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Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 2009

Open to Public Inspection

_	For the 2009	calendar year, or tax year beginning , and ending				
<u>-</u> В	Check if applicable		COWELL		D Employ	er identification number
Ē	٠٠ ٠٠	use IRS POST 265 INC			D Employ	er identification fiditiber
L	Address change	label or Daniel			56-6	0499063
<u> </u>	Name change	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite		ne number
_	Initial return	See PO BOX 13	ĺ	Roomissaile	•	-347-5690
	Termination	Specific Character and TIP 4			G Gross receip	
	Amended return	tions. JACKSONVILLE NC 28541-0013		ŀ	G Gloss level	333,000
늗	_ 	E Name and address of account officer			H(a) Is this a	aroun return for
L	Application pending	g   F Name and address of principal officer		ļ	affiliates	
					H(b) Are all a	ffiliates
					included	attach a list (see instructions)
_	Tax-exempt st	atus <b>X</b> 501(c) ( <b>19</b> ) <b>◄</b> (Insert no ) 4947(a)(1) or 527	·		11 110, 1	autoria not (occ mondono)
÷		N/A			H(c) Groupe	xemption number ► 0925
ĸ		on X Corporation Trust Association Other	ear of formation		State of legal domicile	
	***************************************	Summary		sar or tormation		otate or regar definione
		describe the organization's mission or most significant activities				
	1010/	OVIDE SUPPORT TO VETERANS.				
Š	<u> </u>	The state of the s				
į	፮					
Š	5 0 0 0	4 h <b>h</b>	45 051	0/ -4 44	-4-	
	2 Check	this box I if the organization discontinued its operations or disposed of more	ire than 25	% of its net ass	1 1	
٥	3 Numb	er of voting members of the governing body (Part VI, line 1a)			3	
Š	S 4 Number	er of independent voting members of the governing body (Part VI, line 1b)			4	4
-	5 lotair	number of employees (Part V, line 2a)			5	*
~		number of volunteers (estimate if necessary)			6	18,622
	1	pross unrelated business revenue from Part VIII, column (C), line 12			7a	-8,261
_	b Net ur	related business taxable income from Form 990-T, line 34		Prior Yea	7b	Current Year
	8 Contri	outions and grants (Part VIII, line 1h)			7,450	6,524
	<b>¥</b> (	m service revenue (Part VIII, line 2g)			3,600	45,265
	10 Invest	ment income (Part VIII, cgt <del>umn-(A)_lines</del> 3, 4, and 7d)		0,250	78,292	
à	11 Other	revenue (Part VIII, column (A), line 55 (6d-8c, 9c-10c, and 11e)		6,071	77,882	
	12 Total	evenue – add lines 8 through 11 (must equal Part VIII), column (A), line 12)			2,371	207,963
_	<del></del>	and similar amounts paig (Part IX, column (A), lines 1-30)		9,100	15,005	
	14 Benef	ts paid to or for members (Hart IX Lib) urgn (A) o line (4)				
,	4E Colore	es, other compensation employee benefits (Part IX, column (A), lines 5–10)	1.	5,329	12,934	
	b Total i	sional fundraising fees (Part X) Quinn (A), line 11e)	Ī			
Ĺ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Γ	13	6,393	113,725
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	Γ	160	0,822	141,664
F4	19 Rever	ue less expenses Subtract line 18 from line 12	Γ	5:	1,549	66,299
2010	Source 20 Total			Beginning of Cur		End of Year
7	ខ្លួំគ្នា 20 Total រ	assets (Part X, line 16)	_	3,21	0,647	3,276,872
0	[범 21 Total I	abilities (Part X, line 26)			871	797
∾ <u>-</u>		sets or fund balances Subtract line 21 from line 20		3,20	9,776	3,276,075
<u>a</u> –		Signature Block				
7.		Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete Declaration of preparer (other than officer) is base	g schedules	and statements, a	and to the bes	t of my knowledge
$\Omega$		and belief, it is true, correct, and complete becampation of preparer (other trials officer) is base	sa on an inio	mation of which		
当 S	ign	Levil / Linger			81	19-10
SCANNED	lere	Signature of officer Gerald D. Griffly Post Conma	1		Date	
₹ C			mder			
ਲ਼ -		Type or prnt name and title		·····I		Preparer's identifying number
D	ו מופי	Preparer's	Date	Check self-	if	(see instructions)
	reparer's	signature	08/16	5/10 employ	/ed ▶ L	P00099962
	Ise Only	Firm's name (or yours AMAN & PETERS, PA			EIN ▶	33-1021883
	- 1	of self-employed), 505 NEW BRIDGE STREET			Phone	040 048 4044
_		address, and ZIP + 4 JACKSONVILLE, NC 28540			no 🕨	<u>910-347-1040</u>
_		cuss this return with the preparer shown above? (see instructions)				Yes No
	or Privacy Act	and Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2009)

