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Form

SCANNED AUG 0 5 2011

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public

> Yes Form **990** (2009)

Bode Clarge of operations Description	_	For the 200	9 calendar v	rear, or tax year beginning 07/01/09, and ending 06/30	/10		
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Part Summary	<u> </u>						
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		•	Eirm's sam	Misasi & Misasi			
	US	e Unly		e (or yours		Phone	
			•				802-388-6307

) (Revenue \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

26,266 including grants of \$

237,607

quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	Pa	rt IV Checklist of Required Schedules			
1 le the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule D, Schedule of Contributors? 2 le the organization engage in direct or indirect optical campaign activities? If "Yes," complete Schedule (C, Part I Contributors? 3 X 3 LX 3 centro 501(c)(3) organizations. Did the organization engage in hobbying activities? If "Yes," complete Schedule C, Part I Contributors? 5 Section 501(c)(3) organizations. Did the organization engage in hobbying activities? If "Yes," complete Schedule C, Part II Contributors? 5 Section 501(c)(4), 501(c)(3), and 501(c)(5) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Contributors or with a section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Contributors or with a section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Contributors or with a section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Contributors or with the distribution or measurement of anomatin is such funds or accounts? If "Yes," complete Schedule D, Part II Contributors or with a section of the distribution or measurement of anomatin is such funds or accounts? If "Yes," complete Schedule D, Part II Contributors or with a section of the secti				Yes	No
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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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	16		-	-	_==
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If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			18		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19			,,	
				X	- P
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	•

Form 990 (2009) AMERICAN LEGION POST 19 Part IV Checklist of Required Schedules (continued)

	distribution in equite a concadica (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1 22	x	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
340	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		x
_	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
_	to defease any tax-exempt bonds? Did the examplifaction set as an "on behalf of" inquest for bonds outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	
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		23a		
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		i i	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	255		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		,	٠.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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,	1		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		٠,
	III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	_35	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
o ==	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		.
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38		х
	19? Note. All Form 990 filers are required to complete Schedule O		n 990	
		1 011	555	(5003)

Рa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı				
	U.S. Information Returns Enter -0- if not applicable	1a	0			;
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	ortabl	e	1 .		
	gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					ĺ,
	instructions)					i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		-		
	this return?			3a		<u>x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancıal				
	account)?			4a	ļ	X
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			-	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and the control of the control o	arding				
_	Prohibited Tax Shelter Transaction?	_		5c		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е		6-		x
	organization solicit any contributions that were not tax deductible?			<u>6a</u>	 -	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		C.		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		, ,
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ahon			,	. !
a	and services provided to the payor?	joods		7a		د سا
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		\vdash
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		·- <u>-</u> -		\vdash
•	required to file Form 8282?			7c		İ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a			<u> </u>	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	 l	*		
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		71		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-		
	organization, have excess business holdings at any time during the year?			8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	-	-	-		_ 1
а	Did the organization make any taxable distributions under section 4966?			9a	 	├──
ρ	Did the organization make a distribution to a donor, donor advisor, or related person?		-	9b	ļ	\vdash
10	Section 501(c)(7) organizations. Enter	امدا			ŧ	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	المها	I			
a	Gross income from members or shareholders	11a		\dashv		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	416				1
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	<u> </u>	-		-
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417		12a	+	\vdash
	n 100, onto the amount of tax exemptimerest received of accided duling the year.	1 120		1		L

Form 990 (2009) AMERICAN LEGION POST 19 03-0301106 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? **b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO. Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

organization. NANCY PALERMO-LEE 2313 MONKTON ROAD BRISTOL

State the name, physical address, and telephone number of the person who possesses the books and records of the

