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990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-1150

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 20 A For the 2009 calendar year, or tax year beginning C Name of organization D Employer identification number **B** Check if applicable Please Address change American Legion Baseball Association.
Number and street (or PO box II mail is not delivered to street address) | Room/suite label or **LC.** 58 2086128 Name change print or Initial return type c/o American Legion Post 52 City or town, state or country, and ZIP + 4 870 425-2265 Terminated Specific 72653 AR F Group Exemption Amended return Instruc-717 Market Street Mountain Home Application pending Number > G Accounting Method X Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► XX if the organization is not I Website: ▶ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) - 🗶 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 527 990-EZ, or 990-PF) Lifthe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants and similar amounts received 1 48.572.75 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐ Gross revenue (not including \$ of contributions reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of anyentory (Subtract line 7b from line 7a) 7c С Other revenue (describe 8 a⊒leis 8 oncessions, signup fees 8.814.80 Total revenue. Add lines 1 2, 3, 4, 5c, 6c, 7c, and 8 9 9 57,387.55 Grants and similar am the firs part at ach somequie 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee 12 12 Expenses Professional fees and other payments to independent contractors 13 13 14.975.00 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe \undergoniforms, travel, meals, lodging, bus 16 48,255.27 63,230.27 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5.842.72 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 31,118.03 end-of-year figure reported on prior year's return) 19 Net/ 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 25,275.31 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1 250,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (B) End of year (See the instructions for Part II) 316.38 9,413.44 22 22 Cash, savings, and investments 23 23 Land and buildings tarps, buses, 4 wheeler 24,801.63 24 18,861.87 24 Other assets (describe ▶ 25 25 Total assets 37, 118, 01 28.27 F. 26 26 Total liabilities (describe ▶ 6,000.00 000 Net assets or fund balances (line 27 of column (B) must agree with line 21) 31.118.01 25.275. 27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

Form **990-EZ** (2009)

Par	t III Statement of Program Service Accom	nlishments (See the instri	ictions for Part I	11.7		Expenses
_		phistinients (See the man	actions for rare n		(Peg)	ired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	cribe what was achieved in carrying out the org ner, describe the services provided, the number o					izations and section
		a)(1) trusts, optional				
acn	program title				for ot	hers)
28	One-team-in-American-Legion-	.1A.baseballor	nein3Ab.	a.s.e.b.a.l.l		
	Held .Twin.LakesClassicBroo					
	.annual event					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	28a	
29						
	(Create C			. • П	29a	'
20	(Grants \$) If this amount	includes foreign grants, che	eck nere	· <u> </u>	29a	
30						
]	
			· · · · · · · · · · · · · · · · · · ·			
		includes foreign grants, che	eck here	▶ □	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount		eck here	<u> </u>	31a	
32	Total program service expenses (add lines 28a t			•	32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ated (See the	instruc	tions for Part IV)
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
28	(a) Name and audress	hours per week devoted to position	(If not paid, enter -0-)	employee benefit deferred comper		account and other allowances
	Du		0			
	on-Proctor	President	U			
	04-s. Main-Mtn-Home-					
	illy-Drewry					
	678-201 North Mtn Home		0			
	ete Lorentzen	Secretary	0	}		
	40-CR-730-Mtn-Home					
<u>L</u> .	ester-White	3A Treasurer	0	1		
G	reg_Ifland					
	3.Mayflower.Lane.Mtn.Home	Director	0			
	ickey Huskey					
2	101 Oakwood Lane Mtn Home	Director	0		İ	
R	od-MacLeod	Director	0			
. 2	820MallardPtRdMtnHome			NOTE:	n	records
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		Director	0	4000	~~	
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Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	22	!	,
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33	<u> </u>	X
04	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	ļ		
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u> .
38a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	:	x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
-	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Billy Drewry Telephone no. ▶870			
	Located at ► 3678 201 North Mtn Home	5.3:-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Vac	No
	account)?	42b	162	X
	If "Yes," enter the name of the foreign country: ▶	72.0		 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u></u>
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		▶ ⊔
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			X
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u></u>
	For	ա 990	U-EZ	(2009)

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) no 47(a)(1) nonexempt ch nd 51.	nexempt chari aritable trusts r	table trusts only. A nust answer question	III sec ons 46	tion 3-491	b.			
46	Did the organization engage in direct or indirect	t political campaign acti	vities on behalf o	f or in opposition to		Yes	No			
(candidates for public office? If "Yes," complete	Schedule C, Part I .			46		_ X_			
	Did the organization engage in lobbying activitie				47		X			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an ex		ated organizatıon	?	49a	L	X -X-			
	If "Yes," was the related organization a section 5				49b	L	<u> </u>			
50	Complete this table for the organization's five his	ghest compensated em	ployees (other the	an officers, directors,	truste	es an	d key			
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation			Expen				
	(a) Name and address of each employee paid more	hours per week	(c) compensat	employee benefit plans 8	k ac	count a	and			
	than \$100,000	devoted to position		deferred compensation	other allowances					
	NAME	1								
	NON E				+					
		•								
										
		†								
				- 	1					
		1								
		<u> </u>								
	Complete this table for the organization's five \$100,000 of compensation from the organization			ractors who each rec	eived	more	than			
	(a) Name and address of each independent contractor	paid more than \$100,000	(t) Type of service	(c) Co	mpens	ation			
	NONE									
							_			
						_				
ď	Total number of other independent contractors	each receiving over \$100	0,000 . ▶	NONE						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accom	panying schedules an is based on all inform	d statements, and to the be ation of which preparer has	st of my	 / knowl owledg	ledge je			
Sign	4-12-12									
Here	Signature of officer			Date						
	▲ Ron Proctor Presi	dent								
	Type or print name and title									
Paid Propare	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	mber (Se	e instruc	ctions)			
Prepare Use Onl	Firm Shame (or			EIN ►						
	address, and ZIP + 4			Phone no ▶						
May the	e IRS discuss this return with the preparer show	n above? See instruction	ns	▶ [Yes	. 🗀 7	No			

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Open to Public Inspection Employer identification number

OMB No 1545-0047

				<u>eball associ</u>				-4- 4-:-		20801		
	rt I			narity Status (All or							ctions.	
			•	ndation because it is:		-	-	_		-		
1				irches, or association				section 1	70(b)(1)(A)(I).		
2				on 170(b)(1)(A)(ii). (At		-		.==.4.				
3	片	-	-	hospital service organ								
4	Ц		esearch organiza ame, city, and st	ation operated in conj tate:			•		n section	170(b)(1)(A)(iii). Ente	er the
5			tion operated foi (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II)	ge or uni	versity o	wned or o	operated	by a gov	ernmenta	l unit descrit	oed in
6												
7		_		y receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental un	t or from	the general _l	oublic
8				d in section 170(b)(1)	-	Complete	Part II.)					
9		An organizat receipts from support from	tion that normally n activities relate n gross investm	y receives. (1) more the ed to its exempt func- nent income and unre n after June 30, 1975.	an 33½ % tions—su lated bus	of its subject to siness ta	pport fro certain ex xable inc	xceptions come (les	s, and (2) s section	no more	than 331/3 %	of its
10 11		An organization	tion organized a one or more pu	nd operated exclusive and operated exclusive blicly supported organ	vely for th	he benef describe	it of, to p d in secti	perform to on 509(a	he functi)(1) or se	ons of, o ction 509((a)(2). See se	
				at describes the type					•	es 11e thr	rough 11h.	
е		persons other	this box, I cer	tify that the organization managers and othe	tion is no	ot control	lled direc	•	directly b	y one or	•	alıfied
f g		organization	, check this box	a written determination							III supporti	ng 🗆
9		following per		the organization door	pioa any	giit or o	oninodii	511 110111 0	, 0,	•		
		(i) A persor	who directly o	r indirectly controls, ening body of the sup				th persor	ns descril	oed in (ii)	Yes 11g(i)	No
		(ii) A family	member of a pe	erson described in (i) a of a person described	above?						11g(ii) 11g(iii)	
h				ation about the suppo							[**5(**/]	<u> </u>
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S?	(vii) Amoun support	t of
					Yes	No	Yes	No	Yes	No		
_		-										
		-										
_												
Γota	al .											
			<u> </u>	<u> </u>				<u> </u>	l.			

	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part		anu 170(D)(1)(A)(VI)
	tion A. Public Support			·			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				:		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L	<u> </u>	<u>L</u>	<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 2009	(-) 0000	(6) Total
		(a) 2003	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		-		 		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instruction	ons) , , ,			12	
13 ——	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, seco	nd, third, fourtl			on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	nedule A, Part	II, line 14 .			15	%
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box	on line 13, and	line 14 is 331/3		
b	33% % support test—2008. If the organization qualities and stop here. The organization qualities						
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, organization qu	check this box alifies as a publi	and stop here cly supported o	Explain in Part rganization .	IV how the ▶ [

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 214,943.75 39,698.do grants. contributions. 36.594.do 48.572.7 membership fees received (Do not include 30,145.0 any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities 28,530.17 29,507.30 8,814.80 furnished in any activity that is related to the 134,130.03 organization's tax-exempt purpose . 46,552 Gross receipts from activities that are not an unrelated trade or business under section 513 Ω Tax revenues levied for the organization's 0 0 0 0 0 0 benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 76,697 80,659.35 7a Amounts included on lines 1, 2, and 3 349.073.78 received from disqualified persons 387 b Amounts included on lines 2 and 3 received 0 0 0 0 0 0 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 n 0 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) **(b)** 2006 (a) 2005 (d) 2008 (e) 2009 (f) Total 69 205 57.387 Amounts from line 6 . 65,124 349.073.78 10a Gross income from interest, dividends, 76,697.41 80,659.35 payments received on securities loans, rents, royalties and income from similar 0 0 0 0 0 0 b Unrelated business taxable income (less section 511 taxes) from businesses 0 0 0 0 0 0 acquired after June 30, 1975 0 0 0 O c Add lines 10a and 10b n n Net income from unrelated business activities not included in line 10b, 0 0 0 0 0 0 whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 0 0 0 (Explain in Part IV.) 65,124.1769,205.30 57,387.55 Total support. (Add lines 9, 10c, 11, 13 76,697 .659. 80 o73.78 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 %_ 100 Public support percentage from 2008 Schedule A, Part III, line 15 16 % 100 Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (fi) 17 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 331/2 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/2 %, and line 17 is not more than 33\%, check this box and stop here. The organization qualifies as a publicly supported organization

33\% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >