · - r				11.41												

<u>Form</u>	990 (2009) AMERICAN LEGION POST 22	46-0213269	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	FUNDRAISING TO SUPPORT PROGRAM.		
2	Did the exemplation undertake any againsent program any see during the year which were not listed on		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ Voc V	- No
	If "Yes," describe these new services on Schedule O.	∐ 1es <u>k</u>	7) 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	☐ Yes क्रि	No
	If "Yes," describe these changes on Schedule O		.,
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$167,278 including grants of \$) (Revenue		)
	CONDUCT FUND RAISING ACTIVITIES TO SUPPORT PROGRAMS SUCH AS BOY'S STATE, AM		
	BASEBALL, & SEVERAL CHARITIES & NEEDY ORGANIZATIONS. CHRISTMAS BASKETS WERE	GIVEN TO 175	
	BOYS.		
		-	
		·	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	<b>\$</b>	)
	CONDUCT MEETINGS AND SOCIAL FUNCTIONS FOR MEMBERS IN SUPPORT OF FRATERNAL OF	ORGANIZATION.	
			•
		. <del>.</del> ,	
			_
			-
4c	(Code. ) (Expenses \$ Including grants of \$ ) (Revenue		```
40	(Code:) (Expenses w	,	
			<del></del>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 167,278		

#### Part IV Checklist of Required Schedules

		i	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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		<u> </u>
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)	_	I	
_	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		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		_X_
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		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	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			
40	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	40		37
404	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	146		Х
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		v
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	<sub>v</sub>	
20	If "Yes," complete Schedule G, Part III	19	Х	v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

Га	TIV 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		163	
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ĺ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Ifi	22		Х
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		Х
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			ĺ
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
¢		24c		
٠	to defease any tax-exempt bonds?	24d	_	
d a-	Did the eigenstation detail at the police of	24a	<u> </u>	<del> </del>
25a	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ŀ		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		L.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ŀ		l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	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	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ļ —	
-	Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
С				1
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		v
	Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32	ļ	X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		1
	III, IV, and V, line 1	34		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		T	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	1	<b>†</b>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		x
20		<del>"</del>	<del> </del>	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u></u>

_	990 (2009) AMERICAN LEGION POST 22 46-02132	269	H	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
		······	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.		
	gaming (gambling) winnings to prize winners?	1c		<u> </u>
	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	2.	Х	
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	20	v	1
		3a 3b	X	<del> </del>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-30		
	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)?a foreign country (such as a bank account, securities account, or other financial	4a		x
	If "Yes," enter the name of the foreign country	70		1
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		<u> </u>	
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	<del> </del>	-	
•	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	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_]		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		ļ	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l	ļ	
	required?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	١.	-	
_	organization, have excess business holdings at any time during the year?	8	<del> </del>	ļ
9	Sponsoring organizations maintaining donor advised funds.	0-	1	v
a	Did the organization make any taxable distributions under section 4966?		}	X
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	ap	<del> </del>	<del>  ^</del> -
10	Section 501(c)(7) organizations. Enter		ŧ	
a	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$	1	
11	Gross income from members or shareholders		<b></b>	
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	-	1	
9	amounts due or received from them )		1	
	amounts due of received norm them;	<b>-</b> i	‡	}

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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 instruction	ns	

Sec	tion A. Governing Body and Management			
	,		Yes	No
1a	Enter the number of voting members of the governing body			
ь	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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	:		
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			·
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	Х	
11a	form?			<u> </u>
12a		12a		X
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa		
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			<u> </u>
16a	· · · · · · · · · · · · · · · · · · ·			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			·
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		-	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ► SD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website W Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► JOHN WHEELER (605)342-4930			
	PO BOX 895 RAPID CITY, SD 57709	-	•	

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (D) Œ) (B) (C) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per ō compensation compensation amount of d H c e e y from related other week from mp organizations compensation sevt c let deo u r ao I r h p l e e o y t s e cer e m p i o organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations e d JOHN WHEELER PRESIDENT 15.00 0 0 0 DOUG FLETCHER X 0 0 VICE PRES 15.00 0 PAUL FRANKIN 0 SECRETARY 15.00 0 0 MICHAEL BALL 5.00 Х 0 0 O DIRECTOR KEN ORROCK Х 5.00 0 0 0 DIRECTOR DENNIS EDWARDS X DIRECTOR 5.00 0 0 n

