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Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

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

▶ Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts tess than \$500,000 and total assets less than \$1,250.000 at the end of the year may use this form

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

Open to Public Inspection

£.78W	al Revenus	Service 1		The organization may have to be a supply of the organization state reporting	roquiranionia.						
A For the 2009 calend		ar year,	or tax year beginning 06/01 , 2009, and er	nding	12/31		, 20	09			
B Check d applicable:		Please	C Name of organization	D Em	ployer id	entific	ation numbe				
	ddress ch	dress change use IRS block of American Legion Post 118			i i	<u>85-0272401</u>					
=	lame char	hange print or Number and street (or P O. box. if mail is not delivered to street address) Room/suite E Teleptum PO Box 15042				abyoua unwper					
=	nitial retur					5	05892	26944			
=		Consider Constitution of the Constitution of t			F Gr	Group Exemption					
=	oplication		tions.	Rio Rancho, NM 87124		mber I					
=			omaniz	eations and 4947(a)(1) nonexempt charitable trusts must attach	Accounting	Method:	7	Cash C A	ccrual		
	• 0000	.01, 50 . (0)(0)		mpleted Schedule A (Form 990 or 990-EZ).	Other (speci		_				
	 -					if the organization is not					
	Saheit	e: ► www	legion	_	required to		-				
	-			nly one) — ✓ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-EZ. or 9		Difect		550,		
_	heck >			zation is not a section 509(a)(3) supporting organization and its gross receipt			Ab	for one			
				turn is not required, but if the organization chooses to file a return, be sui				IBN \$25,000	. ^		
_			ipiele re	turn.							
_	arti			e 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Formses, and Changes in Net Assets or Fund Balances (S		ruction	e for	Part 1)			
	1						5 101		412.97		
	1			ts, grants, and similar amounts received		1			412.01		
	2	_		revenue including government fees and contracts	· · · · ·	2			2042		
	3		•	s and assessments		3			2913		
	4	investmen				4					
	5a	-		m sale of assets other than inventory 5a		-(:::					
	b			er basis and sales expenses			1				
•	°			n sale of assets other than inventory (Subtract line 5b from line 5a		<u>5c</u>	 				
OBNNKOR'	6	-		tivities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck nere 🕨 📋	1847					
ä	a			ot including \$ 1412.97 of contributions		1664	1				
∑ ₹	Ι.) 6a	9570	-1 .//					
<u></u>	b		-	nses other than fundraising expenses 6b	4440						
Æ	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							51300		
\bigcirc	7a	Gross sales of inventory, less returns and allowances									
	b	Less: cost	ess: cost of goods sold								
N	C	•	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
2	8	Other reve	nue (de	escribe Event income less event costs)	8			3000		
≫	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9			54300		
<u>@</u>	10	Grants and	d sımıla	r amounts paid (attach schedule)	<i>Y</i>	10					
No.	11	Benefits paid to or for members									
Expenses	12	Salaries, other compensation, and employee benefits							25200		
	13	Professional fees and other payments to independent contractors							5770		
ĕ	14	Occupancy, rent, utilities, and maintenance									
ũ	15	Printing, publications, postage, and shipping							1000		
	16	Other expenses (describe gross receipts tax, utilities, licenses/permits/payroll tax, misc. ta							15200		
	17	Total expenses. Add lines 10 through 16							47170		
- co	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							7130		
Net Assets	19										
AS:	1							:	293418		
et .	20										
Ž	21		_	d balances at end of year Combine lines 18 through 20		20			300548		
P	art II						ad of				
		(See the instructions for Part II.) (A) Beginning of					T	(B) End of ye	_		
22) Ca	Cash, savings, and investments					22		11000		
23		Land and buildings							224686		
24			_	pe ➤ furniture and equipment		40000	-		42000		
25							25				
		tal liabilitie					26				
26 27				palances (line 27 of column (B) must agree with line 21)			27		277686		
27	146	n about 5 Of	I WITH C	Juightee whe 41 of Colonia (d) will acted with lifte 41)	ř.		(4 /)		_,,,,,,,,,		

Form **990-EZ** (2009)

Par What Desc manr each 28	is the organization's primary exempt purpose? ribe; what was achieved in carrying out the orginer; describe the services provided, the number of program title. Sponsor youth boxing team 16 hrs week 20 youngstee (Grants \$) If this amount Sponsors Girl scouts 6 hrs. week	Veterans Service, assistance anization's exempt purpos f persons benefited, and o ers includes foreign grants, che	e and community sees. In a clear ar ther relevant infor	ervice d concise	501(c) organ	Page 2 Expenses ired for section (3) and 501(c)(4) izations and section a)(1) trusts; optional hers.)
	Use Half for community uses 8 hrs. week no of persons varies use Half for charitable use 40 Hrs Month no of persons varies (Grants \$) If this amount includes foreign grants, check here					
20	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>. ▶</u> Ų_	31a	
_	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key		on if not composes	tad ISaa tha	32	tions for Bort NA
I di	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribute employee benefit deferred compe	ns to	(e) Expense account and other allowances
	inic Carini Rancho, NM	Commander 5 hrs week	00		00	00
	J. Whitmore Rancho, NM	1st Vice Commander 4 hrs	00		00	00
Vaca	ant	2nd Vice				
	tes Palmer ales, NM	Financial Officer 6 hrs wk	00		00	00
	k Hoggatt Rancho, NM	Adjutant 4 hrs wk.	00		00	00
						
			,	<u> </u>		

Form 990-EZ (2009)

Form 99	0-EZ (200 9)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
••	and the second of the second o		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a 00 Did the organization file Form 1120-POL for this year?	37b	7.83	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	130	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		12	* y. *
39	Section 501(c)(7) organizations. Enter		F	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	12 5	1	122
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;	JA.	(; j.,	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	37		2 · · · · · · · · · · · · · · · · · · ·
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		135	
е	All organizations. At any time dunng the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	\ \ \	1
41	List the states with which a copy of this return is filed. ▶ no requirement			
42 a	Located at P PO Roy 15042 Rin Rancho NM	505-89 87	92-694 124	4
ь	At any time duning 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		Yes	No
	account)?	42b	$\overline{}$	1
	If "Yes," enter the name of the foreign country: ▶	(65 E)		73
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			7
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	{	1
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
	The same state of the same sta			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	;	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45		

Form 99	D-EZ (2009)						P	age 4
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	7(a)(1) nonexempt chai	exemp ritable	t charitab trusts mus	le trusts only. All l answer questio	II sec ns 46	tion 49b)
46	Did the organization engage in direct or indirect		ies on	behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete S					46		√
47	Did the organization engage in lobbying activities	· ·		•		47		_•
48	Is the organization a school as described in section Did the organization make any transfers to an ex-					48 49a		V
49a b	If "Yes." was the related organization a section 5	•	eo orga	nization? .		49a 49b		7
50	Complete this table for the organization's five high	_	ovees (other than o	fficers, directors, t		es an	d key
	employees) who each received more than \$100,0		,					•
	(a) Name and address of each employee paid more than \$100.000	(b) Title and average hours per week devoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expension a solution a	ınd
none								
			 					
			+			 		
			-					
f	Total number of other employees paid over \$100	,000 ▶			!	L		
51	Complete this table for the organization's five h \$100,000 of compensation from the organization			ent contract	ors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Co	mpens	ation
none								
								
d	Total number of other independent contractors e	ach receiving over \$100,	000 .	, ▶	00			
	Under penalties of perjury, I declare that have examine and belief, it is true, correct and complete Declaration	od this return, including accompa	inying sci	nedules and sta	itements, and to the be	st of my	/ know	ledge
Sian	and solid, it is itself and symplety depolaration	or property (other area officer) is		- an intermettor	-/-/			
Sign Here	Sidnature of officer	<u></u>			3//9/2 Date	-01	<u>o</u> _	

Charles A. Palmer
Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP ± 4

Paid Preparer's

Use Only

Preparer's identifying number (See instructions)

Check if selfemployed ▶ □

EIN

Phone no ▶

Date