4e Total program service expenses ▶

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# Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the drganization 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			77
	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	١.		
_	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)	١.		
^	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,"	1		
	complete Schedule D, Part I	6		x
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,"	<u> </u>		
0	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	<b> </b>		
3	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	х	
	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 related 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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes N			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	_		₹.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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? If "Yes," complete Schedule F, Part I	14b		x
16		140	-	
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u>"</u>		<del></del> -
••	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	<u> </u>	<b>†</b>	<del></del>
	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?			<u> </u>
-	If "Yes," complete Schedule G, Part III	19	х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		For	ո 990	(2009)

Part IV 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 12 If "Yes," complete Schedule I, Parts I and II	21		_ <u>X</u> _
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	_X	
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		X
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			7.5
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
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		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
D	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	100		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		х
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	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		İ	
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		<b></b>
••	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	
33	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,	33		-
<b>J</b>	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	•	ļ	
•	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			
	organization? If "Yes," complete Schedule R, Part V, line 2	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		X
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		X
		For	n 990	(2009)

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	Otatements Regarding Other INST Hings and Tax Compliance				,	
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		,		Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a	ļ			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	لتنب	L le			
•	gaming (gambling) winnings to prize winners?	portabl	ie.	1c	x	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[ ]	I	10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing	$\overline{}$	L . <del>.</del>	2b	х	İ
	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		d by				
	this return?	,		3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a		authori	ıtv			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		-			
	account)?			4a		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne				
	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 g	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	as				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			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 1098-0	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		ļ
9	Sponsoring organizations maintaining donor advised funds.					
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		
10	Section 501(c)(7) organizations. Enter	1 1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	 	I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا				
12~	amounts due or received from them )  Section 4947(a)(4) non-exempt charitable trusts, is the exemptation files Form 600 in law of Form	11b	<u></u>			
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	, 	12a		
IJ	in res, enter the amount of tax-exempt interest received or accrued during the year	12b	L		900	(00000
				Fom	ココゴリ	(2009)

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		_X_
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		_X_
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
b	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue 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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			Ì
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		ļ
13	Does the organization have a written whistleblower policy?	13		X
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		X
b	Other officers or key employees of the organization	15b	<u> </u>	X
	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			
	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	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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 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 ▶ GERALD D GRIFFIN 304 BLUE CREEK SCHOOL ROAD			
	ACKSONVILLE NC 28546			

### Form 990 (2009) THE AMERICAN LEGION BURTON COWELL 56

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# 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

(A) Name and Title	(B) Average	Pos	ition (	(Chec	C) k all	that a	(vlaa	( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GERALD D GRIFFIN	20.00									
COMMANDER THOMAS ROBINSON	30.00		$\vdash$	_	<u> </u>	├—	_	0	0	C
V COMMANDER	5.00							o	0	d
FREDRICK E WORTH			_	-	_	$\vdash$	$\vdash$	<u> </u>		
ADJUTANT	20.00							o	0	l
GERALD D GRIFFIN					<del>                                     </del>	<b>†</b>				
FINANCE	5.00							0	0	l c
						<u> </u>				
					<u> </u>	-				
<del>-</del>										
	·	-				$\vdash$			<u></u>	
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	<del>-</del>					$\vdash$				
		_	<u> </u>			<u> </u>	ļ			
		₩			-	<u> </u>	<u> </u>			