-	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	під	nes	Com	pen	sated Employees	(continued)	—			
	(A) Name and Title	(B) Average	B			C)			(D)	(E)			<b>(F)</b>	
	Name and Title	hours per week	itd nri dur ise vtc iet deo	i t n r s u t s i t	Office	K	at apply) H c e I o m g mp h p l e e o s n y t s e t e d	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC		am comp fro orga and	timated tount of other pensation om the anization direlated anization	n J
_		_												
									•		-			
		-										<u> </u>		
						_						<u> </u>		
												ļ		
										Î				
						-								
						-								
					-									
-	Tabl							Ļ						
1b	Total							<u> </u>	0	'1	0	<u> </u>		0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	) wn	o re	ceive	ed mor	e tha	an \$100,000 in		0			
3	Did the organization list any <b>former</b> officer, director or	trustaa kav	emplo	V00	or h	uahe	et com	nen	cated				Yes	No
	employee on line 1a? If "Yes," complete Schedule J for	r such individ	dual									3		X
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater than													
5	Individual									• • • • • • •	•	4	:	Х
	services rendered to the organization? If "Yes," comple	•	•				•					5	ļ	Х
Se	ction B. Independent Contractors								-					
1	Complete this table for your five highest compensated	independent	contra	actor	rs th	at re	ceived	l mo	re than \$100,000 c	ıf		_		
	compensation from the organization (A)								(B)		Т		(C)	
_	Name and business address								Description of s	services	igspace		ensation	
_	<del>-</del> <del>-</del> .										╁			
_	<del>-</del>										<del>  -</del>			
							_				†			
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization)		o thos	e list	ted a	abov	e) who	rec	eived					
	more than wroo,000 in compensation from the organization										ــــــــــــــــــــــــــــــــــــــ			

Part \	VIII	Statement of Revenue					
	,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
<del></del>	· •		-		revenue	·····	512, 513, or 514
	1a	· • -	1a				
Contn-	b	' <u> </u>	1b 20,839				
butions,	°.	<u> </u>	1c		:		
gifts, grants	a	_	1d		-		
and	е	Government grants (contributions)	1e		-		
other sımılar	f	All other contributions, gifts, grants,				-	
amounts		_	1f				
	9	Noncash contributions included in lines 1a-1f	·				
	h	Total. Add lines 1a-1f		20,839			
	_		Business Code				
	2a		_				
Program	b		_				
Service	С						
Revenue	d		_				
	е		_				_
	1	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
	1	other similar amounts)					
	1	Income from investment of tax-exempt bond p					
	5	Royalties	<u> </u>				
		(ı) Real	(II) Personal				
	ļ.	Gross Rents 1,9	955				
		Less rental expenses					
	)	Rental income or (loss) 1,9					
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	1,955	1,955		
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less cost or other basis					
0		and sales expenses		ļ			
t		Gain or (loss)					
n e		Net gain or (loss)	· · <u>· · · · · · · · · · · · · · · · · </u>				
r	8a	Gross income from fundraising					
R		events (not including \$					
e		of contributions reported on line 1c)				:	
٧	١.	See Part IV, line 18					
e n		Less direct expenses		}			
u	1	Net income or (loss) from fundraising events	· · · · · · · •				***************************************
е	9a	Gross income from gaming activities		<u> </u>			
	١.	See Part IV, line 19		į.			
		Less. direct expenses					
	c	Net income or (loss) from gaming activities	<u> </u>	100,942	100,942		
	10a	Gross sales of inventory, less					
	١.	returns and allowances		1			
		Less cost of goods sold		†"			
	_ <u>c</u>	Net income or (loss) from sales of inventory		151,249	136,124	15,125	
	-	Miscellaneous Revenue	Business Code			•	
		OTHER	900099	12,355	12,355		
	b		_	<del> </del>			-
	C	All all a	_				
		All other revenue				<del>, , , , , , , , , , , , , , , , , , , </del>	
		Total. Add lines 11a-11d		12,355		35 35-	
	14	Total revenue. See instructions		287,340	251,376	15,125	. 0