VT 05443

802-453-4315

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

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

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

Check this box if the organization	did not compe	nsate	e an	y cui	rent	offic	er, d	irector, or trustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee		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
STEPHEN FIELDING										
TRUSTEE	2.00	X						0	0	0
LOREN LATHROP										
TRUSTEE	2.00	X	ļ	<u> </u>				0	0	0
DAVID HARRISON										_
TRUSTEE	2.00	X			_	_	Ш	0	0	0
STEVEN BARSALOU										
TRUSTEE	2.00	X				_	\vdash	0	_0	0
ALAN SMITH SR.	25 00			x				14 400	o	•
ADJUTANT CHERYL BALLARD	25.00	├	-		-	-	 	14,400	U	0
1ST V. CMDR	2.00			x			'	2,058	0	0
RONALD LAROSE	2.00	-	-	┢≏		╁╌	\vdash	2,036	<u>U</u>	
COMMANDER	2.00	1		x				o	0	0
TIMOTHY HEFFERNAN		\vdash	┢	1	\vdash	╁				<u> </u>
FINANCE	5.00			\mathbf{x}	l			0	0	0
ROGER JIMMO		 	\vdash		<u> </u>		\vdash			
HISTORIAN	2.00		ļ	x	l			o	0	0
PHILIP DERENZIS		1		<u> </u>						<u> </u>
CHAPLAIN	1.00			x				O	0	
DENNY COTA		1-	_							
2ND V. CMDR	20.00_	_		X				0	0	
CLAYTON HOLCOMB					Π					
JUDGE ADVOCA	2.00			X				0	0	0
							'			

DAA

Form **990** (2009)

Part V	Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
•	(A) Name and Title	(B) Average hours per	┝	_			hat a	_	- compansation	(E) Reportable compensation		(F) Estima amour	ited	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	,	othe ompen- from organiz and rel organiza	er sation the ation ated	
								_						
							_	_						
							_	_						
						ļ	<u> </u>	_						
1b To	tal	<u>.</u>						▶	16,458					
2 To	tal number of individuals (in portable compensation from				thos	e lıs	ted a	abov			<u> </u>			
	d the organization list any fo				ruste	e. k	ev e	lam	ovee, or highest compensa	ted			Yes	No
em 4 Fo	nployee on line 1a? If "Yes," r any individual listed on line	complete Scheen complete Scheen	dule of re	J for	suci able	h ind	lividi pens	ual satio	on and other compensation	from		3		X
ind	e organization and related o lividual d any person listed on line 1								•			4		X
se	rvices rendered to the organ	nization? If "Yes,										5		X
1 Co	implete this table for your firmpensation from the organi	ve highest comp ization	ensa	ted (ndep	end	lent o	cont						
	Name and	(A) business address				_	_	-	Descrip	(B) otion of services		C	_ (C) mpensa	tion
				_			_		<u> </u>					
								<u> </u>						
						_	_	-						_
								-						
	tal number of independent						ed to	the	ose listed above) who receiv	ved				

Pa	rt VI	II Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ကတ	10	Federated campaigns	1a				Tevende		312, 310, 6, 314
Eat		Membership dues	1b	_					f 1
호팀		Fundraising events	1c						
# E			1d						.
gia Bia		Related organizations							, .
Sizi		Government grants (contributions)	1e	_				j	,
Program Service Revenue Contributions, gifts, grants and other similar amounts	T	All other contributions, gifts, grants, and similar amounts not included above	16		10,010				;
È	a	Noncash contributions included in lines 1a-	1f \$						
유리	_	Total. Add lines 1a-1f	•		•	10,010			
9					Busn. Code				
Ē	2a	MEMBER DUES				7,128	7,128		
<u>۾</u> ا	b								
<u>8</u>									
ē	4								
E	•								
ᇛ	•	All other program service reve	nua						
윤		Total. Add lines 2a-2f	ilue	'		7,128			<u> </u>
\exists		Investment income (including	duudon	do interes	et and	7,120			<u>'</u>
	3	other similar amounts)	uivideiii	us, miere:	si, and	12,833			12,833
		•		* bood o	on a no a no	12,033			12,033
	4	Income from investment of tax	-exemp	ot bona pr	oceeds -				
	5	Royalties		(w) D					
	_	(i) Real	\dashv	(ii) P	ersonal			^	ı
1	6a	Gross Rents				* 4	**	,	,
1	þ	Less rental exps	+						ŀ
	С	Rental inc or (loss)							
		Net rental income or (loss) Gross amount from (l) Securities		·····	<u> </u>				
		sales of assets		(11)	Other	* * *	, *	\$.	
		other than inventory 277	662			У			
	b	Less cost or other						٧	*
		basis & sales exps 279					. > ~ ;	* ~	
		` '\	260						
		Net gain or (loss)	г		<u> </u>	-2,260	-2,260		. 1
ě	8a	Gross income from fundraising eve	nts					*	,
		(not including \$				ч		,	
é		of contributions reported on line 1c)		,	. ~ .			,
Other Rever		See Part IV, line 18	a			٠		*	ļ
듄		Less: direct expenses	ьĹ						
		Net income or (loss) from fund		events	<u> </u>				
	9a	Gross income from gaming activities	s						l
		See Part IV, line 19	a		213,954				1
		Less direct expenses	b		38,028				
		Net income or (loss) from gam	ing act	ivities		175,926	175,926		
	10a	Gross sales of inventory, less							
		returns and allowances	a		1 41, 302			* *	_ ' '
		Less cost of goods sold	ьL		65,886				F
	c	Net income or (loss) from sale			<u> </u>	75,416	75,416		
		Miscellaneous Revenue)		Busn. Code				
	11a	RENTAL				2,515			
	b	ENTERTAINMENT				2,497			
	C	SPECIAL EVENTS				-16,846	-16,846		
	d	All other revenue							
	е	Total. Add lines 11a-11d			•	-11,834			
	12	Total Revenue. See instruction	ns.		•	267,219	244,376	0	12,833

