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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No 1545-0047 **2009**

Open to Public Inspection

	For the 2009 cal	endar year, or tax year beginning, and ending						
В	Check if applicable	Please C Name of organization	D	Emplo	yer identification number			
	Address change	use IRS AMERICAN LEGION POST 69						
	Name change	print or Doing Business As		64-	6035648			
	Initial return	type Number and street (or P O box if mail is not delivered to street address) See P O BOX 1462	Room/suite E	Teleph	one number			
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	G	Gross recei	pts \$ 1,440,818			
	Amended return	tions. COLUMBUS MS 39704-2884						
$\overline{\Box}$	Application pending	F Name and address of principal officer	н	(a) Is this a	group return for			
	, ,	BOB BJORKLUND	,,	affiliate				
		P O BOX 2462]	(b) Are all include				
		COLUMBUS MS 3970 - 7467		If "No,"	attach a list (see instructions)			
	Tax-exempt statu Website: ▶ 1	s X 501(c) (19) ◀ (insert no.) 4947(a)(1) or 527		(a) C				
	Type of organization		rear of formation 19	- A	exemption number ► M State of legal domicile MS			
		Immary	rear or ionnauon 2		IN State of legal doffliche			
		escribe the organization's mission or most significant activities:						
σ, -	Prov	ride services to military retirees and veterans						
Š	h							
erna								
Activities & Governance	2 Check th	is box $lacktriangleq lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	of its net assets					
∞8	i	of voting members of the governing body (Part VI, line 1a)		3	16			
ies		of independent voting members of the governing body (Part VI, line 1b)		4	16			
Ę	_	nber of employees (Part V, line 2a)		5				
Ą	1	nber of volunteers (estimate if necessary)		6				
	_	ss unrelated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		7a 7b	0			
	b Net unre	aled business taxable income from Form 990-1, line 34	Pnor Year	-1 /8	Current Year			
•	8 Contribu	tions and grants (Part VIII, line 1h)			12,624			
Revenue	9 Program	9 Program service revenue (Part VIII, line 2g)						
eve	10 Investme			20				
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			359,177			
_	12 Total rev		371,821					
	13 Grants a		44,742					
	14 Benefits	paid to or for members (Part IX, column A) line 4)			8,526			
ses	15 Salaries	other compensation, impropose benefits (Part Scolumn (A), lines 5–10)			30,548			
penses	•	onal fundraising fees (Part IX, column (A) line (Tel						
EX	17 Other ex	draising expenses (Part IX, column (D), line 252 penses (Part IX, column A) inds/11d-11p, 11T-24f)			113,030			
	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			196,846			
		less expenses Subtract line 18 from line 12		- 	174,975			
. Ge			Beginning of Curren		End of Year			
ssets	20 Total as:	ets (Part X, line 16)	1,07 <u>9</u>		1,249,184			
	=1	ulities (Part X, line 26)		572	474,305			
et ;			599,	904	774,879			
Net A L		ts or fund balances. Subtract line 21 from line 20						
		gnature Block						
Net A Find F			nd statements, and to nation of which prepar	the best of	my knowledge			
		gnature Block der penalties of perjury, I declare that I have examined this return, ipeluding accompanying schedules ar	nd statements, and to nation of which prepar	the best of er has any	my knowledge knowledge			
CANNED OUR BIS HERE		gnature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedules are disbelief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which prepar	er has any	my knowledge knowledge			
		der penalties of perjury, I declare that I have examined this return, ipcluding accompanying schedules are disclined belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informations. Signature of officer	nation of which prepar	er has any	my knowledge knowledge			
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SICANIAL P SICANIAL P SICANIAL P	gn re	der penalties of penjury, I declare that I have examined this return, including accompanying schedules are disclined, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of officer. Signature of officer. Type or print name and title.	BTORKL	er has any	Preparer's identifying number			
Sig Sig He	re Pr	der penalties of perjury, I declare that I have examined this return, ipcluding accompanying schedules are dischered, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of officer. Signature of officer. Type or print name and title. Date	BTORK2	Date	Preparer's identifying number (see instructions)			
Sig SHe Pa	id Pr	der penalties of perjury, I declare that I have examined this return, ipcluding accompanying schedules are dischief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of ficer. Signature of officer Type or print name and title Paparer's patients. CPA Rollins & Crigler. P.A. CPAs	BTORK2	Date	Preparer's identifying number			
Palling Pare	id Property of the Control of the Co	der penalties of perjury, I declare that I have examined this return, ipenuling accompanying schedules are dischief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of ficer. Signature of officer Type or print name and title Paparer's patients of the print patients of the print patients of the paparer's paparer's patients of the paparer's paparer's patients of the paparer's patients of the paparer's paparer's paparer's patients of the paparer's patients of the paparer's patients of the paparer's pap	BTORK2	Date UNC	Preparer's identifying number (see instructions)			
Palling Pare	id eparer's e Only	der penalties of perjury, I declare that I have examined this return, ipcluding accompanying schedules are dischief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of ficer. Signature of officer Type or print name and title Paparer's patients. CPA Rollins & Crigler. P.A. CPAs	BTORK2	Date UND EIN Phone	Preparer's identifying number (see instructions)			
Par Us	id Print British Briti	der penalties of perjury, I declare that I have examined this return, ipeluding accompanying schedules are dischief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer Type or print name and title Paparer's particular and provided in the	BTORK2	Date UND EIN Phone	Preparer's identifying number (see instructions) P00038537			

4d	Other program services	(Describe in Schedule O)	
	(Expenses \$	including grants of \$	 <u></u>

4e Total program service expenses ▶

_ Pa	irt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		_	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	•		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-10		
•	VII, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
,	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•				
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40		X
124		12		
147	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			1
13		٠ 🗼	-	v
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
19	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.5
40	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?			ĺ
	If "Yes," complete Schedule G, Part III	19	X	
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No." go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 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, Х 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Form 990 (2009)

X

38

19? Note. All Form 990 filers are required to complete Schedule O

Page 5

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		- 1	
	U.S. Information Returns. Enter -0- if not applicable		-	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
	gaming (gambling) winnings to prize winners?		Ic	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ŀ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>	2b X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			′
	this return?	<u>_</u>	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>_3</u>	3b	<u> </u>
4a				
•	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>_</u>	la	X
b	· · · · · · · · · · · · · · · · · · ·			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.		1	
5a		 	5a	X
b		<u> - </u>	5b	X
С				
	Prohibited Tax Shelter Transaction?	<u> </u>	ōc	
6a				
	organization solicit any contributions that were not tax deductible?	<u> </u>	Sa	X
b	•			ł
_	gifts were not tax deductible?	<u> •</u>	6b	
7	Organizations that may receive deductible contributions under section 170(c).			
а			_	ŀ
	and services provided to the payor?	<u> </u>	7a	
b	,	 	7b	
С		_	_	
	required to file Form 8282?	,	7c	+
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е			.	
	benefit contract?		re	
f			7f	+
g		<u> </u>	⁷ g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	.	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		" 	
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organizations. Did the supporting organization, or a donor advised that maintained by a sponsoring		8	
9	Sponsoring organizations maintaining donor advised funds.		•	
a			a l	
b		<u> </u>	9b	
10	Section 501(c)(7) organizations. Enter.	 '	-	+-
a				
b				
11	Section 501(c)(12) organizations. Enter			
'' a				
b				
~	amounts due or received from them)	,		
12a	·		2a	
b	1	1		
	The state of the s	·		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 16 Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? $\overline{\mathbf{x}}$ Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a X of the governing body? X b. Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11, X form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12h c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 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 BOB BJORKLUND P O BOX 2 organization >

COLUMBUS

662-329-4130

MS

3970€5

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	Pos			k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE ATTACHED LIST								0	o	-
3										
										
		†							-	
		\vdash	-	_				·		
		-								
-		-								
		 	-	<u> </u>	_					

<u> </u>	TE VIII COCHONIAN CHINOCIC	, Directors, Trus		tees, rey Employees, and I			, 000	, 4111	Tingriest Compensated L	improyees (continued)	
<u>.</u>	(A) Name and Title	(B) (C) Average Position (check all that app.							- componentian	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
					_						-
					,						
,											
											<u> </u>
						ļ. <u> </u>					
	Total		 								
2	Total number of individuals (inc	cluding but not lim	uted	to th	ose	listed	1 abo	ve)	who received more than \$1	11 00 000 in	
	reportable compensation from			0					who received more than \$11		
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu 1a, is the sum of	ile J Frepe	for so	uch i	ndıv əmpe	idual ensat	ion a	and other compensation from		Yes No
5.	the organization and related or individual Did any person listed on line 1a									ich	4 X
	services rendered to the organition B. Independent Contractor	ızatıon? If "Yes,"									5 X
1	Complete this table for your five compensation from the organization	ation	nsate	ed inc	lepe	nder	nt cor	ntrac			
	Name and	(A) business address							Descrip	(B) toon of services	(C) Compensation
											
								<u> </u>			
								_			
2	Total number of independent of						to th	ose	listed above) who received		
DAA	more than \$100,000 in comper	nsation from the o	rgan	ıızatı	on ▶	•					0 Form 990 (2009)

<u>_Pa</u>	<u>rt VI</u>	II Staten	nent of Reve	<u>nue</u>			· <u>-</u>	<u> </u>		
		•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(A (A	4-	Codorated com		Г. Т				revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	Па	Federated cam		1a						
go	b	Membership du		1b		6,350				
ts,	С	Fundraising ev		1c						
<u>argi</u>	d	Related organi	zations	1d				:		1
S.E	е	Government grants (contributions)	1e						
흥김	f	All other contribution	s, gifts, grants,							
혈취		and similar amounts	not included above	1f		6,274				
벌	g	Noncash contribution	ns included in lines 1a-1	lf S	B					
ᅜᄛ	h	Total. Add line	s 1a-1f			▶	12,624			
<u> </u>				**		Busn. Code				
盲	2a									
é	b									
-8	c								-	
Ξ	d									
Š	u									
Ja	e	All a4b as								
Ĕ	T		am service reven	iue		<u> </u>				
-	9	Total. Add line								
	3		ome (including d	ividend	s, interest	t, and				
	_	other similar ar					20	20		
- 4	4		vestment of tax-	exemp	t bond pro	ceeds -	· · - · - · · ·			
	5	Royalties				•				
- 1			(ı) Real		(n) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps							'	
	С	Rental inc or (loss)								
	ď	Net rental inco	me or (loss)			•			<u> </u>	
	/a	Gross amount from sales of assets	(i) Secunties	3	(11)	Other				
		other than inventory								
i	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
		Net gain or (los	ss)		-	▶				
			om fundraising ever	nts [
une		(not including \$								
ver			eported on line 1c)							
Re		See Part IV, line								
Other Reve	L	Less. direct ex		a						
5			•	b∫						
			(loss) from fundr	٠,	events					
	9а		om gaming activities		_					
	_	See Part IV, line		а		369,480				
		Less: direct ex	•	ρĺ		001,891				
			(loss) from gamı	ng acti	vities	<u> </u>	367,589	367,589	-	
	10a		inventory, less							
		returns and all		а		58,694				
		Less cost of g		bί		67,106				
	С		(loss) from sales		entory		-8,412	-8,412		
		Misc	ellaneous Revenue	<u></u>		Busn Code				
	11a									
	b									
	С									
	đ	All other reven	ue							
	е	Total. Add line	es 11a–11d			▶				
	12	Total Revenu	e. See instruction	ns		•	371,821	359,197	0	0

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).

	All other organizations must				· · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21	40,921	40,921		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	3,821	3,821		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4.	Benefits paid to or for members	8,526	8,526		
5	Compensation of current officers, directors,				
ر. 1:	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,770	28,770		
8	Pension plan contributions (include section 401(k)	20,770	20,770	 .	
ь	and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	1,778	1,778	· -	
10	·	Ι, / / 0	1,//0		
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,990	1,495	1,495	
Ç.	Accounting	4,330	1,475	1,495	
ď	Lobbying Professional fundraising services See Part IV, line 17			-	
e	_				
f	Investment management fees		· · · · · ·		
g	Other	4 141	4 1 4 1	· ····	
12	Advertising and promotion	4,141	4,141	2 400	
13	Office expenses	4,003	1,165	3,498	
14	Information technology				
15	Royalties	60 115	F1 00F	15 000	
16	Occupancy	68,115	51,085	17,030	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 a	Conferences, conventions, and meetings	11,033	11,033		
20 a	Interest	15,418	7,709	7,709	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				. <u></u>
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Building Equipment	3,589		3,589	- · <u>-</u> -
þ	Miscellaneous Exp	1,293	647	646	
С	Flowers	841	841		
d	Bank Charges	552		552	
е	Penalties	395		395	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	196,846	161,932	34,914	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

Pai		Raiance Shoot	<u>/</u>	04-0033048		Page II
_Pai	<u> </u>	Balance Sheet .		(A)		(B)
				Beginning of year	<u> </u>	End of year
- 1	1.	Cash—non-interest bearing		89,526	1	173,399
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tru	ustees, key			
- }		employees, and highest compensated employees Comple	ete Part II of			
ĺ		Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
10 6		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		9		
- 1	10a	Land, buildings, and equipment cost or				
- 1		other basis Complete Part VI of Schedule D	10a 1,075,			· · · · · · · · · · · · · · · · · · ·
	b	Less accumulated depreciation	10b	989,950	10c	1,075,785
-	11	Investments—publicly traded securities			11	
-	12	Investments—other securities See Part IV, line 11		12		
-	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,079,476	16	1,249,184
	17	Accounts payable and accrued expenses	3,348	17	1,259	
- ₁ .	18	Grants payable		18		
	19	Deferred revenue		19		
:	20	Tax-exempt bond liabilities			20	
တ္က ၂	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees				
ᅙ		employees, highest compensated employees, and disqua				
ا ۾.		persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p	parties	534,304		473,046
- 1:	24	Unsecured notes and loans payable to unrelated third par		-58,080		
	25	Other liabilities Complete Part X of Schedule D			25	
1	26	Total liabilities. Add lines 17 through 25		479,572	26	474,305
\rightarrow		Organizations that follow SFAS 117, check here ▶ 🄀	and			, , , , , , , , , , , , , , , , , , ,
일		complete lines 27 through 29, and lines 33 and 34.	.			
<u>a</u>	27	Unrestricted net assets		599,904	27	774,879
ros I	28	Temporarily restricted net assets			28	
핗	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, check her				
빝		and complete lines 30 through 34.	-· U			
ွှ	30	Capital stock or trust principal, or current funds	-	30		
et	31	Paid-in or capital surplus, or land, building, or equipment f	und		31	
SS	32	Retained earnings, endowment, accumulated income, or		32	· 	
~	33	Total net assets or fund balances		599,904		774,879
S	34	Total liabilities and net assets/fund balances		1,079,476		1,249,184
	34	Total liabilities and het assets/fullo balances			34	1,279,10

Form **990** (2009)

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

Form 990 (2009)

3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public

Inspection Name of the organization Employer identification number

AMERICAN LEGION POST 69		64-6035648
Part I Organizations Maintaining Donor Advise the organization answered "Yes" to Form		
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	-	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4. Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing	ing that the assets held in donor advised	
funds are the organization's property, subject to the organization		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be	
used only for charitable purposes and not for the benefit of the d	ionor or donor advisor, or for any other	
purpose conferring impermissible private benefit?	•	Yes No
Part II Conservation Easements. Complete if th	e organization answered "Yes" to Form	
1 Purpose(s) of conservation easements held by the organization	(check all that apply)	
Preservation of land for public use (e.g., recreation or pleasu	ure) Preservation of an historically impo	ortant land area
Protection of natural habitat	Preservation of certified historic str	ructure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conservati	ion
easement on the last day of the tax year		
		Held at the End of the Tax Yea
Total number of conservation easements		2a
b Total acreage restricted by conservation easements		_2b
c Number of conservation easements on a certified historic structu	are included in (a)	2c
d Number of conservation easements included in (c) acquired after		2d
3 Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organization	during
the taxable year		
4 Number of states where property subject to conservation easem	ient is located	
5 Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	L1
violations, and enforcement of the conservation easements it ho	lds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easements during the year	
<u> </u>		
7 Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during the year	
\$		
8. Does each conservation easement reported on line 2(d) above s	atisty the requirements of section	
170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9 In Part XIV, describe how the organization reports conservation	,	
balance sheet, and include, if applicable, the text of the footnote the organization's accounting for conservation easements	to the organization's financial statements that descri	ibes
Part III Organizations Maintaining Collections o	of Art Historical Treasures or Other Six	milar Assats
Complete if the organization answered "Y		mai Assets.
1a If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and balance sheet w	vorks of
art, historical treasures, or other similar assets held for public ex		
provide, in Part XIV, the text of the footnote to its financial statem	nents that describes these items.	
b If the organization elected, as permitted under SFAS 116, to repo	ort in its revenue statement and balance sheet work:	s of art,
historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance of public s	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		5 5
2 If the organization received or held works of art, historical treasu	ires, or other similar assets for financial gain, provide	
following amounts required to be reported under SFAS 116 relat	-	
a Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047 2009

Open To Public Inspection

AMERICAN LEGION		64-6035648			
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organization	on ansv is part.	vered "Yes" to Form		
1 Indicate whether the organization raised funds through	h any of the following a	ctivities	Check all that apply.		
a Mail solicitations	e Solicitation	of non-go	vernment grants		
b Internet and email solicitations			ment grants		
c Phone solicitations	g Special fun	_	_		
d In-person solicitations	g specialism				
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti				•	Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization		to agree	ments under which the f	undraiser is	
(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did fun raiser hav custody o control of contribution	e from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes N	0		
1,		- 			
		 -		 	
					<u> </u>
	-	+ +			
				<u> </u>	<u> </u>
		+-+		 	
ъ					
		+-+		 	
Total		_ 	•		
3 List all states in which the organization is registered of	or licensed to solicit fun	ds or has	been notified it is exemi	ot from	
registration or licensing	or moonload to someth full		2001. Housed it is exem	,	

Schedule G (Form 990 or 990-EZ) 2009

Page 2

P	art i		vents. Complete if the organ ,000 on Form 990-EZ, line 6				eported	İ
	,		(a) Event #1	(b) Event #2	(c) Other events	(d) T	otal events	
4			(event type)	(event type)	(total number)		col (c))	·9··
Revenue								
Rev	1 2	Gross receipts Less Charitable			 -			
	_	contributions				<u></u>		
	3	Gross revenue (line 1						
		minus line 2)				 		
	4	Cash prizes			 			
	5	Noncash prizes						
sesus	6	Rent/facility costs				<u> </u>	_	
Direct Expenses	7	Food and beverages			<u> </u>			
Dire	8	Entertainment				<u> </u>		
	9	Other direct expenses						<u>.</u>
	10		Add lines 4 through 9 in column (d)		>	 		
	<u> 11</u> art ∣	Net income summary Co	mbine line 3, column (d), and line 10 plete if the organization ans	wered "Yes" to Form 990	Part IV line 19 or repo	rted mo		
· ·			on Form 990-EZ, line 6a.					
Revenue	<u> </u>		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		gaming (A hrough col	
 Re	1	Gross revenue	1,369,480			1	,369,	480
ses	2	Cash prizes	903,132				903,	132
Expenses	3	Noncash prizes				<u> </u>		
Direct	4	Rent/facility costs				ļ		
	5_	Other direct expenses	98,759 X Yes 100.00 %				98,	759
	6	Volunteer labor	X Yes 100.00 %	Yes % X No	Yes %	ļ		
	7	Direct expense summary	. Add lines 2 through 5 in column (d)	•	1	,001,	891 ₎
	8	Net gaming income summ	nary. Combine line 1, column d, and	line 7	>		367,	
9	Ęr	nter the state(s) in which the	e organization operates gaming activ	vities: MS		Γ	Yes	No_
a b	1	the organization licensed to "No," Explain	o operate gaming activities in each o	of these states?			9a X	
							_	
10a b		ere any of the organization' 'Yes," Explain	s gaming licenses revoked, suspend	ded or terminated during the tax y	ear?	1	0a	X_
11	Do	oes the organization operate	e gaming activities with nonmember	s?			11 X	
12	ls	the organization a grantor,	beneficiary or trustee of a trust or a		entity			. ,
	fo	rmed to administer charitab	le gaming?				12	X