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per			_	k all t	hat a	_	(D) Reportable compensation	(E)  Reportable compensation	Estir	F) nated unt of	
	·	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ot compe fron organ and r	nsation n the ization elated zations	
		<u> </u>											
											·		
	<del></del>	1											
1b 2	Total Total number of individuals (in	-			thos	e lıs	ted a	bov	e) who received more than	\$100,000 in			
<u> </u>	reportable compensation from  Did the organization list any for				ruste	e k	ev er	mplo	ovee or highest compensation	ted		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	" complete Schede e 1a, is the sum	dule of re	J for porta	suci able	h inc	lividu ipens	ial satio	n and other compensation	from	3		X
5	individual  Did any person listed on line is services rendered to the organ									or	5		x
<u>Sec</u>	ction B. Independent Contract  Complete this table for your fit compensation from the organ	ve highest comp	ensa	ted ı	ndep	pend	lent o	contr	ractors that received more	than \$100,000 of			
	(A) Name and business address								Descrip	(B) ution of services		(C) Compensa	ation
													_
			_										
_	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1												
2 DAA	Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who receiv	/ea		o m <b>99</b> 0	) (2009)

	(2009) THE AMERICA		EGION	BURTU	A COMETT	56-0499063		Page
rt V	III Statement of Reve	enue	······································		_ (A)	(R)	(C)	(D)
	•				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a						,,
b	Membership dues	1b		6,524				
С	Fundraising events	1c						
d	Related organizations	1d						
е	Government grants (contributions)	1e						
f	All other contributions, gifts, grants,							
	and similar amounts not included above	1f						
•	Noncash contributions included in lines 1a	+1f S	<b>5</b>		6 -04			
<u>h</u>	Total. Add lines 1a-1f		12	•	6,524			
2-	DVIII D TV 0 D DVIII 1		<u> B</u>	usn. Code	45,265	45,265		<u></u>
2a	BUILDING RENTAL		-		45,265	45,265		
b								
d			<u> </u>					
e				-				
	All other program service reve	enue	-					
	Total. Add lines 2a–2f	,,,,,	_	<b>•</b>	45,265			
3	Investment income (including	dıvıden	ds, interest.					•
	other similar amounts)		, ,	▶	78,292	78,292		
4	Income from investment of ta	x-exem	pt bond prod	ceeds ►				
5	Royalties		•	▶				
	(ı) Real		(II) Pers	onal				
6a	Gross Rents							
b	Less rental exps							
C	Rental inc or (loss)							
_d	Net rental income or (loss)			<b>•</b>				
/a	Gross amount from sales of assets (i) Securities	s	(II) Ot	her				
	other than inventory					I		
b	Less cost or other							
	basis & sales exps							
	Gain or (loss)							
	Net gain or (loss)	. 1		<u> </u>				
8a	Gross income from fundraising evi	ents						
	(not including \$	,						
	of contributions reported on line 10 See Part IV, line 18	·		5,200				
h	Less direct expenses	a b		5,417				
	Net income or (loss) from fun	~ ເ	events	<b>D</b> / 12/	-217	j		-21
	Gross income from gaming activiti	r	CVCIIIO					
	See Part IV, line 19	a	1'	77,846				
b	Less direct expenses	ь		22,500				
	Net income or (loss) from gar	ning act		<b>&gt;</b>	55,346			55,34
	Gross sales of inventory, less							
	returns and allowances	а	:	22,753				
b	Less cost of goods sold	ь[						
С	Net income or (loss) from sale	es of inv		<b>•</b>	22,753		18,622	4,13
	Miscellaneous Revenu	e	В	usn. Code	T			
11a			L					
b								
С								
d	All other revenue		L					
				<b>•</b>	40= 233			
12	Total Revenue. See instruction	ons			207,963	123,557	18,622	59,26

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	15,005			
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	11,881			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,053		ļ	
11	Fees for services (non-employees)				
а	Management				
þ	Legal	2,563			
C	Accounting				
d	Lobbying			-	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	14 266			
12	Advertising and promotion	14,366 1,850			
13	Office expenses	1,850			
14	Information technology				
15	Royalties	57,708			
16 17	Occupancy Travel	37,700			
18	Payments of travel or entertainment expenses			<del></del>	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance				
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	SUPPLIES	14,891			
þ	SUPPLIES	7,835		<u> </u>	
C	NATIONAL MEMBERSHIP DUES	5,958			<u> </u>
d	SUPPLIES	1,655	· · · · · · · · · · · · · · · · · · ·		<del> </del>
e	DUES & SUBSCRIPTIONS	1,507			<del> </del>
f 25	Ail other expenses	5,392 141,664		<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   ☐ If following	141,004			
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				
		<u> </u>	·	·	

	•		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		168,885	1	156,859
2	Savings and temporary cash investments		1,568,527	2	1,646,778
3	Pledges and grants receivable, net	T		3	= 1 - 1 - 1 - 1
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, tr	ustees kev			
	employees, and highest compensated employees Compl	- I			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	inder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B	i i			
	Part II of Schedule L	, complete	1	6	
ន្ល   <sub>7</sub>		<u> </u>		7	
Assets	Inventories for sale or use			8	
ž   š	Prepaid expenses and deferred charges		-	9	
l l	a Land, buildings, and equipment cost or	ı			
'	other basis Complete Part VI of Schedule D	10a 1,473,235			
	Less accumulated depreciation	10b	1,473,235	10c	1,473,235
11	Investments—publicly traded securities	1001		11	
12	Investments—other securities See Part IV, line 11	1	· <del></del>	12	
13	Investments—program-related See Part IV, line 11	<u> </u>		13	
14	Intangible assets	The state of the s	-	14	
15	Other assets See Part IV, line 11	The state of the s		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	,	3,210,647	16	3,276,872
17	Accounts payable and accrued expenses		871	17	797
18	Grants payable	The state of the s		18	
19	Deferred revenue	The state of the s		19	
20	Tax-exempt bond liabilities	The state of the s		20	
	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Ciabilities 21		F			
≣∣ਯ	employees, highest compensated employees, and disqua	-			
<u> </u>	persons Complete Part II of Schedule L	5	·	22	
٦   <sub>23</sub>		narties		23	
24		·		24	
25		-		25	
26	Total liabilities. Add lines 17 through 25	ļ.	871	26	797
_	Organizations that follow SFAS 117, check here ▶ X	and			
ည္ ၂	complete lines 27 through 29, and lines 33 and 34.				
<u>   </u>   27	Unrestricted net assets		3,209,776	27	3,276,075
rg   28		Ī		28	
멸   29		Ī		29	
<b>⋾</b> │	Organizations that do not follow SFAS 117, check here	<b>.</b> ▶□			
ב <u>ַ</u>	and complete lines 30 through 34.				
တ္က   30				30	
ا <u>چ</u>	• • •	fund		31	
S 32				32	
Net Assets or Fund Balances 25 25 25 25 25 25 25 25 25 25 25 25 25		ļ	3,209,776		3,276,075
Ž   34		Ī	3,210,647	34	3,276,872

Form	n 990 (2009) THE AMERICAN LEGION BURTON COWELL 56-0499063		Pag	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		ĺ
	Schedule O			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	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	3h		l