46-0213269

Statement of Functional Expenses

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

	Section 501(c)(3) and 50 All other organizations must complete colun				<b>)</b> .
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		CAPCHIGGS	gerieral expenses	<u> </u>
-	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 · · · · · · · · · ·	3,579	3,579		
3	Grants and other assistance to governments,	3,3,3	3,3,3		
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16		Ì		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	04 612		04 612	
7	Other salaries and wages	94,612		94,612	
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes	9,659		9,659	
11	Fees for services (non-employees)				
a	Management		<del></del>		
b	Legal			ļ	
С	Accounting	1,232	1,232		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
9	Other				
12	Advertising and promotion	25,776	25,776		
13	Office expenses	1,463		1,463	
14	Information technology [				
15	Royalties				
16	Occupancy	30,809	30,809		
17	Travel	1,098		1,098	
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	35,197	35,197		
23	Insurance	2,919	2,919		
24	Other expenses Itemize expenses not	2,313	21213	:	<del></del>
T	covered above (Expenses grouped together		Į		
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below.)	1 770		1 770	
a	SECURITY LICENSES C. TAVES	1,779	15 164	1,779 2,745	
b	LICENSES & TAXES	17,909	15,164	2,743	
c C	DUES AND SUBSCRIPTIONS	16,145	16,145	705	
d	BANK CHARGES	795		795	
e	EQUIPMENT LEASE	443	443		
f	All other expenses	36,114	36,014	100	
25	Total functional expenses. Add lines 1 through 24f	279,529	167,278	112,251	
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				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 30,200 41,947 2 . 2 5,000 5,000 3 3 4 4 79,687 81,548 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete A 6 s s 7 7 Notes and loans receivable, net 8 9,108 8 10,274 9 9 Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D . . . . . | 10a 1,322,511 Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 10c 527,416 817,395 795,095 11 11 12 12 Investments - other securities See Part IV, line 11 ........ 13 13 14 14 15 1,450 15 12,274 16 16 942,840 946,138 3,795 17 17 10,615 18 18 19 19 L 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 25 25 3,792 26 3,795 26 14,407 Organizations that follow SFAS 117, check here ▶ 🔲 and complete lines 27 through 29, and lines 33 and 34. NF e t u 27 27 n 28 28 d A 29 29 В Organizations that do not follow SFAS 117, check here ▶ 🏻 s a ī and complete lines 30 through 34. е t а 30 30 s n 31 31 260 Paid-in or capital surplus, or land, building, or equipment fund 2,600 0 е 32 32 931,471 Retained earnings, endowment, accumulated income, or other funds 936,445 33 939,045 33 931,731 Total liabilities and net assets/fund balances ........... 34 942,840 34 946,138

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

Χ

2c

За

		Fee	deral Suppo	orting Statements		<b>2009</b> PG01
Name(s) as shown on return  AMERICAN LEGIO	N POS	T 22				FEIN 46-0213269
,			OTHER DE	<u>DUCTIONS</u>		STATEMENT # 9
DESCRIPTION POSTAGE SUPPLIES UTILITIES					TOTAL	**************************************
		<u>F</u> (	ORM 4562	- LINE 19B		PG01 STATEMENT # 50
BASIS 1,298 1,034 TOTAL	<u>RP</u> 5 5	<u>СV</u> НҮ НҮ	METHOD S/L S/L	DEDUCTION 130 103 233		
BASIS 3,500 3,970	<u>RP</u> 7 7	EV HY HY	ORM 4562  METHOD S/L S/L S/L	- LINE 19C  DEDUCTION 250 284		PG01 STATEMENT # 51
TOTAL				534		

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

AME	ERICAN LEGION POST 22	46-0213269	
Par	rt I Organizations Maintaining Donor Advised Funds or Other	Similar Funds or Accounts. Complete if	_
	the organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Donor advised fun	ds (b) Funds and other accounts	
1	Total number at end of year		_
2	Aggregate contributions to (during year)		_
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held		
	funds are the organization's property, subject to the organization's exclusive legal control	rol? 🗌 Yes 🔲 N	lo
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran		
	used only for charitable purposes and not for the benefit of the donor or donor advisor,		
		Yes N	10
	rt II Conservation Easements. Complete if the organization answered "Y	es" to Form 990, Part IV, line 7	_
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
		ervation of an historically important land area	
		ervation of a certified historic structure	
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the form of a conservation	
	easement on the last day of the tax year.	Held at the End of the Tax Ye	_
	Total number of conservation easements		
a b	Total acreage restricted by conservation easements		_
c	Number of conservation easements on a certified historic structure included in (a)		—
d	Number of conservation easements included in (c) acquired after 8/17/06		_
3	Number of conservation easements modified, transferred, released, extinguished, or to		_
•	the tax year	Annatos by the organization daming	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of	
			No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year	
	•	· ·	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	sements during the year	
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		No
9	In Part XIV, describe how the organization reports conservation easements in its rever		
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes	
-	the organization's accounting for conservation easements	Charles O'm'lles Accept	
Pa	rt III Organizations Maintaining Collections of Art, Historical	Treasures, or Other Similar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	<del></del>	—
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s		
	art, historical treasures, or other similar assets held for public exhibition, education, or	·	
	provide, in Part XIV, the text of the footnote to its financial statements that describes the		
Ь	If the organization elected, as permitted under SFAS 116, to report in its revenue state		
	historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,	
	provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part VIII, line 1		_
2	If the organization received or held works of art, historical treasures, or other similar as		_
-	following amounts required to be reported under SFAS 116 relating to these items.	Social Continuational gains provide the	
а	Revenues included in Form 990, Part VIII, line 1	<b>⊳</b> \$	
b	Assets included in Form 990, Part X		_
_			

	,						45.004	2050	D 9
	t III Organizations Maintaining Co		\rt Hiet	orical T	rascurac	or Of	46-021		Page 2
3	Using the organization's acquisition, accession, and						-	133613 (COIII	inded)
•	collection items (check all that apply)	outer records, cr	icck arry o	Ture follow	ving that are i	a signin	cant use or its		
а	Public exhibition	d 🗌 Loan	or exchar	nae proars	me				
b	Scholarly research	e  Othe		ige progre	11113				
c									
4		c and avalain how	u thou furt	har tha are	ranization's a	vomnt r	urnoco in		
•	Provide a description of the organization's collection Part XIV.	s and explain nov	v uley lulu	ner the org	janization s e	xempt p	urpose in		
_		a danations of ad	hiotorico	l +		oulo r			
3	During the year, did the organization solicit or receiv							□va	s ∏ No
D-0.	assets to be sold to raise funds rather than to be ma								
	t IV Escrow and Custodial Arrang			ganization	answered "Y	es" to F	orm 990,		
_	Part IV, line 9, or reported an amount on								
1a	Is the organization an agent, trustee, custodian or of							□ <b>v</b>	
	included on Form 990, Part X?				• • • • • •			∐ Yes	i ∐ No
Ь	If "Yes," explain the arrangement in Part XIV and co	mplete the followi	ng table.						
								nount	
С.	Beginning balance						-		
d	Additions during the year						-		-
е.	Distributions during the year								
f	Ending balance								<u> </u>
2a	Did the organization include an amount on Form 990	), Part X, line 217						∐ Yes	i ∐ No
	If "Yes," explain the arrangement in Part XIV		1.00		000 5 11				
rai	Endowment Funds. Complete if the								
4 -		a) Current year	<b>(b)</b> Pro	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships				······································	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>.  </del>	····
е	Other expenditures for facilities				ŧ				
	and programs				<del> </del>	<del>, , , , , , , , , , , , , , , , , , , </del>			······································
f	Administrative expenses								
g	End of year balance	-1					<u> </u>		
2	Provide the estimated percentage of the year end ba								
a	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
C ^-	Term endowment ▶ %	( 4b				- 41			
3a	Are there endowment funds not in the possession o	r the organization	tnat are n	eia ana ac	iministerea ta	or tne		ΓV	'aa Na
	organization by								es No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	_
b	If "Yes" to 3a(II), are the related organizations listed			·				. 3b	
4 D-	Describe in Part XIV the intended uses of the organ			\ <del> </del>	000 Deat V 1				
ra	rt VI Investments - Land, Building	s, and Equip	inent. S	ee Form 9	990, Part X, II	ne 10	Т	· <u>-</u>	
	Description of investment	(a) Cost or other			st or other		Accumulated	(d) Book v	alue
_		(investme	ent)	basis	s (other)	<del> </del>	depreciation		24 000
1a	Land	·		<del> </del>	34,200		F04 170		34,200
b	Buildings	•		<del>  1</del>	,242,752	<del>                                     </del>	504,170		38,582
_	LESCHING IMPROVEMENTS								