Sche	dule G (Form 990 or 990-EZ) 2009 AMERICAN LEGION POST 69	<u>64-603564</u>	8	_ P	age 3
		<u> </u>		Yes	No
13	Indicate the percentage of gaming activity operated in		<u> </u>		
а	The organization's facility	13a 100.00 %	<u> </u>		
ь	An outside facility	13b %] '		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ► BOB BJORKLUND				
	P O BOX 2000 7462_		1		
; r	Address ► COLUMBUS	MS 3970			
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			i
	amount of gaming revenue retained by the third party ▶ \$				'
С	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:				
а	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 organization's own exempt activities during the tax year ▶ \$ 324,500				L

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SCHEDULE 1 (Form 990)

•

Department of the Treasury Internal Revenue Service

Name of the organization

Part

General Information on Grants and Assistance AMERICAN LEGION POST 69

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

Open to Public OMB No 1545-0047 2009 Inspection

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

▶ Attach to Form 990.

Employer identification number 64-6035648

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the granteer the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's propedities for monitoring the use of grant funds in the United States.	the amount of the grance?	ants or ass	its or assistance, the grantees' eligibility for the grants or assistance, and into United States	eligibility for the grants	s or assistance, and	.	Yes	% X
ल	overnments and recipient that re	d Organi ceived n space is I	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 bace is needed	ited States. Com Check this box	plete if the org f no one recipi	lanization ans ent received r	wered "Yes" to nore than \$5,000. U	□ Age
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
40 et 8 P O BOX 2884 COLUMBUS MS 39704	26-2763307		15,801				Assistance	
American Legion 2884 MS	64-0277236		7,595				Services to veterans	erans
Legion Auxiliary 2884	64-0682564		7,859				Services to veterans	erans
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	t organizations						 m A A	

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

2009
Open to Public Inspection

Name of the organization

AMERICAN LEGION POST 69

Employer identification number

64-6035648

Form 990, Part VI, Line 6 - Classes of Members or Stockholders members

Form 990, Part VI, Line 7a - Election of Members and Their Rights yes

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members yes

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Sch G, Part III, Line 17b - Required Distributions per State Law

State Distribution Amount

Mississippi

\$ 324,500

ΫC

AMERICAN LEGION POST 69 'FEIN. 64-6035648 FYE 12/31/09

FORM 990, PART VII, SECTION A

NAME	TITLE	COMPENSATION
JOHN MCDILL	COMMANDER	-0-
BOB BJORKLUND	FINANCE	-0-
BILLY QUICK	ADJUTANT	-0-
KEN KENDRICKS	1ST VICE COMMANDER	-0-
KENNETH PATE	2ND VICE COMMANDER	-0-
LARRY VALENTINE	LEGAL OFFICER	- 0-
BUDDY THRASHER	SERVICE OFFICER	-0-
JAMES EDWARDS	CHAPLAIN	- 0-
JERRY GIBSON	HISTORIAN	-0-
TOMMY PATTERSON	SGT AT ARMS	-0-
MIKE NELSON	EXECUTIVE COMMITTEE	-0-
GARY KITCHENS	EXECUTIVE COMMITTEE	-0-
SID WRIGHT	EXECUTIVE COMMITTEE	-0-
BILL HARRIS	EXECUTIVE COMMITTEE	-0-
LARRY STAFFORD	EXECUTIVE COMMITTEE	-0-
ALTON HILDRITH	EXECUTIVE COMMITTEE	-0-