**SCHEDULE D** (Form 990)

Department of the Treasury

# Supplemental Financial Statements

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

Open to Public

OMB No 1545-0047

▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number THE AMERICAN LEGION BURTON COWELL POST 265 INC 56-0499063 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part 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. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche		CAN LEGION					99063	Page <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Histor	rical Trea	asures,	or Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records	, check any o	f the follow	ing that a	re a significa	ant use of its	
а	Public exhibition	d 🗌 L	oan or excha	inge progra	ıms			
b	Scholarly research		Other					
С	Preservation for future generations							_
4	Provide a description of the organization's col Part XIV	llections and explain	how they fur	her the org	anızatıon'	's exempt pu	ırpose ın	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of	f art, historica	il treasures	, or other	sımılar ?		Yes No
Pa	IV, line 9, or reported an am	angements. Con	nplete if th	e organi	zation a		"Yes" to For	
1a	Is the organization an agent, trustee, custodia			·		ts not		
	included on Form 990, Part X?		ary 107 00					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owing table					
_	, co, co,pie and energeniene in a grant and		g					Amount
c	Beginning balance						1c	•
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	orm 990 Part X line	212					Yes No
	If "Yes," explain the arrangement in Part XIV	mir ooo, i die x, mie .	<b>-</b> 1.					☐ 165 ☐ NO
	rt V Endowment Funds. Compl	lete if organization	on answer	ed "Yes"	to Forn	n 990 Pa	rt IV line 10	-
		(a) Current year		Prior year		years back	(d) Three years I	
1a	Beginning of year balance	(-,	(-,		1	•	( )	(1,1)
	Contributions				<del> </del>			
	Net investment earnings, gains,		<del>-  </del>		<del> </del>		<b></b>	
·	and losses							
d	Grants or scholarships			<u>.</u>	<del> </del>			
	Other expenditures for facilities				<del> </del>			
C	and programs							
f	Administrative expenses				<del>- </del>			
	End of year balance				<del> </del>			
g 2	Provide the estimated percentage of the year	ond halance hold as			1		<b>1</b>	<u> </u>
a	Board designated or quasi-endowment	o/.	•					
	Permanent endowment > %	'0						
0	Term endowment > %							
22		oun of the organizat	uan that are l	old and ad	lministoro	d for the		
Ja	Are there endowment funds not in the posses	Sion of the organizat	ion macare i	ieiu anu au	iiiiiiistere	u ioi iiie		Yes No
	organization by (i) unrelated organizations							
	-							3a(i)
	(ii) related organizations		. Cabadula II	2				3a(ii)
	If "Yes" to 3a(ii), are the related organizations	•		. •				3b
<u>4</u>	Describe in Part XIV the intended uses of the lart VI Investments—Land, Buildi			Form 0	00 Par	t V line 1	<u> </u>	
	•							(d) Pook value
	Description of investment	(a) Cost or other b	dasis	(b) Cost or o			cumulated reciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column (E	), line 10(c	))		<b>&gt;</b>	

	Form 990) 2009 THE AMERICAN LEGION 1		<u>56-0499063</u>	Page <b>3</b>
Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial deri	ivatives			
	equity interests			
Other				<del></del>
	<b></b>	-		
	<b></b>			
	<b></b>			
	<b></b>	-	·	
	<b></b>			<del></del>
	- <b></b>			<del></del>
	- <b></b>	-		<del></del>
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	· · · · · · · · · · · · · · · · · · ·		***************************************
Part VIII	Investments—Program Related. See Form 9			
Fatt VIII	(a) Description of investment type	(b) Book value	(c) Method of	voluetee
	(a) Description of investment type	(b) book value	Cost or end-of-year	
			Cost of end-or-year	
	·····			<del></del>
	<u></u>			
	nn (b) must equal Form 990, Part X, col_(B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
		<u></u>		
	_			
			·	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1	(a) Description of liability	(b) Amount		
Federal incor	me taxes			
••••				
	· · · · · ·			
		<del> </del>		
<del></del>		-		
Total (California	/h)			
	nn (b) must equal Form 990, Part X, col (B) line 25 )	<del></del>		<del></del>
	ootnote In Part XIV, provide the text of the footnote to the org	janization's financial stateme	nts that reports the	
organization's	s liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 THE AMERICAN LEGION BURTON CO	WEL]	L 56-049906	3	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial Statem	ents	
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	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	)		10	
Pa	nt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Ref	turn	
1	Total revenue, gains, and other support per audited financial statements			1	<u>-</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		}	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			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	4a_			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
<u>Pa</u>	art XIII Reconciliation of Expenses per Audited Financial Statem	ents \	Nith Expenses per F	Retur	n
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	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
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		4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, li		•		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li	nes 2d	and 4b Also complete		
this p	part to provide any additional information				
			. <b></b> .		
			<del>_</del> _		

