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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calend	dar year, e	or tax year beginning		2009, and	lending				,		
B		applicable		C Name of organization					D Employ	er Iden	tification N	lumber	
	Add	tress change	Please use IRS label	American Legion	Post - 55 Walt	ton			74-1	1218	065		
	=	ne change	or print or type.		box if mail is not delivered to str		Room/sui	te	E Telepho	ne num	ber		
	1	ial return	Sée specific	P O Box 156					(254	4) 9	39-89	952	
	F	mination	Instruc- tions.	City, town or country		State ZIP	code + 4						
	 	ended return		Belton		TX 76	5513		G Gross re	eceints	s 66'	5.920	
	F	olication pending	F Name a	and address of principal officer				(a) Is this	a group returi			Yes	X No
	니까	blication pending		Wilson 720 W 1st	Ave Belton	TX 76	5513 4		affiliates incl			Yes	No
一	Tav	exempt statu					27	If 'No,'	attach a list	(see in:	structions)	_	_
÷				ON.ORG	10.7	<u>, 1 1 2</u>		l(e) Group	exemption nu	mber 1	-		
K		of organization	X Corpora		on Other >	I Vear		n 191			legal domi	cile TX	
_	ârt J			stion Trust Associa	ion Other	1 tear (or r ormano	121	<u> </u>	TELE OF	icgai doim	CHC 121	
L				anization's mission or mo	est significant activities	UNTT	ED ST	ATES	ARMED	SER	VICES		
•	1			NIZATION PROVIDI									
ğ	-		- 	RGANIZATIONS		'-							
Activities & Governance] -												_ _
ŏ	2 7	Check this bo	x ► 🗍	if the organization discon	tinued its operations or o	disposed	of more	than 25	% of its as	sets			
<u>م</u>	3 1		-	bers of the governing bod							10		
S	4 1			t voting members of the g	overning body (Part VI, I	line 1b)				4	10		
ξ	5			yees (Part V, line 2a)							10	-	
A cti	5			eers (estimate if necessai usiness revenue from Pa		2				6 7a	ļ. -	24	347.
-	, "	•		taxable income from For		2			'	7b			863.
	+	ivet uniterated	Dusiness	taxable income noni i or	111 990*1, time 54			Τ.	Nisa Vasa	, 0	C		
		Cantribuitiana	and aran	to (Dort VIII Jugo 1b)				<u></u>	rior Year			rrent Ye	, 108 .
7∩//∬ Revenue	8		_	ts (Part VIII, line 1h) ue (Part VIII, line 2g)							 		100.
Ver	10	-		irt VIII, column (A), lines	3 4 and 7d)			 					
ೄೣೣ	11			II, column (A), lines 5, 6d							_	214	025.
=	12			0.0 1.11.7	1.5 (1.0)), line 12)						,133.
	13	Grants and si	ımılar amo	nes 8 through 11 (must ecounts paid (Part IX, colum members (Part IX, colum	n (A), lines 1-3) DE) F I) /	F- F-	——————————————————————————————————————					,031.
6 7	14	Benefits paid	to or for	members (Part IX, colum	n (A), line (1)	FIA	ヒリ					-	
P	15			sation, employee benefit	1101	nes 5-10)	٥T				63,	289.
⟨FP enses	16a			g fees (Part IX, column (A), line 1 let AUG	16 20	in li	31					-
	. b			nses (Part IX, column (D)	, ,	20	ls	08 08 2			- 1	-	-
ANNED	17			X, column (A), lines 11a-	1 7/1/2	ENI	, 	41				75	,030.
				nes 13-17 (must equal Pa		<u>-14. (</u>	υĮ	 		-	 		,350.
		•		s Subtract line 18 from li		,	-		<u>-</u>				,783.
		rtevenue less	expense	S Subtract line 10 Holli il	16 12			·	!				
SC	20	Total assets	(Dark V. Iv	no 16)				Begii	nning of Y 282, 1		E	nd of Ye	, 308.
A.	20	Total liabilitie	•	•						46.	-		277.
Ž.	[-	•				 			 	222	
Þ	i 22 art II.⊰		ure Blo	nnces Subtract line 21 fro	om line 20			J	278,6	04.	<u> </u>	322,	031.
111	ar (II ···									6 mm - 1 m			
		true, correct, a	es of perjury, and complete	I declare that I have examined the Declaration of preparer (other the	is return, including accompanyir nan officer) is based on all inform	nation of wh	s and state nich prepar	ments, and er has any	knowledge	ir my kr	iowieage a	na beitet, i	US
Si	gn	▶ 	\mathcal{L}	1. Whon				1	9/12	/1/	NΛ		
H	ere	Fignature	of officer	Concern		-		Da	ate /	120	210		
		JASS	e R Wi	leon									
			rint name an										
				11		Date		C	heck if	F	reparer's i	dentifying i	number
Pa	aid		11	1/-11	VOu			S	elf- mployed ►	\prod	300 11130100	40113)	
	e-	Preparer's signature	> ///	BAIL SU	ule Ph	08/	11/10	1					
	arer's	Firm's name (or Al.T	ON D THIELE PC	· •				· -				
	se nhu	yours if self- employed)	/ —	EAST AVENUE C.	P. O. BOX 808			F	IN ►				
U	nly	address and ZIP + 4	BEL			6513				(25	4) 93	9-070	
Ma	av the IF			with the preparer shown a				<u></u>				es	No
				work Reduction Act Noti		tructions			TEEA0101	07/20			0 (2009)

	1990 (2009) American Legion Post - 55 Walton	/4-12	18065	Page :
Pa	Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	RAISING FUNDS FOR 501(C) CHARITABLE/EDUCATIONAL ORGANIZATIONS TH	ROUGH		
	THIS VETERANS ORGANIZATION COMPRISED OF PAST OR PRESENT MEMBERS			
	UNITED CHARGE ADMED CEDUTORS			
	UNITED STATES ARMED SERVICES			
	Dut the annual management of the second seco			
Z	Did the organization undertake any significant program services during the year which were not listed on the	ne prior		
	Form 990 or 990-EZ? .		Yes	X No
	If 'Yes,' describe these new services on Schedule O			_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes	X No
	If 'Yes,' describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	v expenses	Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	állocations t	o others, the	total
	expenses, and revenue, if any, for each program service reported.			
4.	a (Code) (Expenses \$ including grants of \$) (I	Dovonuo	ė	,
40	(Code) (Expenses \$) (including grants of \$) (including grants of \$)	Revenue	٧	
		- -		
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AL	a (Cada) (Turanaa C) makutuu muuta af C) (1	Daviagora	ċ	,
41	(Code) (Expenses \$ including grants of \$) (I	Revenue	₹	,
4.	a (Cada) (Evappea & valudum avada of &) (Davianica	ċ	,
40	(Code) (Expenses \$ including grants of \$) (I	nevenue	٧)
		. 	<u>-</u>	
40	d Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)
46	e Total program service expenses ►	_		

	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1		x
2	Schedule A 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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° <i>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		**=	-
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	.' , . :	. ,,	
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	,		
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	-		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	ار عم د		
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	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	х	
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

74-1218065 Form 990 (2009) American Legion Post - 55 Walton Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25". 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 990-EZ? If 'Yes,' complete 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х line 1

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Part V, line 2

Form 990 (2009)

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Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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

Form 990 (2009) American Legion Post - 55 Walton

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No		
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1 a	0					
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and re	eportable gaming	1 c				
2 a	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	2a	10					
2 t	of at least one is reported on line 2a, did the organization file all required federal employment	tax ret	urns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retuin	n. (se	e instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	•	•	3a	Х			
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			36	Х			
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)?								
b If 'Yes,' enter the name of the foreign country								
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.								
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?		_5a		Χ_		
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r trans	action?	_5b		Х		
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?								
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?								
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
t	of Yes, did the organization notify the donor of the value of the goods or services provided?			7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whith Form 8282?	ch it w	as required to file	7c		X _		
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d						
€	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a	personal	7e		х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			_7f	لــــــا	X		
	${f j}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as re			7 g				
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			7h	لـــــــا	<u> </u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g orga ve exc	nizations. Did the ess business	8				
9	Sponsoring organizations maintaining donor advised funds.			-				
	Did the organization make any taxable distributions under section 4966?			9a				
	Did the organization make any distribution to a donor, donor advisor, or related person?			9b		_		
	Section 501(c)(7) organizations. Enter.							
	Initiation fees and capital contributions included on Part VIII, line 12	10a]				
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Section 501(c)(12) organizations. Enter			1 1				
	Gross income from other members or shareholders	11 a						
	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b						
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?	12a				
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	_					

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management						
						Yes	No	
1 a	Enter the	number of voting members of the governing bo	ody .	1a 10				
t	Enter the	number of voting members that are independe	ent	1b 10		1		
2	Did any officer, d	ficer, director, trustee, or key employee have a ector, trustee or key employee?	a family relationship or a business rela	ationship with any other	2		X	
3	Did the o	ganization delegate control over management	duties customarily performed by or un	nder the direct supervision	3		х	
of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents								
since the prior Form 990 was filed?								
5 Did the organization become aware during the year of a material diversion of the organization's assets?								
6 Does the organization have members or stockholders?								
7 a	Does the	organization have members, stockholders, or or body?	other persons who may elect one or m	ore members of the	7 a	х		
b	•	ecisions of the governing body subject to appro	oval by members, stockholders, or oth	ner persons?	7b	X		
8	Did the o	ganization contemporaneously document the r	neetings held or written actions under	taken during the year by				
а		nina body?			8a	Х		
	•	mittee with authority to act on behalf of the go	vernina body?		86	X		
	Is there a	ny officer, director or trustee, or key employee on's mailing address? If 'Yes,' provide the nan	listed in Part VII. Section A. who can	not be reached at the	9		v	
Sec		Policies (This Section B requests		required by the Internal		1	X	
	enue Code	•	information about policies not	required by the internal				
71070	mac Ooac					Yes	No	
10 a	Does the	organization have local chapters, branches, or	affiliates?		10a		X	
	olf 'Yes.'	pes the organization have written policies and these to ensure their operations are consistent to	procedures governing the activities of	such chapters, affiliates,	10 ь			
11		ganization provided a copy of this Form 990 to	•	efore filing the form?	11	х		
		n Schedule O the process, if any, used by the	,		<u> </u>			
		organization have a written conflict of interest	-		12 a		X	
		s, directors or trustees, and key employees re		hat could give rise	12b			
c	Does the	organization regularly and consistently monitor O how this is done	r and enforce compliance with the poli	cy? If 'Yes,' describe in	12c			
13	Does the	organization have a written whistleblower polic	·y?		13		Х	
14	Does the	organization have a written document retention	n and destruction policy?		14		_X	
15	Did the p	ocess for determining compensation of the foll comparability data, and contemporaneous sub-	lowing persons include a review and a stantiation of the deliberation and deci	pproval by independent ision?				
а		ization's CEO, Executive Director, or top mana			15a		X	
_		ers of key employees of the organization			15 b		X	
	If 'Yes' to	line 15a or 15b, describe the process in Sched	dule O. (See instructions.)					
16 a	Did the o	ganization invest in, contribute assets to, or pang the year?	articipate in a joint venture or similar a	arrangement with a taxable	16a		X	
b	If 'Yes,' h	as the organization adopted a written policy or nture arrangements under applicable federal to	procedure requiring the organization t ax law, and taken steps to safeguard t	to evaluate its participation the organization's exempt		,		
	status wi	respect to such arrangements?			16 b			
		Disclosures						
		ates with which a copy of this Form 990 is req					-	
18	inspectio	04 requires an organization to make its Forms Indicate how you make these available. Check	ck all that apply	nd 990-T (501(c)(3)s only) ava	ulable	for pu	blic	
	_	vebsite Another's website	Upon request					
19	Describe statemer	n Schedule O whether (and if so, how) the org s available to the public.	anization makes its governing docume	ents, conflict of interest policy	, and	financ	ıal	
	State the	name, physical address, and telephone number 101 W AVE A			zation 54) 9		3952	

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Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B) Average	Posi	ition (C)	hat appl	lv)	(D)	(E)	(F)
Name and Title	hours per week	or director	institutional frustee	Offi-el	Key employee	High est dynttensated employee	r Gi, nei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jesse R Wilson									-	
Commander	20.00	Х		Х				0.	0.	0.
Oscar Houser										
1st Vice	2.00	Х		Х		<u>L</u>	_	0.	0.	0.
Wayne Ward]									
2nd Vice	2.00	Х		Х		<u> </u>	_	0.	0.	0.
Beverly Conway								_	_	_
Adjutant	6.00	X	ļ	Х	_			0.	0.	0.
Gordon Grunke			1						0	
Finance Officer	8.00	X	 	Х	\vdash		-	0.	0.	0.
		}			l	1		}		
			╁	-						
		i	ļ		İ					
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		_			L					
	 		\vdash		 	 				
				<u> </u>					·	

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Page	Ω

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (check	k all i	hat a		Reportable compensation from	Reportable compensation from	Estimated
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	1									
	-		İ.,							
					<u> </u>					
	· 									
	-				ļ		_			
	-									
	· 									
1b Total							_	0.	0.	l <u> </u>
Total number of individuals (including but not limited from the organization	to thos	e lisi	ed a	abov	/е) \ 	who	rece	eived more than \$	100,000 in reportabl	e compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater the individual 										Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	ation for s	froi uch	n ar <i>per</i> :	ny u son	nrela	ated	organization for s	services	5 X
Complete this table for your five highest compensation from the organization	d indep	ende	ent c	conti	ract	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business addres	s						-	Description of	of Services	(C) Compensation
			· 							
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ▶	out not li	mite	d to	tho	se l	isted	d ab	ove) who received	l more than	
										- 222 (222)

Pa	rt VIII 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
25	1a Federated campaigns 1a				
AK	b Membership dues 1b 1,941.				ļ
윤호	c Fundraising events 1c				
F A	d Related organizations 1d	:			
ਰੋ≦	e Government grants (contributions)				
SNS.					
5#	f All other contributions, gifts, grants, and similar amounts not included above 1.67.				
E E					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in Ins 1a-1f \$			•	
34	h Total. Add lines 1a-1f	2,108.			
Ä	Business Code			·	
Ş.	2a				
<u> </u>	b			' 	
Š	c				
SER	d				
Æ	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				<u> </u>
F.	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents 37, 490.				
	b Less. rental expenses 927.				
	c Rental income or (loss) 36,563.				
	d Net rental income or (loss)	36,563.	30,923.	5,640.	0.
	() Country	30,000.	307323.	3,010.	, ·
	7 a Gross amount from sales of assets other than inventory				
	·				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
ш	8a Gross income from fundraising events				
OTHER REVENU	of contributions reported on line 1c).				
Æ	G- D-18/1 10				
E	·				
Ė	b Less direct expenses b	·			_ -
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a 602,603.				
	b Less direct expenses b 434,699.	167.004	140 107	10.707	ļ
	c Net income or (loss) from gaming activities	167,904.	149,197.	18,707.	0.
	10a Gross sales of inventory, less returns and allowances 23,014.				
	b Less cost of goods sold . b 14,161.	0.053	0.053		ļ
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	8,853.	8,853.	0.	0.
		L			
	11a b				
	~	-			
	d All other revenue .	705.	705.	0.	
	e Total. Add lines 11a-11d	705.	705.	<u> </u>	0.
	12 Total revenue. See instructions	216,133.	189,678.	24,347.	0.
		210,100	109,010.	23,331.	ı <u> </u>

10

b Legal

g Other

13

14

15

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). **(D)** Fundraising (B) (A) Program service Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 44,031 Grants and other assistance to individuals in the U.S. See Part IV, line 22 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 Compensation of current officers, directors, 50,590 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 7,650 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 5,049 Payroll taxes 11 Fees for services (non-employees) a Management 1,625. 550 c Accounting **d** Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees 2,600. 2,381. 12 Advertising and promotion 1,537. Office expenses Information technology Royalties Occupancy

	cupancy .			
	, ,		 	
1 7 Tra			 	
exp	yments of travel or entertainment penses for any federal, state, or local plic officials			
19 Cor	nferences, conventions, and meetings	30.		
20 Inte	erest			
21 Pay	yments to affiliates		 	
22 De	preciation, depletion, and amortization	10,090.		

23	Insurance .	4,422.	
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)		

· · · · · · · · · · · · · · · · · · ·			
a			
b			
c			
d			
<u></u>	-		
e	F1 705	·	
f All other expenses	51,795.		
25 Total functional expenses. Add lines 1 through 24f	182,350.		
26 Joint costs. Check here ► ☐ If following			

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

		- Julianos onest			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			92,962.	1	128,483.
	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 and highest compensated employees. Complete Part I	s, truste I of Scl	ees, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))			
_	•	and persons described in section 4958(c)(3)(B) Comp	lete Pa	rt II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
E	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment, cost or other basis.	10a	325,569.		7	-12, 1
		Complete Part VI of Schedule D			·		
	b	Less: accumulated depreciation.	10ь	131,744.	171,325.	10 c	193,825.
	11	Investments – publicly-traded securities .			<u> </u>	11	
	ł .	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	i	Other assets See Part IV, line 11			17,863.	15	0.
	16	Total assets Add lines 1 through 15 (must equal line	34)		282,150.	16	322,308.
-	17	Accounts payable and accrued expenses			3,546.	17	277.
	18	Grants payable				18	
	19	Deferred revenue				19	· - · - · - · - · · - · · · · · · · · ·
Ļ	20	Tax-exempt bond liabilities .				20	
Å B	21	Escrow or custodial account liability Complete Part IV	of Sc	hedule D		21	
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensation.	tees. k	ev emplovees.	·		
Ţ		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated thi	rd part	es		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities. Complete Part X of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			3,546.	26	277.
N E T	İ	Organizations that follow SFAS 117, check here ▶	an	d complete lines			
_		27 through 29 and lines 33 and 34.		,			
ASSE	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets		,		28	
Ś	29	Permanently restricted net assets				29	
R F		Organizations that do not follow SFAS 117, check her lines 30 through 34.	re ►	X and complete	£, **	1	
FUZD	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equipi	nent fu	ind		31	
Ĺ	32	Retained earnings, endowment, accumulated income,			278,604.	32	322,031.
BALAZCES	33	Total net assets or fund balances			278,604.	33	322,031.
S	34	Total liabilities and net assets/fund balances			282,150.	34	322,308.

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Form 990 (2009) American Legion Post - 55 Walton	74-1218065	<u>Pa</u>	ige 12
Part 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 Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1	,	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	e issued on a		
Separate basis Consolidated basis X Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit		

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury nternal Revenue Service Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

74-1218065 American Legion Post - 55 Walton Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Ameri	can Legio	on Po	st - 55 Wa	lton	74-1218			Page 2
Part III Organizations Maintai	ning Collec	tions	of Art, Histor	ical Treasures, or	Other Similar Asso	ets (co	<u>ntınue</u>	<u>∍d)</u>
3 Using the organization's acquisition items (check all that apply).	n accession a	nd othe			it are a significant use o	of its colle	ection	
a Public exhibition)	exchange programs				
b Scholarly research			e 💹 Other					
c Preservation for future genera								
4 Provide a description of the organ Part XIV.						ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or re other than to be	ceive d mainta	lonations of art, h ained as part of t	nistorical treasures, or on the organization's collection in the collection is collected as the collection in the collection in the collection is collected as the collection is collected	other similar otion?	Yes		No
Part IV Escrow and Custodial 9, or reported an amount	Arrangeme	ents C	Complete if or	ganization answer	ed 'Yes' to Form 99	90, Par 	t IV, I	ine
1 a Is the organization an agent, trust included on Form 990, Part X?					assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	d compl	lete the following	table				
						Amount		
c Beginning balance		•			1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f	Vac		No
2a Did the organization include an ai		1 990, F	Part X, line 217		İ	Yes	L	_ NO
b If 'Yes,' explain the arrangement	in Part XIV		-t onouge	d 'Voo' to Form 00	0 Part IV June 10			
Part V Endowment Funds Co		4				(a) F	our years	s hark
	(a) Current y	/ear	(b) Prior year	(c) Two years back	(u) Tillee years back	(6)	our yours	3 Dack
1 a Beginning of year balance					- 	 		
b Contributions	 -			<u> </u>	-	+		
c Net Investment earnings, gains, and losses				,			· .	
d Grants or scholarships					,			_
 Other expenditures for facilities and programs 					<u>.</u>	,		
f Administrative expenses						 		
g End of year balance			<u> </u>		<u> </u>	_L		
2 Provide the estimated percentage		nd balai	nce held as					
a Board designated or quasi-endow	/ment ►		8					
b Permanent endowment								
c Term endowment ►	8							
3a Are there endowment funds not in organization by:	n the possessi	on of th	e organization th	at are held and admini	stered for the	\perp	Yes	No
(i) unrelated organizations						3a(i)		ļ
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ıı), are the related of	rganizations li	sted as	required on Sch	edule R?		3b		<u>l</u>
4 Describe in Part XIV the intended								
Part VI Investments-Land, E	Buildings, a	nd Eq	uipment. See	Form 990, Part X	, line 10.			
Description of investmen		(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue ———
1 a Land								
b Buildings .				258,037.	108,276.		149	<u>,761.</u>
c Leasehold improvements .								
d Equipment				31,057.	18,179.			<u>,878.</u>
e Other				36,475.	5,289.			<u>,186.</u>
Total. Add lines 1a through 1e (Colum	n (d) must equ	al Forn	n 990, Part X, co	lumn (B), line 10(c))		J. J. 5. 45		<u>,825.</u>
RΔΔ					Sche	dule D (F	orm 9	9U) ZUU!

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Schedule D (Form 990) 2009 American Legion P	ost - 55 Walton	74-12180	65 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests			
Other			
			<u> </u>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►			
Part VIII Investments-Program Related (See	Form 990, Part X, Iır	ne_13)	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
			
	 -		
	-		·
	 		
T 1.1 (0) (1) (1) (15 (00) D (1) (0) (10)	 		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	lino 15)		
<u> </u>			(b) Book value
TRANSFERRED FROM 2008 990	escription		(b) Book value 0.
TRANSFERRED FROM 2000 990			
			_ _
	 		
			
			 .
			
			
	_ 		
Total. (Column (b) must equal Form 990, Part X, col (B), III	ne 15)	•	0.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount		
receial income taxes			
		—	
		-	
		—	
		-	
		-	
		-	
	_	-	
	-	-	
		-	
Total (Column (b) must equal form 000 Day V 1 (0) (05)		-	ļ
Total (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footn	ate to the ergonization's f		

		74-1218065	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	216,133.
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	182,350.
3	Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>	33,783.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8	<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		33,783.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments		
	b Donated services and use of facilities 2b	_	
	c Recoveries of prior year grants	_	
	d Other (Describe in Part XIV)	-	
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	→ '	
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	_ 5	
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	· -
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
ā	a Donated services and use of facilities 2a		
	b Prior year adjustments 2b		
•	c Other losses 2c	_	
(d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5		5	
	rt XIV Supplemental Information		
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part at lines 2d and 4b. Also complete this part xIII.	, lines 1b and 2 art to provide ar	b, Part V, ny additional
-			
-			-
-		-	
- - .		-	-

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 American Legion Post - 55 Walton PartXIV Supplemental Information (continued)	74-1218065	Page 5
Part XIV Supplemental Information (continued)		
		_

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545-0047

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization		_			Er	nployer identifica	ntion number
American Legion Post - 5	5 Walton				7	4-121806	5
Part I Fundraising Activities. Complete Form 990EZ filers are not required.	lete if the organ	ization and	swered 'Ye	es' to Form 990, Part IV,			
1 Indicate whether the organization r						v	
Mail solicitations	aroou rarido ani	ough uny c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Solicitation of non-			
Internet and email solicitations				Solicitation of gover	-	-	
	•			=	_	iiits	
Phone solicitations				Special fundraising	events		
In-person solicitations				Linalisa officera dire		toos or kou	
2a Did the organization have written or employees listed in Form 990, Par	t VII) or entity ii	nt with any n connects	on with pro	ofessional fundraising se	ervices?	itees or key	Yes X No
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti	ties (fundr	•	<u>-</u>		the fundraise	
	<u> </u>	T			(v) Amo	unt paid to	
(i) Name of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	or ret	ained by)	(vi) Amount paid to
or entity (fundraiser)		nave custor	dy or control abutions?	from activity		ser listed in ol (i)	(or retained by) organization
	 	 					
		Yes	No				
			l i		1		
	<u> </u>	-	-	<u> </u>			
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	1				į.		
		 	 				
]]]		
	<u> </u>	1	<u> </u>		-		
Total			-				
Total 3 List all states in which the organization	ation is register	ed or licen	sed to soli	cit funds or has been no	ntified it is	evernot from	registration
or licensing	anon is register	ca or neer	200 10 3011	on raines of flas beeff fle	canou it is	everibr nou	rogisti attori
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		- -	_			-	

		G (Form 990 or 990-EZ) 2009 America	n Legion Post	- 55 Walton	74-12			Page 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ai form 990-F7 line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, c ater thai	or n \$5.0	00.
		reported more than \$15,500 or 1	(a) Event #1	(b) Event #2	(c) Other Events NONE	(d) To	otal Eve	nts
R			(event type)	(event type)	(total number)		OI (C))	
RE>E2UE	1	Gross receipts						
E	2	Less Charitable contributions .				<u> </u>		
	3	Gross income (line 1 minus line 2)			,	_		
	4	Cash prizes .			<u> </u>	ļ	-	
n	5	Noncash prizes .						
DIRECT	6	Rent/facility costs .						
	7	Food and beverages		***************************************				
EXPENSES	8	Entertainment				<u></u>		
N S E	9	Other direct expenses						
S	1	Direct expense summary. Add lines 4- th			•			
Pai	11 t 	Gaming. Complete if the organizes \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported r	nore t	nan
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add co	otal gam ol (a) the	ing ough
Ü E ———	1	Gross revenue	542,476.	60,127.			602,	<u>603.</u>
D X	2	Cash prizes .	387,500.	39,335.			426,	835.
DIRECT S	3	Non-cash prizes				_		
S	4	Rent/facility costs .				-		
	5	Other direct expenses	5,779.	2,085.			7,	864.
	6	Volunteer labor	X Yes 8.00 % No	Yes % X No	Yes %			
	7	Direct expense summary Add lines 2 three	ough 5 in column (d)		•		434,	<u>699.</u>
	8	Net gaming income summary Combine la	nes 1, column (d) and I	ne 7	•		167,	904.
				m			YES	NO
9		er the state(s) in which the organization op ne organization licensed to operate gaming	_			— <u> </u>	a X	
l	o If 'N	lo,' explain						
						 	_	
		e any of the organization's gaming license es,' explain.	s revoked, suspended o	r terminated during the	lax year?	1()a	X
11	 Doe	s the organization operate gaming activitie	s with nonmembers?					X
12	ls th	ne organization a grantor, beneficiary or tru		nber of a partnership or	other entity formed to	12	,	X
BAA		mister charitable garning.	TEEA3702 0	2/05/10	Schedule G (Fo			

hedule G (Form 990 or 990-EZ) 2009 American Legion Post - 55 Walton 74-12	18065_	_	age
3 Indicate the percentage of gaming activity operated in a The organization's facility	8 9.	YES	NO
b An outside facility			
Name ► FRANCIS DRAKE			
Address: <u>720 W FIRST AVE BELTON, TX 76513</u>			
5 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 8	3	X
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 ☐ Employee ☐ Independent contractor		14. 44.	į
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?	17	a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
organization's own exempt activities during the tax year 🕨 \$	- 1	1	1

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

American Legion Post - 55 Walton

Part | General Information on Grants and Assistance

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 74-1218065

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	ds to substantiate the grants or assistance procedures for monite	amount of the grant ?? orng the use of gran	f the grants or assistance, the grantee: use of orant funds in the United States	ntees' eligibility for the ates	grants or assistance,	and	X Yes No
=	nce to Governme	ints and Organi	Organizations in the United States. Complete of the organization answered 'Yes' to Form	ed States. Comple	te if the organizat	ion answered 'Ye	es' to Form
990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	ly recipient that re Form 990) if addi	eceived more the toore to it is it is in the interest in the i	more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	his box if no one r	ecipient received	more than \$5,00	00. Use
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS MINISTRY OF 2210 HOLLAND RD BELTON TX 76513	74-2759918		31,500.				FINANCIAL AID
		-					
2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations	3) and government orgons	ganizations				A A	
	uction Act Notice, see		uctions for Form 990.	TEEA3901	02/10/10	Schec	Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III | Grants and O

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to	plete this part to p	provide the information required in Part I	tion required in Par	t I, line 2, and any other	ier additional information.
Pt_I Line 2NO GRANT_FUNDS ARE USED.	S ARE USED.				
		1			
i					
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BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

	74-1218065
Pt VI-C, Line 19 AVAILABLE UPON REQUEST.	
Pt VI-B, Line 11A FORM 990 IS TO BE REVIEWED BY THE BOARD.	
DE UT A Line C. MUR ODCANIZAMION HAC MEMDEDO	
Pt_VI-A, Line 7a THE MEMBERS HAVE THE POWER TO ELECT THE BOARD.	
Pt_VI-A, Line 7b MEMBERS APPROVAL IS NECESSARY FOR MAJOR DECISIO	NS AND VOTING ISSUES.
 	
 	
	-
	
	

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2009

Identifying number Name(s) shown on return 74-1218065 American Legion Post - 55 Walton Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I \$250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing 5 separately, see instructions 6 (C) Elected cost (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 0. MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 7,925 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (a) (b) Month and (d) (e) (g) Depreciation Classification of property (business/investment use year placed in service Convention Recovery period deduction only - see instructions) 19a 3-year property 20. 100 5.0 yrs HY 200 DB **b** 5-year property ΗY c 7-year property 800 7.0 yrs 200 DB 114. d 10-year property e 15-year property f 20-year property 25<u>yrs</u> S/L g 25-year property 27.5 yrs h Residential rental MM S/L property S/L 27.5 yrs MM i Nonresidential real 05/09 11,720. 39<u>yrs</u> MM S/L 188. property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs b 12-year S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 1,843. Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

10,090.

22

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Coluitiis	(a) unough (c)	OI SECTION A,	all of Sec	,0011 b, a	nu sec	HOIT C II	αμμ	iicab.	10.						
	Sectio	n A — Deprecia	tion and Oth	er Informa	ition (Cau	ution: S	ee the i	nstru	ictioi	ns for lin	nits for j	passeng	ger_auto			
24 a	Do you have eviden	ce to support the bu	usiness/investme	nt use claim	ed?		Yes	\prod	No 2	24b If 'Yo	es,' is the	evidence	written?	X	Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other t	or Basis for depreciation Recovery Method/ Deprecia		Recovery Method/		eciation	sect	(i) ected ion 179 cost					
25	Special depreci used more than	ation allowance 50% in a quali					ervice d	lurınç	g the	tax yea	r and	25			7	
	Property used r															
Ford	Expl Sport-Trac	02/23/06	100.00	16	,000.		16,00	00.	5	5.00	200 I	B-HY		<u>1,843.</u>		
			 													
			<u> </u>										_			
	Property used 5	00% or less in a	qualified bus	iness use	-			_							72.2.58	<u>y</u> 1.',
											+-				1	
			 													
28	Add amounts in	column (h) lun	les 25 through	27 Ente	r here an	d on lin	e 21 na	nge 1	L			28		1,843.		34
	Add amounts in						C 21, pc	ige i				120 1		29	1.4.5	
	7 taa arribanto iri	(1), 1111	S EO EMONTO		B – Info		on Use	of V	/ehic	:les	· <u> </u>		_	1 -0		
	plete this section			proprietor	, partner,	or othe	er 'more	thar	า 5%	owner,						cles
to yo	our employees, fi	rst answer the d	questions in S		 í	·		сери Г		——÷г						
30	Total business/	investment mile	s driven	į.	(a)	-	b)	١.	(c)		(d	`	-	e)	•	f)
	during the year (do not include		Veh	icle 1	Vehi	cle 2	 	/ehic	cle 3	Vehic	le 4	Veh	cle 5	Vehi	cle 6	
21	commuting mile	•	ha vaar													
32	Total other pers	•	,				•							_		
32	miles driven	·	nuting)					ļ								
33	Total miles driv lines 30 through	en during the yen 32	ear. Add													
				Yes	No	Yes	No	Ye	s	_No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more on?													
36	ls another vehic personal use?	cle available for	•													
		Section	C - Question	ns for Em	ployers V	Vho Pro	vide Ve	hicle	s fo	r Use by	Their E	Employe	ees			
Ansv 5% (wer these question	ons to determine I persons (see i	e if you meet nstructions)	an except	ion to coi	mpletini	g Sectio	лВi	for ve	ehicles i	used by	employ	ees wh	o are not	more t	han
37	Do you maintail		cy statement t	hat prohit	oits all pe	rsonal ι	use of ve	ehicl	es, ır	ncluding	commu	iting,			Yes	No
38	B Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all			-	-		•,	,	• .					[
40	Do you provide vehicles, and re	more than five	vehicles to you	our employ	yees, obta	aın ınfoi	rmation	from	you	r emplo	yees ab	out the	use of t	he		
41	Do you meet the Note: If your ar											95		-	दल का, ^र	
Pai	t VI Amorti					<u> </u>			,							
		(a) cription of costs		Date a	(b) mortization egins		(c) Amortizab amount	le		(d Coc secti	le	Amor	(e) tization lod or entage		(f) mortization or this year	
	Amortization of	costs that hear	ns during vo	r 2009 to	vear (co	e instri	ictions)					Perc		L		
	Amortization 01	cosis mai begi	ns during you	2005 (4)	year (Se	e msur	actions).					1		<u> </u>		_
						+			+			 		 		
43	Amortization o	f costs that beg	an before voi	ır 2009 ta:	x year	/ -							43			
44		ounts in column	-			ere to re	port						44			
														<u> </u>		

Form 990-T, Page 1, Part II, Line 28

Other Deductions Statement

PULL TAB PRIZES	39,335.
COST OF PULL TABS	2,085.
KITCHEN UTILITIES	17,773.
BINGO BALLS - GENERAL FUND	100.
PAPER - GENERAL FUND	3,619.
Talal	62 012
Total	62,91 <u>2.</u>

Form 990 p 9/Membership Dues

Description	Amount
MEMBERSHIP DUES - GENERAL FUND	1,941.
Total	1,941.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
CONTRIBUTIONS INCOME - GENERAL FUND	167.
Total	167.

Supporting Statement of:

Form 990 p 9/Real Gross Rents

Description	Amount
PER BINGO REPORTS	30,900.
KITCHEN RENTAL	5,640.
MEMORIAL HALL RENTAL - GENERAL FUND	950.

Supporting Statement of:

Form 990 p 9/Real Rental Expenses

Description	Amount
STATE TAXES PAID ON RENTAL ACTIVITY (BINGO)	
AMT PAID IN 1ST QUARTER (FOR PREVIOUS Q)	216.
2ND	252.
3RD	216.
4TH	243.
Total	927

Total _____ 927.

Form 990 p 9/Gross Income Gaming Act

Description	Amount
BINGO PER STATE REPORTS PULL-TABS/INSTANT BINGO PER REPORTS	542,476. 60,127.
Total	602,603.

Supporting Statement of:

Form 990 p 9/Line 9b Direct Expenses

Description	Amount
REGULAR BINGO PRIZES	387,500.
INSTANT/PULL-TAB PRIZES	39,335.
COGS (BINGO PAPER AND TABS)	5,779.
PULL TABS - BINGO FUND	2,085.
Total	434,699.

Supporting Statement of:

Form 990 p 9/Line 9c Column B

Description	Amount
BINGO PER STATE REPORTS	542,476.
REGULAR BINGO PRIZES	-387,500.
COGS (BINGO PAPER AND TABS)	-5,779.
Total	149,197.

Supporting Statement of:

Form 990 p 9/Line 9c Column C

Description	Amount
REVENUE	60,127.
INSTANT/PULL-TAB PRIZES	-39,335.
PULL TABS - BINGO FUND	-2,085.

Total ______18,707.

Form 990 p 9/Gross sales of inventory

Description	Amount
BINGO BAGS - GENERAL FUND	235.
HAT SALES - GENERAL FUND	43.
INK DAUBERS - GENERAL FUND	6,279.
VENDING - GENERAL FUND	17,996.
SALES TAX	-1,539.

Supporting Statement of:

Form 990 p 9/Cost of Goods Sold

Description	Amount
BAGS - GENERAL FUND	124.
DAUBERS - GENERAL FUND	3,583.
PURCHASES - GENERAL FUND	10,454.
Total	14,161.

Supporting Statement of:

Form 990 p 9/Line 11d Other Rev Col A-2

Description	Amount
REDEPOSIT OF RETURNED CHECKS - GENERAL FUND	320.
RETURN CHECKS - GENERAL FUND	-100.
DEPOSIT RETURNED CHECKS - BINGO FUND	130.
Total	350.

Supporting Statement of:

Form 990 p 9/Line 11d Other Rev Col A-3

Description	Amount
REFUND IRS - GENERAL FUND	23.
REFUND IRS - BINGO FUND	16.
Total	39.

Form 990 p 10/Line 1 col (A)

Description	Amount
CONTRIBUTIONS - GENERAL FUND	1,179.
CONTRIBUTIONS - BINGO FUND	41,352.
DONATION - BINGO FUND	1,500.
Total	44,031

Supporting Statement of:

Form 990 p 10/Line 5 col (A)

	Description	Amount
		35,690. 14,900.
Total		50,590.

Supporting Statement of:

Form 990 p 10/Line 11b col (A)

Description	Amount
LEGAL FEES - GENERAL FUND	1,625.
Total	1,625.

Supporting Statement of:

Form 990 p 10/Line 11g col (A)

Description	Amount
ONTRACTOR - BINGO FUND	250. 2,350.
	·

Supporting Statement of:

Form 990 p 10/Line 12 col (A)

Description	Amount
ADVERTISING - BINGO FUND	2,179.

Continued

Supporting Statement of	Su	gga	ortina	Statement	of:
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Form 990 p 10/Line 12 col (A)

Description	Amount
ADVERTISING - GENERAL FUND	202.
Total	2,381.

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
OFFICE SUPPLIES - GENERAL FUND	242.
POSTAGE AND DELIVERY - GENERAL FUND	324.
OFFICE - GENERAL FUND	150.
SUPPLIES - GENERAL FUND	821.
Total	1,537.

Supporting Statement of:

Form 990 p 10/Line 19 col (A)

Description	Amount
CONVENTION REGISTRATION - GENERAL FUND ENTRY FEE - GENERAL FUND	10.
Total	30.

Supporting Statement of:

Form 990 p 10/Line 23 col (A)

Description	Amount
INSURANCE - GENERAL FUND	4,422.
Total	4,422.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -1

Description	Amount
AUTOMOBILE EXPENSE - GENERAL FUND	449.

	Continued
Supporting Statement of:	
Form 990 p 10/Line 24f col (A) -1	
Description	Amount
Total	449.

Supporting Statement of:

Form 990 p $10/Line\ 24f\ col\ (A)\ -2$

Description	Amount
BANK SERVICE CHARGES - BINGO FUND BANL SERVICE CHARGES - GENERAL FUND	233.
Total	275.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -3

Description	Amount
DEPOSIT CORRECTION - GENERAL FUND	83.
Total	83.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -4

Description	Amount
MEMBERSHIP - GENERAL FUND	1,970.
Total	1,970.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -5

Description	Amount
EMPLOYEE GIFTS - BINGO FUND	1,800.
Total	1 800

Total

Form 990 p 10/Line 24f col (A) -6

Description	Amount
BINGO BALLS - GENERAL FUND PAPER - GENERAL FUND	100. 3,619.
Total	3,719.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -7

Description	Amount
LISCENSES AND PERMITS - BINGO FUND LISCENSES AND PERMITS - GENERAL FUND	8,000. 61.
Total	8,061.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -8

Description	Amount
ENTERTAINMENT - BINGO FUND	480.
ENTERTAINMENT - GENERAL FUND	496.
MEALS - GENERAL FUND	480.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -9

Description	Amount
INSTALLING OFFICERS	50.
RECONCILIATION DISCREPANCIES - GENERAL	-36.
RECONCILIATION DISCREPANCIES - BINGO	-1.
RETURNS - BINGO FUND	562.

Total ______575.

Form 990 p 10/Line 24f col (A) -10

Description	Amount
RENT - GENERAL FUND	430.
Total	430.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -11

Description	Amount
BUILDING REPAIRS - BINGO FUND	5,962.
LAWN SERVICE - GENERAL FUND	700.
PEST CONTROL - GENERAL FUND	546.
BUILDING REPAIRS - GENERAL FUND	2,233.
EQUIPMENT REPAIRS - GENERAL FUND	1,873.
Total	11.314.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -12

Description	Amount
AWARDS FOR SCHOOLS - GENERAL FUND	178.
GRAVEMARKER FLAGS - GENERAL FUND	86.
REIMBURSEMENT - GENERAL FUND	180.
RIFLE SLINGS - GENERAL FUND (ASSETS)	292.
Total	736.

Supporting Statement of:

Form 990 p 10/Line 24f col (A) -13

Description	Amount
TELEPHONE - GENERAL FUND	1,179.

Total _____1,179.

Form 990 p $10/Line\ 24f\ col\ (A)\ -14$

Description	Amount
GAS AND ELECTRIC - GENERAL FUND WATER	18,349. 1,399.
Total	19,748.

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description		Amount		
TRANSFERED	FROM	2008 FORM	990	92,962.
Total				92,962.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

·
49,214.
128,483.

Supporting Statement of:

Form 990 p 11/Line 10, column (A)

Description		Amount
TRANSFERRED FRO	M 2008 FORM 990	171,325.
Total		171,325.

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount	
PAYROLL LIABILITIES PER BINGO FUND	277.	
Total	277	

Form 990 p 11/Line 32, column (A)

Description	Amount
TRANSFERRED FROM 2008 990 RE OTHER FUNDS	163,309. 115,295.
Total	278,604.

Supporting Statement of:

Sch D, page 2/Buildings col (b)

Description	Amount	
BUILDING	100,000.	
REMODEL SC HS (NELSMEMH1)	30,300.	
A/C UNIT/1 NELSONMEMHALL	3,000.	
SITE PREP	9,450.	
PATIO ENCLOSURE	2,648.	
KITCHEN REMODEL	3,215.	
5T A/C UNIT	6,248.	
25X50 RM ADD TO LEGION	91,456.	
REMODEL AND ADDITION TO SCOUT HOUSE	11,720.	
Total	258,037.	

Supporting Statement of:

Sch D, page 2/Buildings col (c)

Description	Amount	
BUILDING	100,000.	
REMODEL SC HS (NELSMEMH1)	3,270.	
A/C UNIT/A NELSONMEMHALL	324.	
SITE PREP	978.	
PATIO ENCLOSURE	133.	
KITCHEN REMODEL	147.	
5T A/C UNIT	207.	
25X50 RM ADD TO LEGION	3,029.	
REMODEL AND ADDITION TO SCOUT HOUSE	188.	
Total	108,276.	

Sch D, page 2/Equipment col (b)

Description	Amount
TOTAL ASSETS @ END OF 2008 BUILDINGS OTHER	325,569. -258,037. -36,475.
Total	31,057.

Supporting Statement of:

Sch D, page 2/Equipment col (c)

Description	Amount
TOTAL DEPRECIATION	131,744.
LESS EQUIPMENT	-108,276.
LESS OTHER	-5,289.
Total	18,179

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
PARKING LOT IMPROVEMENT	36,475.
Total	36,475.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
PARKING LOT IMPROV	5,289.
Total	5,289.

Supporting Statement of:

Sch. G, page 2/Bingo Gross Revenue

Description	Amount
PER TEXAS BINGO REPORTS	542,476.

Supporting Statement of:	Continued
Sch. G, page 2/Bingo Gross Revenue	
Description	Amount
Total	542,476.
Supporting Statement of:	
Sch. G, page 2/Bingo Cash Prizes	
Description	Amount
PER TEXAS BINGO REPORTS	387,500.
Total	<u>387,500.</u>
Supporting Statement of:	
Sch. G, page 2/Bingo Other Direct Exp.	
Description	Amount
PER TEXAS BINGO REPORTS - COGS	5,779.
Total	5,779.
Supporting Statement of:	
Sch. G, page 2/Col. B Gros Revenue	
Description	Amount
PER TEXAS BINGO REPORTS	60,127.
Total	60,127.
Supporting Statement of:	
Sch. G, page 2/Column B Cash Prizes	
Description	Amount
PER TEXAS BINGO REPORTS	39,335.
Total	39,335.

Sch	C	n 3 00	2/Column	R	Othor	Direct	Fvn
ocn.	G,	page	Z/COTUMI	_	ULHER	Direct	LXU

Description	Amount
COST OF PULL TABS	2,085.
Total	2,085.

Supporting Statement of:

Form 990-T, p1/Line 19

Description	Amount
LICENSES AND PERMITS	8,061.
Total	8,061.

Supporting Statement of:

Form 990-T, p1/Line 20

	Description Ame		
6574 * 10% =		657.	
Total		657.	

Supporting Statement of:

Form 990-T, p1/Line 28 Amount-3

Description		Amount
19748 * 90% =		17,773.
Total		17,773.

Supporting Statement of:

Form 990-T, p3/Schedule C, Column 2b-1

Description	Amount
KITCHEN RENTAL	5,640.
Total	5,640.