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>7b,</u>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	42,854	42,854		<u></u>
3	Grants and other assistance to governments,				!
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				*
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	91,421	91,421		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,356	10,356		
11	Fees for services (non-employees)				
а	Management				
b	Legal	233		233	
C	Accounting	11,950	<u></u>	11,950	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,091		3,091	
g	Other				
12	Advertising and promotion	1,230	1,230		
13	Office expenses	4,826		4,826	
14	Information technology				
15	Royalties				
16	Occupancy	38,871	38,871		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,290	2,290		<u>.</u>
20	Interest				
21	Payments to affiliates	13,461	13,461		
22	Depreciation, depletion, and amortization	12,805	12,805		
23	Insurance	9,047	9,047		
24	Other expenses Itemize expenses not				F
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	. ~	٠ - م ي ب		± 5 7 1.
	5% of total expenses shown on line 25 below)				
а	SUPPLIES	9,595	9,595		
b	REPAIRS & MAINTENANCE	9,048		9,048	
C	TELEPHONE	2,804		2,804	
d	LICENSES & FEES	1,440	1,440		
е	NEWLETTERS	1,276	1,276		
f	All other expenses	3,411	2,961	450	
25	Total functional expenses. Add lines 1 through 24f	270,009	237,607	32,402	
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				- 000

	K Balance Sheet			(A)		(B)
Τ.				Beginning of year	_	End of year
1	Cash—non-interest bearing		}-	6,111	1	5,380
2	Savings and temporary cash investments		}	74,062	2	68,75
3	Pledges and grants receivable, net	•	-		3	
4	Accounts receivable, net	•	-		4	
5	Receivables from current and former officers, directors,					
	employees, and highest compensated employees. Comp	plete Part II of			-	
1	Schedule L		-		5	
6	Receivables from other disqualified persons (as defined					
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			-	
	Part II of Schedule L		Ļ		6_	
7	Notes and loans receivable, net		Ļ	50	7	5(
8	Inventories for sale or use		Ĺ		8	
9	Prepaid expenses and deferred charges		<u> </u>		9	
10a	Land, buildings, and equipment cost or					
	other basis. Complete Part VI of Schedule D	10a	634,027	\$		
b	Less accumulated depreciation	10b	118,694	493,231	10c	515,333
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11		[12	
13	Investments—program-related See Part IV, line 11		[602,060	13	604,27
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34	1)		1,175,514	16	1,193,793
17	Accounts payable and accrued expenses				17	
18	Grants payable			-	18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV o	f Schedule D			21	
22						
	employees, highest compensated employees, and disqu			۸۶		,
ŀ	persons Complete Part II of Schedule L				22	
23	•	parties	ļ		23	
24	Unsecured notes and loans payable to unrelated third pa		1		24	
25	Other liabilities Complete Part X of Schedule D			5,154	25	4,28
26	Total liabilities. Add lines 17 through 25			5,154	26	4,28
	Organizations that follow SFAS 117, check here ▶	and				
	complete lines 27 through 29, and lines 33 and 34.			. •		*
27	Unrestricted net assets				27	
28	Temporarily restricted net assets		Ì		28	
29			ľ		29	
	Organizations that do not follow SFAS 117, check her	re ▶ 🛣	Ì			
	and complete lines 30 through 34.					
30	·			* * * ** * * * * *	30	not the one
31	Paid-in or capital surplus, or land, building, or equipmen	t fund	ŀ		31	
32	Retained earnings, endowment, accumulated income, o		-	1,170,360	32	1,189,51
33	Total net assets or fund balances			1,170,360		1,189,51
1 30	Total liabilities and net assets/fund balances		}	1,175,514	34	1,193,793

Form **990** (2009)

orm	990 (2009) AMERICAN LEGION POST 19 03-0301106		Pag	ge 12
Рa	rt 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			y
	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		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN LEGION POST 19 03-0301106 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can 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 Protection of natural habitat Preservation of certified historic structure 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 Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 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 easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 section 170(h)(4)(B)(ii)? Yes No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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.

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

following amounts required to be reported under SFAS 116 relating to these items:

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

Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

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.

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2009

Sche		LEGION POST 1			03-03		Page 2
<u>Pa</u>	rt III Organizations Maintaining	Collections of Art, H	listorical Trea	sures, o	r Other :	Similar Asset	ts (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, check	any of the followi	ng that are	a significa	nt use of its	
а	Public exhibition	d Loan or	exchange prograr	ms			
b	Scholarly research	e Other	5 . 5				
C	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain how the	ey further the orga	anızatıon's	exempt pu	rpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to l	receive donations of art, his	storical treasures,	or other si	mılar		Yes No
Da	rt IV: Escrow and Custodial Arrai				ewored '	'Vec" to Form	
, Fa	IV, line 9, or reported an am			allon an	SWEIEG	163 (010)	1 330, 1 alt
	• •					-	•
18	Is the organization an agent, trustee, custodiar	n or other intermediary for	contributions or ot	ner assets	not		п., п.,
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following t	table [.]				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XIV						
<u>Pa</u>	rt V. Endowment Funds. Comple	ete if organization an	swered "Yes"	to Form	990, Pai	rt IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,		<u> </u>				
	and losses			`	*		
d	Grants or scholarships						
е	Other expenditures for facilities				1	* **	
	and programs						
f	Administrative expenses			<u> </u>			
g	End of year balance		· ·	 			
2	Provide the estimated percentage of the year	end halance held as		·	I		
- а	Board designated or quasi-endowment	%					
h	Permanent endowment > %	~					
c	Term endowment ▶ %						
	Are there endowment funds not in the possess	sion of the organization tha	t are held and adn	nunictored t	for the		
Ja	organization by	sion of the organization tha	t are neid and adm	illilistered i	ioi tile		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
_	- · ·	listed as required as Caba	dula DO				
4	If "Yes" to 3a(ii), are the related organizations	•					3b
	Describe in Part XIV the intended uses of the curt VI Investments—Land, Building			O Port	/ line 10		
<u> </u>			r				(d) Book value
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other			umulated eciation	(d) Book value
_	1	(mreament)			uebie	olation	160 E03
	Land			,523		EE 704	169,523
	Buildings		392	,126		55,791	336,335
_	Leasehold improvements				<u>. </u>	60 600	<u> </u>
d	Equipment		72	,378		62,903	9,475
	Other		L	<u></u>	_		
Total	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10(c))		<u>▶</u>	515,333

Schedule D (Form 990) 2009 AMERICAN LEGION POST	19	03-0301106	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other	· · · · · · · · · · · · · · · · · · ·		
~~~			
		· · · · · · · · · · · · · · · · · · ·	
			•
<b> </b>			
	<b>_</b>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments—Program Related. See Form 99	<del></del>		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
MERRILL LYNCH - BUILDING FUND	362,391		
MERRILL LYNCH - SCHOLARSHIP FUND	127,914		-
MERRILL LYNCH - MUTUAL FUND	113,970	Market	
	<del>                                     </del>		
	<del>                                     </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	604,275	, (4 \$ *	
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book v	value
(-)		(-, -, -, -, -, -, -, -, -, -, -, -, -, -	-
		<del></del>	
. <del>-</del>	<u>.</u>	<del></del>	
	<u></u>		
	<del></del>		
	· <del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line 29		r	
1 (a) Description of liability	(b) Amount		
Federal income taxes	1 22		
PAYROLL TAXES PAYABLE	1,694		
MEALS & ROOMS TAX PAYABLE	813		
LOTTERY DRAWINGS PAYAYBLE	801		
SECURITY DEPOSITS	600		
SALES & USE TAX PAYABLE	372		
	<del></del>	1	
	1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	4,280		

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 AMERICAN LEGION POST 19		03-030110	6	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Staten	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	<u>/ith Revenue per Re</u>	turn	
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.		ı		
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	_2d		-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	I	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b	<u> </u>		
C	Add lines 4a and 4b			4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XIII Reconciliation of Expenses per Audited Financial Statemer	onte	With Evpenses per l		
1	Total expenses and losses per audited financial statements	CIIIO	With Expenses per i	1	11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			├-	
2	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV.)	2d		1	
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:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4ь		1	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pε	rt XIV 5 Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lii	nes 1a	and 4, Part IV, lines 1b		
and:	2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lii	nes 2d	and 4b. Also complete		
this p	part to provide any additional information.				
	- <b> </b>				. <del>-</del>
					· – – – – –
	. <b></b>		. <b></b>		
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					, <del>-</del>
			·		· <b></b>
	- <b> </b>		. – – – – –		
			·		· <b>-</b>

Schedule D (	Form	990) 20	009	AM	ERI	CAN	LEC	GION	PO	ST	19					03	<u>-03</u>	011	.06					Page 5
Schedule D (	Sı	ıppleı	men	tal Ir	ıform	ation	ı (co	ntinue	<u>d)</u>															
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

AMERICAN LEGION		03-0301106				
Part I Fundraising Activities. Comple Form 990-EZ filers are not requ	te if the organizat			red "Yes" to For		
1 Indicate whether the organization raised funds thro				heck all that apply		
a Mail solicitations	e Solicitation	of non-g	gove	rnment grants		
<b>b</b> Internet and email solicitations	f Solicitation	of gove	rnme	ent grants		
c Phone solicitations	g Special fur	ndraising	eve	nts		
d In-person solicitations		·				
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or expenses the control of the control						Yes No
<b>b</b> If "Yes," list the ten highest paid individuals or entit to be compensated at least \$5,000 by the organization.		ant to ag	reem	nents under which the	e fundraiser is	
(I) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fu raiser ha custody control o contributio	or of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes N	10		-	
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Total			<b>•</b>	<del> </del>		
3 List all states in which the organization is registere registration or licensing.	d or licensed to solicit f	iunds or I	nas I	been notified it is exe	mpt from	
			_			

Sche	edule G (Form 990 or 990-EZ) 2009 AMERICAN LEGION POST 19 03-03011	)6	Р	age <b>3</b>
•	•	_	Yes	No
13	Indicate the percentage of gaming activity operated in.			
а	The organization's facility 13a %	4		
b	An outside facility %	4		ì
14	Provide the name and address of the person who prepares the organization's gaming/special events books			!
	and records·	<b>I</b> 、		:
	Name NANCY PALERMO-LEE			1 7
	2313 MONKTON ROAD			'
	Address ► BRISTOL VT 05443			. 1
45-	Done the average has been a post-root with a third party from whom the average root of			(
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	45-		X
		15a	,	<b>-</b>
U	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			. !
L	in res, enter name and address of the tillid party			, ;
	Name ▶			6
			:	₹ 1
	Address			;
		1		1 4,
16	Gaming manager information.			*
				· ·
	Name ▶			
	·		:	
	Gaming manager compensation ▶ \$			1
				· ×.
	Description of services provided ▶			
		'		) AP T
	Director/officer Employee Independent contractor	, ,		- j
17	Mandatory distributions			~ · · ·
' <i>'</i>	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	1	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$		`	*.