Schedule D (F	orm 990) 2	009 <b>T</b>	'HE	AM	ERI	CAN	LE	GIO	N E	URTO	N	CO	WEL:	L	_5 <i>6</i>	5-04	990	63					Page 5
Part XIV	Supple	mental	Info	orma	ition	(conti	nue	d)															
•																							
		- <del>-</del> -					_				_	_		_				_				_	
		-	_				_				_	_		_				_				_	
		<del>-</del>	_				_		_		_	_						_				_	
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			_				_		. –		_	_						_			· —	_	
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**SCHEDULE G** (Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization THE AMERICAN LEGIC POST 265 INC					Employer identif	163
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required.	f the organizati	ion a	nsw art	ered "Yes" to Forr	n 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds through				Check all that apply		<del></del>
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation		-	<del>-</del>		
c Phone solicitations	g Special fun	ıdraısı	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization		ant to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	have dy or	(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			
		<del>                                     </del>				
Total		•	<b>•</b>			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009	ΗE	AMERICAN	LEGION	BURTON	COWELL		56-04990	63	Р	age 3
	•						_			Yes	No
13	Indicate the percentage of gaming activity of	pera	ited in:								
а	The organization's facility						13a	9	<u>6</u>		ĺ
b	An outside facility						13b_	9	6		İ
14	Provide the name and address of the perso	n wh	o prepares the org	anızatıon's gar	ming/special ev	ents books					ĺ
	and records										
	Name ► GERALD D GRIFFIN										
	304 BLUE CREEK SCHO	OL	ROAD								İ
	Address > JACKSONVILLE						NC	28546			
15a	Does the organization have a contract with revenue?	a thi	rd party from whon	n the organizat	ion receives ga	amıng			15a		x
h	If "Yes," enter the amount of gaming revenu	10 F0	cewed by the oras	nization 🕨 💲			and t	ho	154		
D	amount of gaming revenue retained by the			IIIZation P			and t	nc .			
c	If "Yes," enter name and address of the thir		•								
ŭ	in res, entername and address of the time	u pu									
	Name ►										
	Address										
	Address										ĺ
16	Gaming manager information										Ė
	Carring manager morniation										ĺ
	Name ▶										
											ĺ
	Gaming manager compensation ▶ \$										
	Description of services provided ▶										
	Director/officer Employe	ee	Indep	pendent contra	ctor						
17	Mandatory distributions										
а	Is the organization required under state law	to n	nake charitable dis	tributions from	the gaming pro	oceeds to					
	retain the state gaming license?								17a		X
b	Enter the amount of distributions required u	ınde	state law distribut	ed to other exe	empt organizati	ons or spent					
	in the organization's own exempt activities	durin	α the tax year ▶	\$							

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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN LEGION BURTON COWELL

POST 265 INC

2009

Open to Public Inspection

OMB No 1545-0047

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.
---

Employer identification number 56-0499063

Part	General Information on Grants and Assistance	Assistance							
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ie amount of the gice?	rants or ass	stance, the grantees'	eligibility for the grant	s or assistance, an	70	∏ Yes 💢	% X
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	itoring the use of	grant funds	in the United States					,
Part	Grants and Other Assistance to Governments and	vernments an	d Organi	zations in the Ur	Organizations in the United States. Complete if the organization answered "Yes" to	plete if the org	anization ansv	wered "Yes" to	
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	cipient that re if additional s	ceived m pace is n	ore than \$5,000. leeded	Check this box if	no one recipie	nt received mo	ore than \$5,000. Use ▶	
-	(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
								-	
2 Ente	Enter total number of section 501(c)(3) and government organizations	organizations						•	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

241 08/16/2010 3 10 PM

Schedule I (Form 990) 2009 THE AMERICAN LEGION BURTON COWELL 56-0499063

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	Use Part IV and Schedule I-1 (Porm 390) il additional space is needed.	(ronn 390) II addiio	ilai space is lieeueu.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	,
CASH P	CASH PAYMENT	68	15,005			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to p	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

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.

2009 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE AMERICAN LEGION BURTON COWELL POST 265 INC

Employer identification number 56-0499063

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC