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Form 990

## Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internet Revenue Service

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

2009

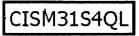
OMB No. 1545-0047

_	Cor the	2000 order to a section and the section and th	andina.	***
	hor the	2009 calendar year, or tax year beginning , 2009, and e		, 20
	ppicable.	Please C Name of organization, number and street, city, town, state, and ZIP code		tification number
	Address cha	luse IRS)	58-6	101711
п,	Vame chang	[	E Telephone nun	nber
н	ndal return	type. \		466-4728
н		See    Specific   P O POV 127		
ΗЪ	i emmated	(Instruc-) F O BOX 127	G Gross \$	140229.
	Amended re	turn tions. LOGANVILLE GA 30052	_ H(a) is this a gr	
	Application pending	F Name and address of principal officer. ROBERT BOSS - COMM	A for affiliate	s? Yes X No
ш,	701-24 NJ	P O BOX 127 LOGANVILLE GA 30052-	H(b) Are at afficiate	
	2V-0V0m	pt status: X 501(c)( 19) (insert no.) 4947(a)(1) or 527	lf "No", attach	a list.
			(see instruction	, <u> </u>
	Vebsite:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	H(C) Group exemp	tion number
_	orm of orga	nzetion. X Corporation Trust Association Other L Year of fi	ormation.	A State of legal domicte
Р	art i	Summary		
	1 Br	iefly describe the organization's mission or most significant activities:		
	s	ERVICE TO DESERVING FAMILIES IN THE COMMUNIT	Y OVER 2	600 FAMILIES
9		ERVED ADDITIONAL COMMUNITY SERVICES PROVIDE		ROFITS
Ē	· —	ERVING CHILDREN IN SPORTS AND ACADEMICS		
E		<del></del>	0504 - 6 1 1	
Š	1	neck this box  if the organization discontinued its operations or disposed of more the	ı	1
9	3 N	umber of voting members of the governing body (Part VI, line 1a)	_	10
œ.	4 Ni	umber of independent voting members of the governing body (Part VI, line 1b)	<u>.</u>	10
≝	5 To	otal number of employees (Part V, line 2a)	(	5
Activities & Governance	6 To	stal number of volunteers (estimate if necessary)		45
ĕ	1	otal gross unrelated business revenue from Part VIII, column (G) nline 12	<del>  -</del>	<del></del>
	1		<u>-</u>	b
	DIN	et unrelated business taxable income from Forth BUT. Tine 34		<del></del>
	1	RECEIVED	Prior Year	Current Year
2		ارين ايجي المسامية (Part Vill, Ighe ۱۱۱)		
ž	9 Pr	ogram service revenue (Part VIII) ne 2016 . 1. 5. 2011		
Ravenue	10 ln	vestment income (Part VIII, columni (A); lines 3, 4, and 7d)	1742	. 1421.
Œ	11 0	ther revenue (Part VIII, column A), wes 5 of 80 ge, 10d and 11e)	213067	. 138808.
		otal revenue - add lines 8 through 11 (mysterual Part VIII column (A), line 12)	214809	<del></del>
	7——	rants and similar amounts paid (Part IX, column (A), lines 1-3)	61809	
	1		01003	0,7,7,
	1	enefits paid to or for members (Part IX, column (A), line 4)	<del></del>	<del></del>
8	1	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<del></del>
Expenses	1	ofessional fundraising fees (Part IX, column (A), line 11e)		_l ,
×	b To	otal fundraising expenses, (Part IX, column (D), line 25) ▶		
Ü	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	150111	71860.
	18 To	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	211920	. 136807.
	1	evenue less expenses. Subtract line 18 from line 12	2889	
	<del> </del>		Seginning of Curren	
5 3	1 00 -		396922	
Net Assets Fund Balan	20 To	otal assets (Pan X, line 16)		400344.
4 P	} 21 Te	otal liabilities (Part X, tine 26)		<del></del>
		et assets or fund balances Subtract line 21 from line 20	396922	400344.
Pa	art II	Signature Block		
		Under penatues of perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to the best of my kno	wledge
		and belief, it prime_correct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has any knowled	dge
		1/12/11/2		
Sig	777	while (E) cost	1/8	-8-11
He	-	Signature of officer	Data	
пс	10	1	Date	
		BOBBY BOSS COMMANDER		
		Type or print name and title	Oh alad	Dranger please and the
Pai	d	7 Teparers	Check if self-	Preparer's identifying number (see instructions)
			employed ▶	P01251455
	parers	Firms name (or yours FOISY & UPLEMING CONSULTING L	EIN >	
US	Only	a sett-employed), address, and ZIP+4 P O BO X 8 STATHAM GA 30666-	Phone no.▶	<del></del>
Ma	v the IDC	discuss this return with the preparer shown above? (See instructions)	1	Yes No
				Form <b>990</b> (2009)
	-	Act and Paperwork Reduction Act Notice, see the separate instructions.		-onn <b>330</b> (2009)
RC	A Copyngl	nt form software only, 2009 Universal Tax Systems, Inc. All rights reserved US990\$\$1 Rev. 1		

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_	990 (2009) AMERICAN LEG		58-6101/11	Page 2
	Statement of Program S			
	Briefly describe the organization's mi	ission:		
	Did the organization undertake any s	significant program services during the year which we	ere not listed on	No.
	If "Yes," describe these new services	s on Schedule O		
	If "Yes," describe these changes on			i MO
	Section 501(c)(3) and 501(c)(4) orga	vements for each of the organization's three largest p anizations and section 4947(a)(1) trusts are required uses, and revenue, if any, for each program service re	to report the amount of grants and	
_	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
_	Other program services. (Describe	in Schedule O.)		
	(Expenses \$	including grants of \$ (	Revenue \$ )	
_	/Experiscs v		<del></del>	

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Form 990 (2009) AMERICAN LEGION POST 233

Par	Checklist of Required Schedules	— т		
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
	complete Schedule A	1		$-\frac{x}{x}$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del></del>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	)	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<del></del> +	_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,		ļ	
	Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4		
5		5	}	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	-		
6	Ord the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	ĺ	ļ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	أمأ	- 1	Х
_	Schedule D, Part I	6		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 1	- 1	Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		- }	v
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		1	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		J	.,
	complete Schedule D, Part IV	9		_ <u>_x</u> _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1	
	If "Yes," complete Schedule D, Part V	10		_ <u>X</u> _
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	ĺĺ	[	
	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	i		
•	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	1		]
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	į		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ì		1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ļ		ı
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ļ		!
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Ì		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	i		•
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	i		,
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete	<u>-</u>	<del></del>	
	Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12A	· · · · · · · · · · · · · · · · · · ·			1
	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		<u>X</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1 :		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
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		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<b>1</b>	[	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X_
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	}	} 1	
	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?			
	If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fo	m 990	(2009)

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Par	t IV Checklist of Regulred Schedules (continued)		Va-	Als:
	Did the apparient and any three 65 age of the state of the same to see any open and apparient and		Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			١,
_	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<mark>21</mark>		\ <u>`</u>
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		<b>.</b> ,	)
	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 employee's? If "Yes,"			
	complete Schedule J	23		>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		}
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		}
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		2
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		Ì
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u> </u>		
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		ŧ
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			-
þ		1		1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			{
	990EZ? 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	1	}	Ι,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	28		}
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?	1	}	1.
	If "Yes," complete Schedule L, Part III	27	<u> </u>	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	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	<u> </u>	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	ļ
	Schedule L, Part IV	28b		>
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family	1		}
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	) >
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			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	) >
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<del></del>	1	2
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		<del>[</del>	╁╌╴
<b>7</b> 2	16 Wyor II complete Schodule N. Dart II	32	[	,
		<u></u>	<del></del>	┯
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l	Ĭ	١,
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	├──	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1	l	Ι,
	III, IV, and V, line 1	<u>34</u>	<del> </del>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ł	ł	1.
	Schedule R, Part V, line 2		<del> </del>	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ł	l	1
	organization? If "Yes," complete Schedule R, Part V, line 2	38	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	ł	}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>}</b>	1 3
				1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and	(	•	

Rev. 1

tal. Enter the number reported in Box 3 of Form 1996. Annual Summary and Transmital of U.S. Information Returns. Enter -0. If not applicable 10. Enter the number of Forms W-20 canculaded in line 19. Enter -0. If not applicable 10. Enter the number of Forms W-20 canculaded in line 19. Enter -0. If not applicable 10. On the organization comply with backup withholding rules for reportable payments to vendion and reportable gaming (Samhing) witnings to prace winners?  2. Enter the number of emptywes reported on Form W-3. Transmitat of Wage and Tax Statements. Ried for the calendar year endining whit within the year covered by this return.	Pa	Statements Regarding Other IRS Filings and Tax Compliance	<del></del>	-	
U.S. Information Returns. Enter Q- if not applicable be Enter the number of Forms V/2G included in in its 1a. Enter Q- if not applicable 10.0  C. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize withness?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by the return  I all testo one is reported on line 20, do the organization file all required federal employment has returns?  2b I all testo one is reported on line 20, do the organization file all required federal employment has returns?  2c I if the sum of lines 1a and 2a is greater than 250, you may be required to e-fite this return. (see instructions)  3b Old the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3c If Yes, 1se at filed a Form 990-T for this year? If Yes, provide an explanation in Schedule 0  3d At any time during the catendar 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)?  3d If Yes, refer the name of the foreign country P  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  3d Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5d Did any taxbell party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5d Did any taxbell party notify the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Frohibited Tax Shelter Transaction?  5d Did be organization shell are not tax deductible?  7d Organization shell are the average of the walks of the organization and party for goods and services provided?  7d If Yes, "did the organization include with ev	•	F-10-15		Yes	_No_
be Enter the number of Farms W-2G included in line 1s. Enter 4 if not applicable					
Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhog) winnings to prize winners?  2 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  3 If all leads one is reported on fine 2a, dut the organization file all requires federal employment tax returns?  Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  5 If Yes's has it filled a Form 990-1 for this year? If No, provide an explanation in Schedule 0  4 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)?  5 If Yes's has it filled a Form 990-1 for this year? If No, provide an explanation in Schedule 0  5 If Yes's found the name of the foreign country to the security of the 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)?  5 If Yes's found the name of the foreign country (such as a bank account, securities account, or other financial account)?  5 If Yes, and a financial Accounts.  5 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, a financial Accounts.  5 Was the organization as party to a prohibited tax shelter transaction?  6 Do set the organization annual gross receipts that are normally greater than \$100,000, and did the organization in cludd with every solicitation in file form 800 in the second prohibited to t					
gaming (gambhing) winnings to prize winners?  Enter the number of emptypose reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the catendar year ending with or within the year covered by this return  2 b If all least one is reported on fine 2a, old the organization file all required federal emptypement tax returns?  Note, if the sum of files is a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3c If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3d At any time during the catendar 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)?  4d If "Yes," enter the name of the foreign country  5e whe he instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5e where the name of the foreign country  5e Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b X If "Yes," out the unanalization file of the organization that it was or as party to a prohibited tax shelter transaction?  5c If "Yes," out the organization that were not tax deductible?  5c Overs 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  5c If "Yes," did the organization include with every solicitation and express the property for which		Enter the number of Forms 44-20 incloded in the 18. Enter -0-11 flot applicable			
2a Enter the number of employees reported on Form W-3, Transmittal of Wege and Tax Statements, filed for the calendar year anding with or within the year covered by this return  1 All tests one is reported on fine 2a, did the organization file at larequired federal employment tax returns?  2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns.  3a IX  3b Oid the organization have unrelated business pross sincome of \$1,000 or more during the year covered by this return?  3a IX  3b If "Yes", has at filed a Form 990-T for this year? If "No", provide an explanation in Schedule O  3b Is "Yes", a fine the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a 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)?  5b Ent Yes, "enter the name of the foreign country.  5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c If "Yes," to question Sa or Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enlity Regarding Prohibited Tax Shelter Transaction?  5c Does the organization will be organization file form 8886-T, Disclosure by Tax-Exempt Enlity Regarding Prohibited Tax Shelter Transaction?  6c Does the organization will be organization file form 8886-T, Disclosure by Tax-Exempt Enlity Regarding Prohibited Tax Shelter Transaction?  6c Does the organization stell are young visionation an express statement that such contributions or grifts were not tax deductible?  6c Did the organization be organization state were not tax deductible?  6d If "Yes," and the organization include with every solicitation an express statement that such contributions organization and pr			امه	1	Υ,
Statements, filed for the calendar year ending with or within the year covered by this return. 2a   1   1   2   2   3   1   2   3   3   3   3   3   3   3   3   3			<u> </u>	L	<del></del> -
bit at least one is reported on line 2a, dut the organization file all required fideral employment tax returns?  Aloa, if the sum of lines is and 2a is greater than 250, you may be required to e-file this return, less instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Bit If Yes, * has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O  3a		· • · · · · · · · · · · · · · · · · · ·			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3			2h	1	•
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  18 If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O	U	r		,	ì
this retum?  b if Yes,* has it filed a Form 990-T for this year? If No,* provide an explanation in Schedule O  3b	2-	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4. Al 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, or other financial account)?  4. B  5. B  6. If "Yes," either the name of the foreign country  5. Beet the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5. B Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5. B Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter fransaction?  6. D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter fransaction?  6. D Did so the organization solicit any contributions that were not tax deductible?  6. C  6. D The organization solicit any contributions that were not tax deductible?  6. D The organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6. D Did the organization receive a payment in excess of \$75 made parthy as a contribution and partly for goods and services provided to the payor?  7. Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to file organization notify the donor of the value of the goods or services provided?  7. D D D D D D D D D D D D D D D D D D D	Ja	1	30	~ I	x ´
44 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)?  45 If "Ces," 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.  56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  57 Sport of any taxable party notify the organization that it was or is a party to a prohibited transaction?  58 Was the organization a party to a prohibited tax shelter transaction?  59 Dos 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?  50 Dos the organization include with every solicitation an express statement (that such contributions or gifts were not tax deductible?  50 Organizations that may receive deductible contributions under section 170(c).  51 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  51 If "Yes." did the organization notify the donor of the value of the goods or services provided?  52 Did the organization of the payor?  53 If "Yes," indicate the number of Forms 8282 filed during the year  54 City of the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  54 Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  55 Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  56 Did the organization make any taxable distributions under section 4966?  57 Did the organization make any taxable distributions under section 4966?  58 Did the organization make any taxable distributions under section					
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  70  In Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  To Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  108  Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  109  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  110	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	~ ··
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11 Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders	а	· · · · · · · · · · · · · · · · · · ·	i		
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		i i i i i i i i i i i i i i i i i i i	12a (	[	,
	_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<del></del> -	- 000	(2020)

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ecti	on 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	1		
	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 of more members			.,
	of the governing body?	7a	<u> </u>	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.	-		
	The governing body?	_ <u>8a_</u>	X	<b>-</b>
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	<u> </u>
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
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
	Does the organization have local chapters, branches, or affillates?	10a		X
Þ	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 it's governing body before filing the form?	11	ا . ا	X
1A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	i		
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Х
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b	1	
Ç	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			Γ
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by	į .		• •
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official?	15a		x
ĥ	Other officers or key employees of the organization?	15b	1	X
Ŭ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		'	
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
· va	with a taxable entity during the year?	16a	,	Ιx
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		J	I I *
Ü	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	Γ -	1
		100		<del>-</del>
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  GA			_
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection, Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes it 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: ▶BOBBY BOSS HWY 78 LOGANVILLE GA 30052- 770-466			
	organization: BOBBY BOSS HWY 78 LOGANVILLE GA 30052- 770-466			

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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.

Check this box if the organization did (A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average	Positi	on (ch			hat ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
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(A) Name and title	(B) Average	}		(C	)			(D)	(E)	(F)
Name and title				_					On deble	l .
	hours per week	Positi or dire	on (ch Institu	ed Officer			S Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er e	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
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	7					)				
Total					<u></u>		•	0	0	0
Total number of individuals (including bu	t not limited	to thos	se liste	ed at	ove	) who	rece	eived more than \$100	0,000 in reportable o	compensation
from the organization					_		_			Yes N
Did the organization list anyformer office	r, director o	r truste	e, key	em	ploy	ee, or	high	est compensated		j 1 1
employee on line 1a? If "Yes," complete										
For any individual listed on line 1a, is the the organization and related organization										! }
individual	-								···	4
Did any person listed on line 1a receive										
services rendered to the organization? If	"Yes," comp	olete S	chedu	le J	for s	such p	erso	<u>n</u>		5
Complete this table for your five highest	compensate	d inde	pende	ent c	ontra	actors	that	received more than	\$100,000 of	<del></del>
compensation from the organization (A)							T	(B)	<del></del>	(C)
Name and busin	ess address	<u> </u>						Description of	services	Compensation
							-			
							+-	<del></del>	<del></del>	
			12-0-4-	440	thos	e liste	d ab	ove) who received m	nore than	
Total number of independent contractors \$100,000 in compensation from the orga	•	out not	minite	u 10	uiva		~		1	

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Part	AIII	Statement of Revenue			· · · · · · · · · · · · · · · · · · ·	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 10	18	Federated campaigns 1a				
ants Lints	ь	Membership dues1b				
g g	c	Fundraising events 1c				
T B	a	Related organizations 1d				
e i		Government grants				
Sir	,	(contributions)				
ag ag	١.	grants, and smalar amounts				
Contributions, gifts, grants and other similar amounts	9	Noncash contributions				
ឋ ត	, n	Total Addition 4 - 4/	,			
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Program Service Revenue	ا	Business Code			r	l <del>-</del>
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9	b -	·				<del></del>
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<u>B</u>	1	All other program service revenue			<u></u>	L
<u>-ē</u>	9	Total. Add lines 2a-2f		·	<del></del>	<del></del>
	3	Investment income (including dividends, interest, and			,	
	1	other similar amounts)	1421.	1421.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties▶				
	ļ	(i) Real (ii) Personal				
	6a	Gross Rents				
	ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	i			
	7a	Gross amount from sales of assets (i) Securities (ii) Other				- <del></del>
		other than inventory				
	ь	Less cost or other				
	1	basis and sales expenses				
	C	Gain or (loss)				
	d	Net gain or (loss)				1
	8a	Gross income from fundraising events			<u> </u>	
9	1	(not including \$				
	1	of contributions reported on line 1c)				
ě	!	See Part IV, line 18 a				
Other Reven	ь	Less: direct expensesb				
₽	6	Net income or (loss) from fundraising events ▶		[ -		1
	9a	Gross income from gaming		<del></del>		
	1	activities See Part IV, line 19 . a 634275.				
	16	Less. direct expenses b 495467.				
	١٠	Net income or (loss) from gaming activities	138808.	138808.	l • • • • •	1
		Gross sales of inventory, less			<del></del>	·
	} '	returns and allowancesa				
	Ь	Less: cost of goods soldb				
	6	Net income or (loss) from sales of inventory				
	<del>اٽ</del> ا	Miscellaneous Revenue Business Code		٠		
	11a		-			[ · - <del></del> · · ·
	b		<del>  </del>		<del></del>	<del> </del>
				<del></del>	<del></del>	<del> </del>
	٩	All other revenue			<del> </del>	<del> </del>
	d	——————————————————————————————————————		L <u> </u>	L	L
		1001, 700 11100 114 1 7 1 1 1 1 1 1 1 1		<del> </del>	<del></del>	<del> </del>
	12	Total revenue	140229.	140220	]	
	ــِـــ	See instructions	140229.	140229.	<u> </u>	5 990 (2000)

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).									
00.0	ot include amounts reported on lines 6b,		(B)	(C)	<u>(D)</u>					
	b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and		expenses	general expenses	expenses					
•		'	,							
2	Grants and other assistance to individuals in	<del></del>								
•	the U.S. See Part IV, line 22	64947.	64947.,							
3	Grants and other assistance to governments,	04541.								
•	organizations, and individuals outside the		ı							
	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 salanes and wages				<del></del>					
8	Pension plan contributions (include section 401(k)									
_	and section 403(b) employer contributions)			}						
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
a	Management									
ь	Legai				· <del></del>					
c	Accounting		650.							
d	Lobbying	) ————————————————————————————————————								
0	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other		L							
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses			)						
	for any federal, state, or local public officials			<u> </u>						
19	Conferences, conventions, and meetings				<u> </u>					
20	Interest									
21	Payments to affiliates			<u> </u>						
22	Depreciation, depletion, and amortization									
23	Insurance	<u></u>	<u> </u>	<u> </u>						
24	Other expenses Itemize expenses not	t								
	covered above. (Expenses grouped together	1								
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)	71010	71010		<del></del>					
а	SEE SCHEDULE	71210.	71210.							
Ь		ļ								
C		ļ	<del></del>	<del></del>						
đ		<u></u>	<del> </del>	<del></del>						
0			<b></b>	f						
f	All other expenses	125005	135005	<del></del>						
25	Total functional expenses. Add lines 1 through 241	136807.	136807.	<b></b>						
26	Joint costs. Check here ▶ ☐ if following	<b>5</b>		}						
	SOP 98-2. Complete this line only if the organization	}		<u> </u>						
	reported in column (B) joint costs from a combined	}		]						
	educational campaign and fundraising solicitation	L	L	L						

US990\$10

Part X	Balance Sheet				
-			(A)		(B)
-			Beginning of year	┝┷┥	End of year
1		·····	99204.	1	102626.
2	Savings and temporary cash investments	F		2	
3	Pledges and grants receivable, net			3	<del></del>
4	Accounts receivable, net		_	4	
5	Receivables from current and former officers, dire	ectors, trustees, key			
ŀ	employees, and highest compensated employees	Complete Part II of Sch. L		5	
6	Receivables from other disqualified persons (as o				
ſ	4958(f)(1)) and persons described in section 4956				
1	Part II of Schedule L			6	<del></del>
g 7	Notes and loans receivable, net			7_	
Assets	Inventories for sale or use			8	
₹   9	Prepaid expenses and deferred charges			9	
10a	-				
	basis. Complete Part VI of Schedule D	10a			
ь			297718.	10c	297718
11				11	
1 12	Investments - other securities. See Part IV, line 1	)-		12	
13	Investments - program-related, See Part IV, line 1	P-		13	<del></del>
14				14	
15			<del></del>	15	
16	Total assets Add lines 1 through 15 (must equal		396922.	16	400344
17	Accounts payable and accrued expenses			17	
18	Grants payable	,		18	
19				19	
20				20	<del></del>
m 21	•	at N/ of Cahadula D	<del></del>	21	
22	Escrow or custodial account liability. Complete Pa Payables to current and former officers, directors			21	
≝   **					
22 22	employees, highest compensated employees, and			اتما	
_	persons Complete Part II of Schedule L		<del></del>	22	
23	Secured mortgages and notes payable to unrelate	·		23	
24	Unsecured notes and loans payable to unrelated	T T		24	
25	Other liabilities Complete Part X of Schedule D			25	
26				26	
ł	Organizations that follow SFAS 117, check here				
8	complete lines 27 through 29, and lines 33 and			i' i	
27	Unrestricted net assets		396922.	27	400344
Til 40	Temporanly restricted net assets			28	
Not Assets or Fund By 30 31 35 32	Permanently restricted net assets	<b>—</b>		29	
<u> </u>	Organizations that do not follow SFAS 117, che	ck here 🕨 📙			
5	and complete lines 30 through 34.	1	<b>-</b>	ı- a	
製 30	· · · · · · · · · · · · · · · · · · ·			30	
8 31	Paid-in or capital surplus, or land, building, or equ			31	
32	Retained earnings, endowment, accumulated inc	ome, or other funds	<del></del>	32	
Z 33	Total net assets or fund balances		396922.	33	400344.
34	Total liabilities and net assets/fund balances	j	396922.	34	400344.

Form 990 (2009)

oun,	990 (2009) AMERICAN LEGION POST 233	58-610171	11	Pag	e 12
Par	t 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	•			
	Schedute O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>.</u>	2a_	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh				
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		}
	If the organization changed either its oversight process or selected process during the tax year, explain in	1		•	
	Schedule O	1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were				
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	}	,	ł	`
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	, [			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l	1
			om	990	(2009)

### SCHEDULE D (Form 990)

· Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

	MERICAN LEGION POST 233		58-6101711
		and Funds or Other Similar Fund	
Γđ	Organizations Maintaining Donor Adv		13 OF ACCOUNTS.
	Complete if the organization answered "Yes" to I		(h) Eunda and other accounts
_	Tatal annih	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del></del>
2	Aggregate contributions to (during year)		<del> </del>
3	Aggregate grants from (during year)		<b></b>
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors		
	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and don		. – –
	for charitable purposes and not for the benefit of the dono		
Pa	rt II Conservation Easements. Complete if		990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organi		
	Preservation of land for public use (e.g., recreation of		tion of an historically important land area
	Protection of natural habitat	☐ Preserva	ition of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	ualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		[2b]
C	Number of conservation easements on a certified historic	structure included in (a)	2c
đ	Number of conservation easements included in (c) acquir	ed after 8/17/06	[2d]
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by	the organization during
	the taxable year ▶		
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, reporting	of violations,
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspection		
7	Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements duri	ing the year   \$
8	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 📙 No
9	In Part XIV, describe how the organization reports conser	vation easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ	ization's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to		
1 a	If the organization elected, as permitted under SFAS 116		
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	public service, provide, in Part XIV, the
	text of the footnote to its financial statements that describ	es these items	
t	o if the organization elected, as permitted under SFAS 116		
	sures, or other similar assets held for public exhibition, ed	tucation, or research in furtherance of pub	lic 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, historica	I treasures, or other similar assets for final	ncial gain, provide the following amounts
	required to be reported under SFAS 116 relating to these		
a	Revenues included in Form 990, Part VIII, line 1		.,, <b>&gt; \$</b>
ŧ	Assets included in Form 990, Part X		s
For F	Privacy Act and Paperwork Reduction Act Notice, see th	e Instructions for Form 990.	Schedule D (Form 990) 2009

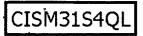
CIC	M21CAM
	M31S4OL

C	12121246F						
Sched	dule D (Form 990) 2009	AMERICAN L	EGION POST 2			101711	Page 2
Pai	t III Organiz	ations Maintaining	Collections of Art, I	Historical Treasure:	s, or Other Similar A	ssets	
	(continued	1)			<del> </del>		
3	Using the organization	's acquisition, accession,	and other records, chec	k any of the following tha	t are a significant use of i	its collection it	ems
	(check all that apply).			_			
а	Public exhibition			d Loan or exchange Other	e programs		
Ь	Scholarly research			e [] Other	<del></del>		
С	Preservation for fu						
4		of the organization's colle					
5		e organization solicit or re					П
		nan to be maintained as p					No
Pai		and Custodial Arra	•	lete if organization answi	ered "Yes" to Form 990,	Pan IV, line 9,	•
		d an amount on Form 990		and buttons as other as	ante ant included		
٦a		agent, trustee, custodian				. Yes	[] No
						. [] тез	∐ No
D	ir tes, explain ine ar	rangement in Part XIV an	a complete the following	lable.	17	Amour	·
_	Onerganian balanca				1-1-	Alloui	<u></u>
	Beginning balance	ear					
		e year					
•							
20		iclude an amount on For				Yes	X No
	-	rangement in Part XIV.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			lete if organization answ	ered "Yes" to Form 990,	Part IV, line 10		
		(a) Current year	(b) Pnor year	(c) Two years back		(e) Four ye	ars back
1a	Beginning of year			,			
	balance			_			
ь	Contributions			<u> </u>			
c	Net investment eam-			ı			
	ings, gains, and losse			<u> </u>			
d	Grants or scholarships						
0	Other expenditures	<b>,</b>	}				
	for facilities and			1			
	programs			<del></del>			
f	Administrative	j	]	'			
	expenses	<del></del>	ļ				
9	End of year balance.		<del></del>				
2		percentage of the year e					
а	-	quasi-endowment	0.00 %				
		nt ▶ <u>0.00</u> %					
	Term endowment ▶		of the communities th	at are hold and administ	and for the emperiment	ъ.,,	Van T Na
3a		funds not in the possess					Yes No
	(i) unrelated organization	ations				3a(i)	<del> </del> -
	(a.)	ons				36	
		he intended uses of the c					
		ne intended uses of the conents - Land, Buildin			Part X, line 10		
e.	Description of		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book	value
	Dascription O	nite dillioni	basis (investment)	basis (other)	Depreciation	(2) 200	
18	Land			1	1.		
			297,718.	<del> </del>	T	297.	718.
	Lescabold improvement			<del> </del>	<del> </del>	<del></del>	

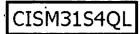
297,718. Schedule D (Form 990) 2009

Total, Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) ).....

e Other .....



Schedule D (Form 990) 2009 AMERICAN LEGION PO		58-6101/11 Page 3
	Form 990, Part X, line 1	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	<u> </u>	Cost or end-of-year market value
Financial derivatives	<b>j</b>	
Closety-held equity interests		
Other	<u> </u>	
	<u> </u>	<u></u>
	<u> </u>	
	<u> </u>	<u> </u>
Total. (Column (b) should equal Form 990, Part X, col. (8) line 12.) ▶		1
	e Form 990, Part X, line	13
(a) Description of investment type	(b) Book value	(c) Method of valuation
,, ,		Cost or end-of-year market value
	1	
<del></del>	1	
	1	
<del></del>	<del> </del>	
	ļ	
	<del> </del>	
	<del> </del>	
<del></del>	<del> </del>	
Total (Column (b) should equal Form 990, Part X, cot (B) line 13.) ▶		J
Part IX Other Assets. See Form 990, Part X, line 15		<del></del>
(a) Descrip		(b) Book value
, and a second		
	<del></del>	
	<del></del>	
<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15).		
Part X Other Liabilities. See Form 990, Part X, line		
(a) Description of Liability	(b) Amount	,
Federal Income Taxes		<u> </u>
		<u>-</u> ;
	<del> </del>	-
	1	7
	1	-
	1	<del>-</del>
		-
	<del> </del>	<del>-</del>
	<del> </del>	7
	<del> </del>	<del>-</del>
	<del> </del>	_
Tatal (Caluma (h) should assed Farm DOD Dark V and (D) har DE \	<del>,</del> -	<u>-</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		I statements that reports the amanization's
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the	ie organizacion s unancia	e statements may rebotts the ordanization a
hability for uncertain tax positions under FIN 48.		



Total expenses (Form 990, Part IX, column (A), line 25)	Sche	dule D (Form 990) 2009 AMERICAN LEGION POST 233	58-610171	1 Page 4
Total expenses (Form 990, Part VII), column (A), line 12)  Total expenses (Form 990, Part VIX, column (A), line 12)  Zexces or (deficit) for the year. Subtract kine 2 from kine 1  Donated services and use of facilities  Investment expenses  6  Prior period adjustments  Ciber (Describe in Part XIV)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements With Revenue per Return  Total revenue, gains, and other support per audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Donated services and use of facilities  Recoveres of prior year grains  Recoveres of prior year grains  Amounts included on Form 990, Part VIII, line 12, but not on liner' Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 2a through 2a  Add lines 4a and 4b  Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Add lines 2a through 2a  Subtract line 2a from line 1  Amounts included on line 1 but not on Form 990, Part IVII, line 25.  Donated services and use of facilities  Proor year adjustments  1  Other (Describe in Part XIV)  Add lines 2a through 2a  Subtract line 2a from line 1  Amounts included on Form 990, Part IVI, line 25.  Donated services and use of facilities  Proor year adjustments  1  Other (Describe in Part XIV)  Add lines 2a from line 1  Amounts included on Form 990, Part IVI, line 25.  Donated services and use of facilities  Proor year adjustments  1  Other (Describe in Part XIV)	Pai		cial Statements	
Total expenses (Form 990, Part IX, column (A), Inne 25)  Excess or (deficit) for the year. Subtract line 2 from line 1  Souther (Great gams (basses) on investments  Onated services and use of facilities  Frior period adjustments  Other (Describe in Part XIV)  Total adjustments (sen). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements  Excess or (deficit) for the year per audited financial statements Subtracting spins, and other suppon per audited financial Statements With Revenue per Return  Total revenue, gains, and other suppon per audited financial statements  Total revenue, gains, and other suppon per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gams on investments  Donated sorvices and use of facilities  Proverers of prior year grants  Cother (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line?  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total revenue Add lines 3 and 4e. (This should equal Form 990, Part I, line 12)  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prove year siguistments  Other (Describe in Part XIV)  Add lines 4a and 4b  Total revenue Add lines 3 and 4e. (This should equal Form 990, Part I, line 12)  Total expenses and losses per audited financial statements.  1  Other (Describe in Part XIV)  Add lines 4a lines 3 and 4e. (This should equal Form 990, Part I, line 18)  Total expenses and lines 3 and 4e. (This should equal Form 990, Part I, line 18)  Total expenses. Add lines 3 and 4e. (This should equal Form 990, Part I, line 18)  Supplemental linformation  riplete 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 and 2b; Part V, lin	1			195,635.
Excess or (deficit) for the year. Subtract line 2 from time 1  Net unrealized gains (losses) on investments  4  Onaled services and use of facilities  finvestment expenses  Frior period adjustments  Other (Describe in Part XIV)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements. With Revenue per Return  Total revenue, gains, and other support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments.  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV)  Add lines 2a through 2d.  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line!  Investment expenses not included on Form 990, Part VIII, line 7b.  Add lines 4a and 4b  Total revenue Add lines3 and 4c. (This should equal Form 990, Part II, line 12)  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and losses per audited financial statements.  1  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  2a  Prior year adjustments  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25.  Donated services and use of facilities  2a  Prior year adjustments  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25.  Donated services and use of facilities  2a  Donated services and use of facilities  3  Amounts included on Form 990, Part IX, line 25.  Donated services and use of facilities  10 Other (Describe	2			192,213.
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Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total revenue Add lines3 and 4c. (This should equal Form 990, Part I, line 12)  5  3rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18)  5 Supplemental Information  mplete 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 and 2b; Part V, line 4;	4			
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Add lines 4a and 4b  Total revenue Add lines3 and 4c. (This should equal Form 990, Part I, line 12)  Total expenses and losses per audited financial Statements With Expenses per Return  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities.  Prior year adjustments.  Other losses.  Other (Describe in Part XIV).  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b.  Add lines 4a and 4b.  Total expenses. Add lines3 and 4c. (This should equal Form 990, Part II, line 18).  5 sart XIV.  Supplemental Information  Inplete 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 and 2b; Part V, line 4;	b			
Total revenue Add lines3 and 4c. (This should equal Form 990, Part I, line 12)  Sert XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities.  Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on lines: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18)  5  5  5  6  7  7  7  8  7  8  8  8  9  9  9  9  9  9  9  9  9  9	c	\ <u></u>	aci	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Cither losses  Cither (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18)  Supplemental Information  Implete 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 and 2b; Part V, line 4;	5		<del></del>	
Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities.  Prior year adjustments.  Other losses.  Other (Describe in Part XIV).  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b.  Add lines 4a and 4b.  Other (Describe in Part XIV).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18).  Supplemental Information  miplete 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 and 2b; Part V, line 4;			· · · · · · · · · · · · · · · · · · ·	
Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities	1			
Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18)  Supplemental Information  mplete 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 and 2b; Part V, line 4;	2		1	
Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  miplete 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 and 2b; Part V, line 4;	a		1 1	
Cother (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Cother (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  Inplete 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 and 2b; Part V, line 4;	b		<del> </del>	
Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on lines: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  In the stand 4 part IV, lines 1 and 4 part IV, lines 1 band 2b; Part V, line 4;	c	<del></del>		
Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  mplete 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 and 2b; Part V, line 4;	ď			
Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on linet: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  mplete 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 and 2b; Part V, line 4;	e		20	
Amounts included on Form 990, Part IX, line 25, but not on linet:  Investment expenses not included on Form 990, Part VIII, line 7b	3		<del></del>	
Investment expenses not included on Form 990, Part VIII, line 7b	4		-	
O Other (Describe in Part XIV)	a			
Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  Supplemental Information  mplete 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 and 2b; Part V, line 4;	b		<del> </del>	
Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	•	•		
art XIV Supplemental Information  mplete 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 and 2b; Part V, line 4;			·····	
implete 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 and 2b; Part V, line 4;	9			
	_		D/ Supplement Ob. De	all line A
	Com	t 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		
		<del></del>		<del></del>
			<del></del>	
			<del></del>	

#### 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.

See separate instructions.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

AMERICAN LEGION POST 233

Employer identification number 58-6101711

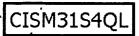
Part I	Fundralsing Activities. Co				red "Yes" to Form 990, I	Part IV, line 17.						
	Form 990-EZ filers are not whether the organization ra				lowing activities Check	all that apply						
( 1	e whether the organization is il solicitations	alacu iurius liifoi	ugn any e		ation of non-government							
~ H	· · · · · · ·		, i		ation of government grad							
H	ernet and email solicitations		H		ation of government grad Il fundraising events	11.5						
· H	one solicitations		9 ∐	Specia	u tungraising events							
	person solicitations				deed Cookedoo officom	والمستعدد والمستعدد والمستعدد والمستعدد المستعدد المستعدد والمستعدد المستعدد المستعدد المستعدد والمستد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد وال	and a contract of					
2 a Did the	organization have a written 90, Part VII) or entity in conf	or oran agreeme	8 njiw jn: Iennissa	iny inaivi fundraisi	oual (including onless, inc services?	directors, irustees or key t	Yes No					
b If "Yes."	" list the ten highest paid ind	lividuals or entiti	es (fund:	raisers) c	oursuant to agreements	under which the fundraise						
	\$5,000 by the organization		(	,	•							
	ame of individual	(ii) Activity	(III) Dic	fund-	(Iv) Gross receipts	(V) Amount paid to (or	(vi) Amount paid to					
• •	entity (fundraiser)	(,	raise	have	from activity	retained by) fundraiser	(or retained by)					
	, (	1		rol of		listed in col. (i)	organization					
	contributions?											
			Yes	No								
					<del> </del>	<del> </del>						
							····					
Total				·····								
	ates in which the organization				cit funds or has been no	otified it is exempt from req	jistration or licensing.					

Rev 1

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (add col (a) through
_			(event type)	(event type)	(total number)	col. (c)
Revenue		Cross receipts				
₹ §	2	Gross receipts				
		contributions				
	3	Gross income (line 1				;
	-	minus line 2)				
	4	Cash prizes		<u> </u>		
	_	Name to the same				
Ses	5	Noncash prizes				
Exper	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	10	Other direct expenses	. Add lines 4 through 9 in colur	nn (d)	L	
	11	Net income summary. Co	ombine line 3, column (d), and	line 10	<b>.</b>	
Pa	ırt II		ete if the organization answered	"Yes" to Form 990, Part IV, I	ine 19, or reported more than	\$15,000 on Form 990-EZ
		line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
anne	İ		(a) 5go	bingo/progressive bingo	(0) 0	col. (a) through col (c))
Revenue	1	Gross revenue	634,275.			634,275.
es	2	Cash prizes	275,105.			275,105.
Direct Expenses	3	Noncash prizes				
ŭ		, , , , , , , , , , , , , , , , , , ,				
Direc	4	Rent/facility costs	44,182.			44,182.
	5	Other direct expenses .	176,180.			176,180.
	-		X Yes 100.0%	Yes 0.0%	Yes 0.0 %	
	6	Volunteer labor	No	No	I No	495,467
	8		y. Add lines 2 through 5 in colui imary. Combine line 1, column			138,808.
	<u>,                                     </u>	rect gamming mounts sem	mary compline and 1, column	9,010		Yes No
9			e organization operates gamin			
		the organization licensed t "No," Explain:	to operate gaming activities in e	each of these states?		9a X
		NO, Explain.				
	_					
	_				the tax year?	10a X
10			n's gaming licenses revoked, su	Ispended or terminated during		
10		ere any of the organizatior "Yes," Explain.	n's gaming licenses revoked, su	ispended or terminated during		
10	ь if	"Yes," Explain.				
11	b If'	"Yes," Explain. oes the organization opera	te gaming activities with nonmo	embers?		11 X
	b If '	"Yes," Explain. oes the organization opera	ite gaming activities with nonmi	embers?	or other entity formed to	

Rev 1



13 Indicate the percentage of gaming activity operated in:  a The organization's facility b An outside facility 13a 100.00 % b An outside facility 13b 0.00 % 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶ COMMANDER ROBERT BOSS  Address ▶ HWY 78 LOGANVILLE GA 30052~  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Sche	dule G (Form 990 or 990-EZ) 2009 AMERICAN LEGION POST 233 58-610	1711	Pag	e 3
a The organization's facility b An outside facility 13a 100.00 % 13b 0.00 % 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:  Name ► COMMANDER ROBERT BOSS  Address ► HWY 78 LOGANVILLE GA 30052~  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		•	Y	98 No	
b An outside facility	13	Indicate the percentage of gaming activity operated in:	:		•
Provide the name and address of the person who prepares the organization's gaming/special events books and records:  Name ► COMMANDER ROBERT BOSS  Address ► HWY 78 LOGANVILLE GA 30052~  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility			
Name ► COMMANDER ROBERT BOSS  Address ►HWY 78 LOGANVILLE GA 30052~  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			<u>6</u>		
Address ►HWY 78  LOGANVILLE GA 30052~  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name COMMANDER ROBERT BOSS			
b If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$ c If "Yes," enter name and address of the third party.  Name   Address    Gaming manager information:  Name    Gaming manager compensation   \$ \$ \$  Description of services provided    Director/officer		Address HWY 78 LOGANVILLE GA 30052-			,
of gaming revenue retained by the third party  c If "Yes," enter name and address of the third party.  Name  Address  Address   Gaming manager information:  Name  Gaming manager compensation   S  Description of services provided   Director/officer  Employee  Independent contractor  17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  17a   X  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			.[15a	] x	-
c If "Yes," enter name and address of the third party.  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17al □ X  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
Name ►  Address ►  16 Gaming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		or gaming revenue retained by the third party > 5			
Address   16 Gaming manager information:  Name   Gaming manager compensation   S  Description of services provided   Director/officer   Employee   Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	C	it res, enter name and address of the third party.			
Name ►  Gaming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		Name ►	ι		,
Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		Address▶	1		1
Gaming manager compensation ► \$  Description of services provided ►  Director/officer	16	Gaming manager information:	· !		1
Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		Name ►	<u> </u>		į
Director/officer		Gaming manager compensation ► \$	1		-
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		Description of services provided ▶	!		ł
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		☐ Director/officer ☐ Employee ☐ Independent contractor	!		1
gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	17	Mandatory distributions:	1		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	а	- · · · · · · · · · · · · · · · · · · ·	178	ı X	
	b		· <del>· · · · · ·</del>	<del></del>	_
	-	· · · · · · · · · · · · · · · · · · ·	1		1

Schedule G (Form 990 or 990-EZ) 2009

	C.	ΙŚΝ	13:	1S	34			١,		-	_]			<b>)</b>	}	}	,	ı	ļ	ļ		ı	j	l	}	}		j	1	1
OMB No 1545-0047	2009	Open to Public Inspection	Employer Identification number	1711			. X Yes		0	6	(h) Purpose of grant	or accirtance	Diagram of																	
			Employer ic	158-6101711		the selection criteria			Complete if the organization answared "Yes" to		(a) Description of	Andreas Assessment	ווסובלפפון פספוס(פווסם																	
itions,	d States	', lines 21 or 22.				rants or assistance, and			Complete if the organiza	f more than \$5,000. Use	(f) Method of valuation	(hook EMV sonmiss)	other)																	
Grants and Other Assistance to Organizations,	ments, and Individuals in the United States	Complete if the organization answered ``Yes'' to Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.				antees' eligibility for the g		tates.	United States.	than \$5,000. Check this box if no one recipient received more than \$5,000. Use	(e) Amount of non-cash (f) Method of valuation	o o o o o o o o o o o o o o o o o o o									<del></del>									
nd Other Assist	nts, and Individu	ganization answered ***  Attach to				ints or assistance, the gri		rant funds in the United S	nd Organizations in the United States.	\$5,000. Check this box if	(d) Amount of cash																<del></del> -			
Grants a	Governme	Complete if the or		A Application	d Assistance	ate the amount of the gra		r monitoring the use of gi		that received more than	(c) IRC	coction	if applicable														-		And organizations	
		1	ĺ	POST 233	ion on Grants an	n records to substanti	sistance?	ation's procedures for	r Assistance to G	21, for any recipient	(b) EIN															1			Offel(3) and governm	onitotions
SCHEDULE	(Form 990)	Department of the Treasury Internal Revenue Service	nization	<u></u>	Series of Promation on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantses' eligibility for the grants or assistance, and the selection criteria		ŝ	Grants and Other Assistance to Governments a	Form 990, Part IV, line 21, for any recipient that received more	1 (a) Name and address of (b) EIN (c) (C) (C)	and a political property of the political pr																	2 Enter total number of section 501(c)(3) and covernment organizations	

818 448

Detail Sheet	2009
Name: AMERICAN LEGION POST 233	ın: 58~6101711
Description: SCHEDULE G OTHER DIRECT EXPENSES	
Туре	Amount
BINGO SUPPLIES	47,512. 64,337.
SALES TAX	64,337.
SUPPLIES/DRINKS/FOOD	53,107.
ADVERTISING	7,580.
POSTAGE	3,644.
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Total	176,180.

Detail Sheet	2009
Name: AMERICAN LEGION POST 233	10: 58-6101711
Description: SCHEDULE G RENT UTILITY FACILITY EXPENSE	
Type	Amount 25 522
UTILITIES	35,532. 5,938. 2,712.
MAINTENANCE	3,938.
TELEPHONE	4,/12.
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T-1-1	44 102
Total	

Detail Sheet	2009
Name: AMERICAN LEGION POST 233	ı <b>n</b> : 58-6101711
Description: PART III PROGRAM EXPENDITURES	
Туре	Amount
DONATIONS	44,112.
BASEBALL	7,606.
LUNCHES	1,805.
COMMANDER CONTRIBUTIONS	11,424.
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Total	64,947.

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

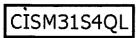
Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047 2009

Open to Public Inspection

LATE FILING - ALL INFORMATION REQUIRED TO FILE AN ACCURATE FORM 990 WAS NOT AVAILABLE BY THE DUE DATE. THIRD PARTY VENDORS WERE CONTACTE OBTAIN REQUIRED INFORMATION. INTERNAL CONTROL PROCEDURES HAV	D TO
AVAILABLE BY THE DUE DATE. THIRD PARTY VENDORS WERE CONTACTE OBTAIN REQUIRED INFORMATION. INTERNAL CONTROL PROCEDURES HAV	D TO
OBTAIN REQUIRED INFORMATION. INTERNAL CONTROL PROCEDURES HAV	
	E BEEN
ESTABLISHED TO ENSURE TIMELY FILING OF FUTURE TAX RETURNS.	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 990.  Sch	<del></del>



0425874015 May 05, 2011 LTR 2695C 0 R 58-6101711 200912 67 00023095

AMERICAN LEGION POST 233 PO BOX 127 LOGANVILLE GA 30052



000644

#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permapent part of that return.

Signature of officer or trustee

MANDEN

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