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN LEGION POST 19

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

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

▶ Attach to Form 990.

Employer identification number 03-0301106

OMB No 1545-0047

Part I Ge	General Information on Grants and Assistance	Assistance	i						
1 Does the orgathe selection of Describe in Pa	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	e amount of the gree?	ants or ass	sistance, the grantees' in the United States	eligibility for the grant	s or assistance, and	p	X Yes	<b>&amp;</b>
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments and cipient that required if additional standards.	d Organi ceived m pace is r	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	ited States. Corr Check this box if	nplete if the org no one recipie	janization ansv nt received mo	vered "Yes" to ore than \$5,000. Us	 
1 (a) Na	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	tc
	_								
	-								
	-								
	-								
2 Enter total nur 3 Enter total nur	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	rganizations		!					
For Privacy Act and	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	e Instructions for	Form 990.					Schedule I (Form 990) 2009	990) 2009

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

Page 2	<b>nited States.</b> Cottiplete it tile organization answered. Tes. to Fortil 990, Fart IV, line ZZ. I space is needed.	ok, (f) Description of non-cash assistance						Iditional information.	Schedule I (Form 990) 2009
ct "oo'S" bosomono acit	liiori ariswereu Tes lo	(e) Method of valuation (book, FMV, appraisal, other)						Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	
03-0301106	npiete ii tire organiza	(d) Amount of non-cash assistance						on required in Part I,	
0 cotots betief	e <b>United States.</b> Con mal space is needed	(c) Amount of cash grant	35,192	5,500	2,162			provide the information	
AMERICAN LEGION POST 19	Grants and Otner Assistance to Individuals in the U Use Part IV and Schedule I-1 (Form 990) if additional	(b) Number of recipients	96	5	1			Complete this part to p	
CAN LE	<b>Ssistanc</b> hedule I-1	 8	_	- –		 	 	 mation.	- - 
	Use Part IV and Sci	(a) Type of grant or assistance	DONATIONS	SCHOLARSHIPS	GRANTS			Part IV Supplemental Infor	DAA

SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION POST 19

Employer identification number

03-0301106

Form 990, Part III, Line 4d - All Other Achievements

GRANTS AND ALLOCATIONS MADE TO LOCAL NONPROFIT GROUPS AND

WORTHY CAUSES, VOTED UPON BY MEMBERSHIP, SCHOLARSHIPS FOR

LOCAL HIGH SCHOOL STUDENTS FOR COLLEGE, ETC.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

,			Special Eve	ents Schedul	₽	I	2000
Form 99	90	For calendar year 2009, or	tax year beginning	07/01/09	, and ending	06/30/10	2009
Name		-					ntification Number
AMERIC	AN LEG	ION POST 19				03-0303	L106
Gross receipt		(A) 3,233	(B) 0	(C)	0	thers	Total 3,233
Less contri	_	0	0		0	0	
Gross revenu	-	3,233	0		0	0	3,233
Less direct	-	20,079 -16,846	0	<del></del> .	0	0 0	20,079 -16,846
Net income (I	1055)			<del></del>	<u> </u>		-10,040
Description	(A)	SPECIAL EVEN	TS				
	(B)			<del></del>			
	(C)						
	Others			····			
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Forms		•	
990	1	990-PF	

#### Other Notes and Loans Receivable

For calendar year 2009, or tax year beginning

07/01/09 , and ending

06/30/10

2009

Name

(7) (8) (9) (10)

Totals

Employer Identification Number

<b>AMERICAN</b>	LEGION I	POST 19				03-03	3-0301106					
		, Line 7 -	Additio	nal	Informatio	n						
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borrov	amount wed	Date of loan	Maturity date		Re	epayment terms		Interest rate				
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	Security pro	ovided by borrower			Purpose of loan							
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- C	onsideration fun	nished by lender			alance due at eginning of year	Balance due at end of year		Fair market value (990-PF only)				
(1)					50		50					
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(3)								,				
(4)												
(5)												
(6)							T					

50

50

Year Ended: June 30, 2010

03-0301106

#### AMERICAN LEGION POST 19 PO BOX 292 BRISTOL, VT 05443

# Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Name(s) shown on return

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Identifying number

► See separate instructions.

► Attach to your tax return

OMB No 1545-0172

03-0301106 AMERICAN LEGION POST 19 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 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 instr.) Part II 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 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 11,479 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 3,550 5.0 HY 200DB 710 b 5-year property 200DB 1,400 7.0 HY 200 7-year property d 10-year property 15-year property 20-year property f S/L g 25-year property 25 vrs 27 5 yrs h Residential rental S/L ММ property 27 5 vrs MM S/L 12/17/09 29,958 39 yrs MM S/L 416 Nonresidential real property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 vrs MM S/L C Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 12,805 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23