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**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** 5/01 , **2009, and ending** 4/30 , **2010**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p>American Legion Post 34 176 Main Street Plaistow, NH 03865-3023</p>	<p><b>D</b> Employer identification number 02-6009049</p> <p><b>E</b> Telephone number 603-382-9777</p> <p><b>F</b> Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c) ( 19 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 320,930.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>	
<b>2</b> Program service revenue including government fees and contracts		<b>2</b>	
<b>3</b> Membership dues and assessments		<b>3</b>	5,120.
<b>4</b> Investment income		<b>4</b>	293.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>		
<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including contributions reported on line 1)	<b>6a</b>		114,796.
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		14,027.
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		<b>6c</b>	100,769.
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		200,721.
<b>b</b> Less: cost of goods sold	<b>7b</b>		117,478.
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<b>7c</b>	83,243.
<b>8</b> Other revenue (describe ▶)		<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>9</b>	189,425.
<b>10</b> Grants and similar amounts paid (attach schedule)	See Statement 1	<b>10</b>	250.
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	82,672.
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	6,723.
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	31,848.
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	968.
<b>16</b> Other expenses (describe ▶ See Statement 2)		<b>16</b>	77,926.
<b>17 Total expenses.</b> Add lines 10 through 16		<b>17</b>	200,387.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>18</b>	-10,962.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>19</b>	1,109,712.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	See Statement 3	<b>20</b>	-3,085.
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		<b>21</b>	1,095,665.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	175,833.	<b>22</b> 157,441.
<b>23</b> Land and buildings	922,018.	<b>23</b> 934,049.
<b>24</b> Other assets (describe ▶ See Statement 4)	12,076.	<b>24</b> 10,457.
<b>25 Total assets</b>	1,109,927.	<b>25</b> 1,101,947.
<b>26 Total liabilities</b> (describe ▶ See Statement 5)	215.	<b>26</b> 6,282.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,109,712.	<b>27</b> 1,095,665.

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

P12

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <u>See Statement 6</u>	(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> <b>28a</b>	
29 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> <b>29a</b>	
30 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> <b>30a</b>	
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> <b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/> <b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Terry Marsh 60 Steeplechase Court Haverhill, MA 01832	Historian 0	0.	0.	0.
Ronald Tuck 100 South Main Street Newton, NH 03858	Jr. Vice Comm. 0	24,896.	0.	0.
Rick Bickerstaff 9 Meadowview Drive Newton, NH 03858	Adjutant 20.00	13,191.	0.	0.
David Meaney 3 Bittersweet Lane Atkinson, NH 03811	Finance Officer 0	2,869.	0.	0.
Phil Sturk 111 Bluefish Blvd Portsmouth, NH 03801	Commander 0	0.	0.	0.
Edmund Linscott 34 Crane Crossing Rd Newton, NH 03858	Sgt at Arms 0	0.	0.	0.
Albert Dubois 11 Moulton Road East Hampstead, NH 03826	Service Officer 0	0.	0.	0.
Robert Loeffler 4 Kingshaw Avenue Plaistow, NH 03865	1st Vice Comm. 0	1,819.	0.	0.
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 7

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

Table with columns Yes, No and row 33. No is marked with an X.

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

Table with columns Yes, No and row 34. No is marked with an X.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

Table with columns Yes, No and row 35. Both are empty.

a 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?

Table with columns Yes, No and row 35a. Yes is marked with an X.

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b. Yes is marked with an X.

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

Table with columns Yes, No and row 36. No is marked with an X.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

Table with columns Yes, No and row 37a. Both are empty.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b. No is marked with an X.

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?

Table with columns Yes, No and row 38a. No is marked with an X.

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 N/A; section 4912 N/A; section 4955 N/A

Table with columns Yes, No and row 40a. Both are empty.

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

Table with columns Yes, No and row 40b. Both are empty.

c 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

0.

Table with columns Yes, No and row 40c. Both are empty.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

0.

Table with columns Yes, No and row 40d. Both are empty.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

Table with columns Yes, No and row 40e. No is marked with an X.

41 List the states with which a copy of this return is filed

None

42a The organization's

books are in care of David Meaney

Telephone no. 603-382-9777

Located at 176 Main Street Plaistow NH

ZIP + 4 03865

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b. No is marked with an X.

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 a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c. No is marked with an X.

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

43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44. No is marked with an X.

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 45. No is marked with an X.

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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-----				
-----				
-----				
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-----				

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		
-----		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: David Meaney Date: 7/20/2010  
 Type or print name and title: David Meaney Finance Officer

**Paid Preparer's Use Only**  
 Preparer's signature: Robert W. Capriole EA Date: 7/20/10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Tax Services of Londonderry, Inc.  
1C Commons Drive Suite 18 EIN: 81-0607615  
Londonderry, NH 03053 Phone no: (603) 432-8291  
 Preparer's Identifying Number (See instructions): P00617059

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Various Fund E (event type)	(event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	114,796.		114,796.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	114,796.		114,796.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,027.		14,027.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			14,027.
11	Net income summary. Combine lines 3, column (d) and line 10			100,769.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

-----

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>	%
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**b** An outside facility

<b>13b</b>	%
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**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

**15a**

**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided. ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

**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: ▶ \$ \_\_\_\_\_

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Amount Given: \$ 250.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	50.
Bank Service Charges		75.
Community Services		369.
Convention Expenses		1,200.
Depreciation		11,290.
Dues to State Chapter		6,980.
Insurance		11,714.
Interest		39.
Licenses		3,390.
Misc Contributions		10,837.
Office Expenses		4,955.
Outside Services		8,585.
Sales Tax		16,463.
Telephone		1,979.
Total	\$	<u>77,926.</u>

**Statement 3**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Prior Year NH Business Tax	\$	-572.
Prior Year UBT		-1,265.
UBT Estimates		-1,248.
Total	\$	<u>-3,085.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 9,558.	\$ 8,101.
Machinery and Equipment	2,518.	2,356.
Total	\$ <u>12,076.</u>	\$ <u>10,457.</u>

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Payroll Liabilities	\$ 215.	\$ 180.
Sam's Club Credit Card	0.	6,102.
<b>Total</b>	<b>\$ 215.</b>	<b>\$ 6,282.</b>

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred percent Americanism; to preserve the memories and incidents of our associations in the Great Wars; to inculcate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and goodwill on earth; to safeguard and transmit to posterity the principles of justice, freedom and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No