e Other.....STMD1E.

42,464

3,095

20,151

3,095

22,313

795,095

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other	· <del>  -                       -       -  </del>	<del></del>
Outer	-	
	_	
	_	
· · · · · · · · · · · · · · · · · · ·	_	
	-	
	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII Investments - Program Related	See Form 990 Part X line 13	
	1. See 1 offi 930, 1 art X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		·
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>▶</b>	
Part IX Other Assets. See Form 990, Part X, II		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II		
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS	ne 15.	180
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS	ne 15.	180 3,270
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS	ne 15.	180 3,270
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES	ne 15.	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, II  DEPOSITS ON KEGS OTHER DEPOSITS PREPAID EXPENSES OTHER RECEIVABLES	ine 15. (a) Description	180 3,270 8,797
Part IX Other Assets. See Form 990, Part X, In Company of the Position of the	ne 15. (a) Description	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X	ne 15. (a) Description  15)  X, line 25	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Composition of the Comp	ne 15. (a) Description	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X	ne 15. (a) Description  15)  X, line 25	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. (a) Description  15)  X, line 25	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27
Part IX Other Assets. See Form 990, Part X, In Company of the part X of	ne 15. (a) Description  2.15)  K, line 25  (b) Amount	180 3,270 8,797 27

		46-0213269	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	_
5	Donated services and use of facilities	5	
6	Investment expenses	6	<del></del> _
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	-	
	Recoveries of prior year grants	-	
C C	Other (Describe in Part XIV.)	- 1	
d	Add lines 2a through 2d	-   <sub>20</sub>	
e	•	2e	
3	Subtract line 2e from line 1	3	_
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	_	
b	Other (Describe in Part XIV )	_	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u> </u>	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Other losses		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV )	<b>1</b> 1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information.		
_			

#### 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 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

MERICAN LEGION POST	22				46-0	213269			
Part 1 Fundraising Activities Form 990-EZ filers are not re	Complete if the	e organization ete this part	answered	"Yes" to Form 990, Pa	art IV, line 17.				
1 Indicate whether the organization rais			llowing act	vities Check all that a	vlaa	·			
a ☐ Mail solicitations e ☐ Solicitation of non-government grants									
b   Internet and email solicitations									
c Phone solicitations				ndraising events					
=									
d In-person solicitations				d					
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees									
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?									
<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is									
to be compensated at least \$5,000 by	the organization	n							
		<del></del>		<del></del>	1				
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(ii) Activity	(iii) Did fundra custody or co		(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)			
or entity (turidialser)		contribut		Hom activity	fundraiser listed in	organization			
					col (i)				
		Yes	No						
•									
				1					
				-					
	!								
			-						
			···-						
				<u></u>		ļ. <u> </u>			
			<u> </u>						
	1		1						
	1								
	1		1						
Total									
3 List all states in which the organization				or has been notified it i	s exempt from				
<del>_</del>	r is registered or	ilicerised to so	nicit iunus	or has been notified it i	s exempt nom				
registration or licensing.									
		<del></del>							
		<del></del>							
		- <del> </del>							
	<del></del>	-							
_		<del></del>							
						····			
					<u>-</u>				

	rt ()	· ·		nswered "Yes" to Form 990	Part IV, line 18, or reporte	d		ige Z
		,	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Ever		
R e v e	1	Gross receipts	(event type)	(event type)	(total number)		(c))	
n u e	2	Less Charitable contributions						
		minus line 2)				<u>.</u>		
D	4	Cash prizes					_	
r e	5	Non-cash prizes						
c t	6	Rent/facility costs						
E T	7	Food and beverages					_	
e n	8	Entertainment					-	
s e s	9	Other direct expenses						
	10 11	Direct expense summary Add lines Net income summary Combine line	3, column (d), and line 10			(		)
Pa	rt I		-	to Form 990, Part IV, line 1	9, or reported more			
R		than \$15,000 on Form 990-EZ,	, iine 6a	A) D Harby (Instant		(d) Tatal age		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other daming		(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue		33,232	67,710	10	0,94	2
Pirect	2	Cash prizes						
t E X	3	Non-cash prizes			· · · · · · · · · · · · · · · · · · ·			
^penses	4	Rent/facility costs				-	-	
ě	5	Other direct expenses	Yes %	Yes %	Yes %	<u> </u>		
	6	Volunteer labor	□ No	⊠ No	∑ No			
	7	Direct expense summary Add lines	2 through 5 in column (d)			(		)
	8	Net gaming income summary Com	bine line 1, column (d), and	I line 7		16	00,94 Yes	2 No
9		nter the state(s) in which the organizat					х	
ł		the organization licensed to operate g "No," Explain:	jaming activities in each of				Λ	
10a								
	_							
11 12		oes the organization operate gaming a the organization a grantor, beneficiary			other entity	11		Х
		rmed to administer charitable gaming		•	·	12		Х

sched	tle G (Form 990 or 990-E2) 2009 AMERICAN LEGION POST 22	46-0213	209	P	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in.				
а	The organization's facility		<u>4</u>		
b	An outside facility	_1	4		
14	Provide the name and address of the person who prepares the organization's gaming/special events book	3			
	and records:				
	Name ► JOHN WHEELER				
	Address ► PO BOX 895 RAPID CITY, SD 57709				
	Addless Fr Box 633 RRFID CITT, 3D 37703				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a	·	X
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ \_ and \_	I the			
	amount of gaming revenue retained by the third party   \$				
c	If "Yes," enter name and address		ŧ		
			Ī		
	Name ▶		-		
			-		
	Address ►				
16	Gaming manager information				
	Nama				
	Name ▶				
	Gaming manager compensation ▶ \$				
	<u></u>				
	Description of services provided ▶		İ		ļ
		_			[
	☐ Director/officer ☐ Employee ☐ Independent contractor		İ		1
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		1/a	ļ	X
D	Enter the amount of distributions required under state law distributed to other exempt organizations or spe	าเ			
	in the organization's own exempt activities during the tax year ▶ \$			<u> </u>	l

#### · SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection Employer identification number

AMERICAN LEGION POST 22	46-0213269
01. Form 990 governing body review (Part VI, line 11)	
A COPY OF FORM 990 WAS REVIEWED BY THE GOVERNING BODY PRIOR TO	BEING FILED.
02. Governing documents, etc, available to public (Part VI, li	ne 19)
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
<del></del>	
	<u></u>

	ı	Federal Supporting	g Statements		2009	PG01			
Name(s) as shown on return				·	FEIN				
AMERICAN LEC	46-0213269								
	FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E  INVESTMENTS - OTHER								
DESCRIE	TION	COST/BASIS	COST/BASIS			BOOK			
OF INVES	STMENT	(INVESTMENT)	(OTHER)	DEP	R	<b>VALUE</b>			
CLOSING COSTS		0	3,095		3,095		0		
TOTAL		0	3,095		3,095		0		

. Form **4562** 

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2009

	Revenue Service (99)		▶ See separate	instructions	. •	Attach to y	our tax return	۱.		Sequence No 67
Name(s	lame(s) shown on return  Business or activity to which this form relates						Identifying number			
	RICAN LEGIO	ON POST	22		FOR	M 990	- 1			46-0213269
Par	t I Election 1	o Expense	e Certain Pro	operty Und	er Sect	ion 179				
	Note: If you	have any lister	d property, comp	olete Part V bei	fore you co	omplete Part	I			
1	Maximum amount Se	ee the instruction	ons for a higher l	ımıt for certaın	businesse	es			1	
2	Total cost of section	179 property pl	laced in service (	(see instruction	ns)				2	
3	Threshold cost of sec	tion 179 prope	erty before reduc	tion in limitatioi	n (see inst	ructions)			3	
4	Reduction in limitation	n Subtract line	3 from line 2 If:	zero or less, e	nter -0-				4	
5	Dollar limitation for ta	x year Subtrac	ct line 4 from line	1. If zero or le	ess, enter -	0- If married	filing			
	separately, see instru	ictions							5	
	(a)	Description of pro	operty		(b) Cost (bu	usiness use only	(c) Elec	cted cost		
6										
		•	<del></del>							· -
7	Listed property. Enter	r the amount fr	om line 29 .			7				
8	Total elected cost of	section 179 pro	operty. Add amo	unts in column	(c), lines	6 and 7			8	
9	Tentative deduction	Enter the <b>sma</b> l	ller of line 5 or lir	ne 8					9	
10	Carryover of disallow	ed deduction f	rom line 13 of yo	ur 2008 Form	4562 .				10	
11	Business income limi	tation Enter th	e smaller of bus	iness income (	not less th	an zero) or li	ne 5 (see insti	ructions)	11	
12	Section 179 expense	deduction Ad	d lines 9 and 10,	but do not ent	ter more th	an line 11			12	
13	Carryover of disallow					. ▶ 13				
Note:	Do not use Part II or						1			
Par						ciation (De	not include li	sted pro	perty.)	(See instructions)
14	Special depreciation	•								
	during the tax year (s	ee instructions	s)						14	
15	Property subject to se								15	
16	Other depreciation (in		•						16	34,430
Par			on (Do not inc						<b>!</b>	L
	1	•			ection A		,			
17	MACRS deductions f	or assets place	ed in service in ta	ax vears begin	nına befor	e 2009 ·			17	
18	If you are electing to	•			•		ore general			<del></del>
	asset accounts, chec		•	-	•		_			
			s Placed in Serv						on Sv	stem
			(b) Month and	(c) Basis for dep	preciation	(d) Recovery	1	[		, ,
	(a) Classification of proj	perty	year placed in service	(business/investi only-see instru		penod	(e)Convention	(f) Met	hod	(g)Depreciation deduction
19a	3-year property					_				222
b	<del></del>	STATEMENT	1							233
<u> </u>		STATEMENT	# 51 1	-						534
	10-year property		, '			_				
_ <u>e</u>	15-year property							-		<u></u>
	20-year property		ļ					-		
	25-year property					25 yrs		S/I		
h	Residential rental					27 5 yrs	MM	S/I		
	property		-			27 5 yrs_	MM	S/I		
i	Nonresidential real		-	ļ		39 yrs	MM	S/I		
	property		L	<u> </u>		<u> </u>	MM	S/I		
	•	on C - Assets	Placed in Serv	ice During 20	09 Tax Ye	ear Using the	e Alternative I	1		System
	Class life		ļ	<u> </u>				S/I		
b	12-year				_	12 yrs	_	S/I		
C	40-year		L	L		40 yrs	MM	S/I		
		y (see instruc							1	
21	Listed property Ente					• • • • •			21	
22	Total. Add amounts		-					ere		
	and on the appropria	<del>-</del>		=	-		tions		22	35,197
23	For assets shown ab	· •		-	-					
	portion of the basis a	ttributable to s	ection 263A cost	ts		23	<b>)</b>			<b>[</b>