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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

Form 990 (2009)

Α		e 2009			r tax year begin			JUL 01,	<u> </u>				30, 20 ⊥()
\Box	Check if applicable Address		Please use IRS label or	6	ne of organizatio	n, number	and street, cit	y, town, state, a	nd ZIP code	D Em	-	dentification -081352		
П	Name ch	ange	print or		ERICAN L	EGION	POST 2	:52		E Tel	ephone r	number		
П	Initial retu	um	type See								317	7-881-1	.752	
П	Terminate	ed	Specific Instruc-		4 US 31	S				G Gro	ss	\$		
П	Amended	d return	tions	GR	EENWOOD	IN 46	142			_		group returi	<u> </u>	
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Par	t III Stateme	ent of Program Servic	e Accomplishments		
1		the organization's mission			
	VETERANS	ORGANIZATION			
•					
2	Did the organiza	ation undertake any significa	nt program services during the year which wer	re not listed on	
	the prior Form 9	990 or 990-EZ?			Yes 🛚 No
	If "Yes," describ	e these new services on Scl	nedule O		_
3	Did the organiza	ation cease conducting, or m	ake significant changes in how it conducts any	y program services?	Yes 🛛 No
		e these changes on Schedu			
4	Describe the ex	empt purpose achievements	for each of the organization's three largest pro	ogram services by expenses	
	Section 501(c)(3) and 501(c)(4) organization	ns and section 4947(a)(1) trusts are required to	o report the amount of grants and	
	allocations to of	hers, the total expenses, and	d revenue, if any, for each program service rep	oorted	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	•			,,	•
	FUNERAL	& MEMORIAL CE	REMONIES FOR VETERANS		
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4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
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	·	-	· · · · · · · · · · · · · · · · · · ·		
				 	
4d	Other program	services (Describe in Sched	lule O)		
	(Expenses \$			evenue \$)
4e		service expenses		-	/
<u> </u>					Form 990 (2009)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X_
2 `	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
,	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	٢		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		-	
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	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	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	*	^ · ×	1.57.4
	Schedule D, Part VI		2000 S	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	Ķ.	1,4	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	*	. 18 <u>8</u> 4 3.	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	,	,	, , ,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	,		- ' .!
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	K	· 3865	S 3
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	% (7	**	: m
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		~	;
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		,
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	, (, ;
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete	سيئين	· · · · ·	
	Schedule D, Parts XI, XII, and XIII	12		X
12A		14.39 T	*	ļ
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	, 1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		v
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	4.5		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ]
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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 employee's? If "Yes,"			
	complete Schedule J	23		_ x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? 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			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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,	Š	* *	t »
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ۇ. ئەدەسسە،
ŧ	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
(
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 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,			
	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			
	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		į	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2000)

The statements of the calendar year ending with or within the year covered by this return? 10 b In the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 10 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 10 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	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-0- if not applicable be Enter the number of Forms W.2 Grid encluded in line 1a Enter-0- if not applicable 1b 0 c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings on prize with gambling witnings (gambling) with refurn (see instructions) Statements, filed for the calendar year ending with or within the year covered by this return (see instructions) B. If all east one is reported on line 2a, did the organization file all required federal employment tax returns? b. If a less one is reported on line 2a, did the organization file all required federal employment tax returns? b. If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b. Jake A. 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a partly to a prohibited tax sheller transaction? If "Yes," to question Sa of 50, did the organization that it was or is a partly to a prohibited tax sheller transaction? If "Yes," to question Sa of 50, did the organization file form 8886-T. Dacdosure by Tax-Exempt Entity Regarding Prohibited Tax Sheller Transaction? See Does the organization analy gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? So Did the organization shall may rece				Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter -0-I final applicable	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this returns? 2b X Statements, flied for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return (see instructions) 3b Olf the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X Statements, flied or from 990-T for this year? If "No" provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," shall filled a Form 990-T for this year? If "No" provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5a If "Yes," shall filled a Form 990-T for this year? If "No" provide an explanation of the return of the foreign Country (such as a bank account, securities account, or other financial account)? 5b Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5a Did any time and party to a prohibited tax shelter transaction? 5b Did any time and party to a prohibited tax shelter transaction? 5c Did she organization and party to a prohibited tax shelter transaction? 5c Did she organization and party to a prohibited tax shelter transaction? 5c Did she organization and party to a prohibited tax shelter transaction? 5c Did the organization and party to a prohibited tax shelter trans		U.S. Information Returns. Enter -0- if not applicable 1a 6			
gaming (gambling) winnings to prize winners? 8 Enter the number of employees reported on Form Wi-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 It least one is reported on line 2a, did the organization file all required federal employment tax returns? 9 If Yes, "has the wind files 1 and 2a is greater than 250, you may be required to e-file this return (see enstructions) 10 If Yes, "has a filed a Form 990-T for this year? If "No" provide an explanation in Schedule O 11 If Yes," a file of 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)? 12 If Yes," enter the name of the foreign country with a set a bank account, securities account, or other financial accounts? 13 If Yes, a file and a file of 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)? 13 If Yes, a file and the organization of the organization of the file organization or the file organization o	þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	,		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more dump the year covered by this return? 1a a Tary 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)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction? 5a Was the organization aparty to a prohibited tax sheller transaction? 5b Us any taxible party notify the organization that was or is a party to a prohibited tax sheller transaction? 6c If "Yes," to question 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization anclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," indicate the number of Forms 8282 filed during the year? 6d If yes, indicate the number of Forms 8282 filed during the year? 6 If Yes, "indicate the number of F	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	·		
Statements, filed for the calendar year ending with or within the year covered by this return 2 3 32		gaming (gambling) winnings to prize winners?	1c	X	
bill fat least one is reported on line 2a, did the organization file all required federal employment tax returns? Noto, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "No." provide an explanation in Schedule O 3b. If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3b. If "Yes," shar the darged and 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)? 4a. X if "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. 5b. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c. If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," to question 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If "Yes," and the organization include with every solicitation an express statement that such contributions or grid with the organization include with every solicitation an express statement that such contributions or grid the organization include with every solicitatio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1140 6	***	. *
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required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9a Disection 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a B Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a B If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			7b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		12a		
			¦- = = = _J }		·
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AMERICAN LEGION POST 252 35-0813524 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1a 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 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of 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 Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 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 14 Does the organization have a written document retention and destruction policy? 14 15 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? a The organization's CEO, Executive Director, or top management official? Х 15a Other officers or key employees of the organization? 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? 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 safequard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► IN 18 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 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public

> Form **990** (2009)

organization ▶JOAN S SMITH

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

145 E METH FRANKLIN

IN 46131- 317-736-1583

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'scurrent key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	_		(C				(D)	(E)	(F)
Name and Title	Average hours per week		ि Institutional trustee	neck Officer	all Key employee		Former	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
TONY A KIRK										<u> </u>
COMMANDER	15	X		X				0	0	0
DONALD LAFONTA										
ADJUTANT	20	Х		X				0	0	0
ELIZABETH KERN										
FINANCE OFFICE	20	Х		X	L			0	0	0
LEROY MC DOWEL						İ			-	
VICE CMDR	10	Х		X				0	0	0
MIKE ROLL										
AT LARGE	20	Х						0	0	0
BARRY POISSON										
AT LARGE	5	Х						0	0	0
FRANK BROWN										
AT LARGE	5	Х						0	0	0
				l .						
							L			
						<u> </u>				
										-

Pa	art VII Section A. Officers, Directors,	Trustees,	Key E	mploy	ees,	and	l High	est	Compensated Emplo	oyees (continued)	
	(A)	(B)			(C	•			(D)	(E)	(F)
	Name and title	Average				all t	hat ap		1	Reportable	Estimated
		hours per	Individual trustee or director	inst	Officer	<u>@</u>	흜	Ş	compensation	compensation	amount of
		week	lirec	Institutional trustee	eq	Key employee	Highest compensated employee	Former	from	from related	other
		İ	or al	ona		흥	8 6		the organization	organizations (W-2/1099-MISC)	compensation from the
			rust	ā		ee	mg		(W-2/1099-MISC)	(VV-2/1099-WIGC)	organization
			e	stee			nsa		(** 271000 111100)		and related
							e e				organizations
_											
_								-			
		ļ <u>.</u>									
		-									
_											
_											<u></u>
		1									
_		-									
									1		
_											
<u>1b</u>	Total								0	0	0
2	Total number of individuals (including but i	not limited t	to thos	e liste	d ab	ove)) who i	rece	ived more than \$100	,000 in reportable of	ompensation
	from the organization ►										
3	Did the organization list anyformer officer,	director or	truste	e kev	emr	olove	e orl	hiah	est compensated		Yes No
•	employee on line 1a? If "Yes," complete Se					-	, o, i	g.,	est dompensated		. 3 X
4	For any individual listed on line 1a, is the s						and o	ther	compensation from		
	the organization and related organizations	greater tha	an \$15	0,000	? If "	Yes,	" com	plete	Schedule J for such	1	~)
		· · · · · ·					• • • •			••	4 X
	Did any person listed on line 1a receive or					-			-		
	services rendered to the organization? If " tion B. Independent Contractors	res," comp	iete Sc	neau	e J t	or s	ucn pe	erso	<u> </u>	••••	5 X
	Complete this table for your five highest co	mpensated	d inder	ende	nt co	ntra	ctors t	hat	received more than \$	100 000 of	
	compensation from the organization	,	uop				0.0.0		ioocivaa more tilam t	, , , , , , , , , , , , , , , , , , , ,	
	(A)								(B)		(C)
	Name and busines	s address							Description of s	ervices	Compensation
_			.								
_									 .		
_	·										
										-	
	Total number of independent contractors (\$100,000 in compensation from the organi		ut not l	imited	to t	hose	listed	abo	ove) who received me	ore than	***

US990\$\$8

Part	VIII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	149616.				;
Contribution and other	g	grants, and similar amounts not included above	9938.	159554.			
<u> </u>	h	Total. Add lines 1a-1f .		139334.			
eun			Business Code	1			
Š	2a _	····	_ 				
8	b _		•				
Ž			_				
Š	d _						
ran	e _	All other program and the control of	_				
Program Service Revenue	f	All other program service revenue Total. Add lines 2a-2f			<u> </u>		
<u>п</u>	9				*,	··	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divider	ids, interest, and	21.	21.		
		other similar amounts)	P	Z1.	21.	·	
	4	Income from investment of tax-exempt bond proc	eeds▶				
	5	Royalties					
		Gross Rents (i) Real 6974.	(II) Personal				\$>/
	6a	Gross Rents Less rental 69/4.					
	b	expenses Rental income or (loss) 6974.				,	•
	C	or (loss)		6974.			6974.
	d 70	Net rental income or (loss) Gross amount from		09/4.			6974.
	7a	sales of assets (i) Securities	(II) Other				,
		other than inventory . Less cost or other		-			
	b	basis and sales					
		expenses					
	C	Sain or (loss)	<u> </u>		* ******		
	d	· ' /					
ø.	8a	Gross income from fundraising events		•			
ž		of contributions reported on line 1c)		ł			! !
ě		See Part IV, line 18 . a					i !
ır.	b	Less direct expenses b		!			
Other Revenue	C	Net income or (loss) from fundraising	events •				
•	9a	Gross income from gaming	g CVCIIICS P	L			
		activities See Part IV, line 19 a	920649.				1
	ь	Less direct expenses b	821566.				
	c	Net income or (loss) from gaming ac		99083.			99083.
		Gross sales of inventory, less		33000.			
		returns and allowances . a	388083.				
	ь	Less cost of goods sold b	254133.				
	c	Net income or (loss) from sales of in		133950.	133950.	nem -	
		Miscellaneous Revenue	Business Code			_	
	11a	 -				-	
	b						
	С						
	d	All other revenue				-	
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue					
		See instructions		399582.	133971.		106057.

Part IX Statement of Functional Expenses

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

	All other organizations must complete c	olumn (A) but are not	required to complete	columns (B), (C) and (D)).
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	10323.	10323.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	8256.	8256.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		f		
	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				
;	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	142184.	142184.		
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
•	Other employee benefits				
10	Payroll taxes	13216.	13216.		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3084.		3084.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	436.	436.		
12	Advertising and promotion	4737.	4737.		
13	Office expenses	5336.	5336.		
14	Information technology				
15	Royalties				
16	Occupancy	42770.		42770.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	142541.	142541.		
22	Depreciation, depletion, and amortization				
23	Insurance	11012.		11012.	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	TAXES	31473.		31473.	
b	BAR ENTERTAINMENT	13590.	13590.		
c	LICENSES & PERMITS	13307.		13307.	
d					
0					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	442265.	340619.	101646.	
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				

Pai	rt X	Balance Sheet					
					(A)		(B)
	·				Beginning of year		End of year
	1	Cash - non-interest-bearing			15571.	1	15952.
٠	2	Savings and temporary cash investments .			33969.	2	10056.
	3	Pledges and grants receivable, net .		[3	
	4	Accounts receivable, net			<u> </u>	4	
	5	Receivables from current and former officers, dire	ectors,	trustees, key			
		employees, and highest compensated employees	s Com	plete Part II of Sch L	~	5	
	6	Receivables from other disqualified persons (as		· ;-	, , , , , , , , , , , , , , , , , , ,	/ /	er yezing ian egiptem minimalykeriminken gebijden menem der bereiting d
		4958(f)(1)) and persons described in section 495		!			
		Part II of Schedule L		`		6	
s	7	Notes and loans receivable, net				7	-
Assets	8	Inventories for sale or use			379.	8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other			<u></u>		
	100	basis Complete Part VI of Schedule D	10a	418847.		*	
	b		10a	317146.	118530.	10c	101701
		·	IUD	317140.	110550.	 	101/01
	11	Investments - publicly traded securities		• •		11	
	12	Investments - other securities See Part IV, line 1		•	-	12	
	13	Investments - program-related See Part IV, line	11		-	13	
	14	Intangible assets		• • • • •		14	
	15	Other assets See Part IV, line 11	_		1.60.4.40	15	107700
	16	Total assets Add lines 1 through 15 (must equal	line 34	})	168449.	16	127709
	17	Accounts payable and accrued expenses			4704.	17	3507.
	18	Grants payable				18	
	19	Deferred revenue			9883.	19	9883
	20	Tax-exempt bond liabilities		••		20	
S	21	Escrow or custodial account liability Complete Pa		F	A	21	
Liabillties	22	Payables to current and former officers, directors	, truste	es, key ;	`		4
iabi		employees, highest compensated employees, an	d dısqı	ualified		ı _l	
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties	28263.	24	19525.
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities Add lines 17 through 25			42850.	26	32915.
		Organizations that follow SFAS 117, check here	e 🕨	and		-	
s		complete lines 27 through 29, and lines 33 and	34.			,-	
ည	27	Unrestricted net assets				27	
aja aja	28	Temporarily restricted net assets			<u>.</u>	28	
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
Ĕ		Organizations that do not follow SFAS 117, che	ck her		* * * /		* *,
7		and complete lines 30 through 34.		J		13	
ts C	30	Capital stock or trust principal, or current funds			······································	30	
3 S0	31	Paid-in or capital surplus, or land, building, or equ	ulpmen	at fund		31	
Ë	32	Retained earnings, endowment, accumulated inc	•	L	125599.	32	94704.
ž	33	Total net assets or fund balances	JO, U	Julior ramad	125599.	33	94704.
	34	Total habilities and not posses/fixed balance		• • • • • • • • • • • • • • • • • • • •	168449.	34	127619.
	34	rotar natimites and her assers/fund balances			100449.	54	12/61

Form **990** (2009)

Par	TXI Financial Statements and Reporting			
			Yes	No
1	`Accounting method used to prepare the Form 990 🗵 Cash 📋 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			37.71.
•	Schedule O		**************************************	ر . د ست
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	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	l	l
	If the organization changed either its oversight process or selected process during the tax year, explain in			1
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were		404	
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		, į	Contract of the Contract of th
3a	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		X
þ	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	(200

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

2009

Open to Public Inspection

Name of the organization
AMERICAN LEGION POST 252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

(a) Donor advised funds (b) Funds and other accounts

	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 6					
		(a) Donor advis	ed funds	(b)	Funds a	nd other ac	counts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)		_				
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advi	sed fund	s		
	are the organization's property, subject to the organization's	exclusive legal control?	·	•		Yes	No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds may b	e used o	nly	_	_
	for charitable purposes and not for the benefit of the donor	or donor advisor or othe	r impermissible pi	rivate ber	nefit? .	Yes	No
Pa	Conservation Easements. Complete if the	e organization answered	Yes" to Form 9	90, Part I	V, line 7		
1	Purpose(s) of conservation easements held by the organization	ition (check all that appl	y)				•
	Preservation of land for public use (e.g., recreation or p	leasure)	Preservati	on of an l	historicall	y important l	and area
	Protection of natural habitat		Preservati	on of cert	ified histo	ric structure)
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contr	ibution in the form	n of a con	servation	easement o	on the
	last day of the tax year						
					Held a	at the End o	f the Year
а	Total number of conservation easements .			. 2a			
b	Total acreage restricted by conservation easements			2t			
С	Number of conservation easements on a certified historic st	ructure included in (a)		20	:		
d	Number of conservation easements included in (c) acquired	l after 8/17/06		20	ı		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, o	or terminated by th	ne organi	zation dur	ing	
	the taxable year ▶						
4	Number of states where property subject to conservation ea	sement is located 🕨					
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspe	ction, reporting of	f violation	ıs,	_	_
	and enforcement of the conservation easements it holds?		=			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conserv	ation easements o	during the	year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation	easements during	g the yea	r ▶ \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirem	ents of section 17	'0(h)(4)(B)(ı)	_	
	and section 170(h)(4)(B)(ii)?					Yes	∐ No
9	In Part XIV, describe how the organization reports conserva	tion easements in its re	venue and expens	se statem	ent, and	balance she	et, and
	include, if applicable, the text of the footnote to the organization	ition's financial stateme	nts that describes	the organ	nızatıon's	accounting	for
	conservation easements					_	
Pa	rt III Organizations Maintaining Collections		easures, or O	ther Sir	nilar As	sets.	
	Complete if the organization answered ``Yes" to Fo	rm 990, Part IV, line 8	 .				
1 a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenu	e statement and b	palance s	heet work	s of art, hist	torical
	treasures, or other similar assets held for public exhibition, of	education, or research in	furtherance of p	ublic serv	rice, provi	de, in Part X	(IV, the
	text of the footnote to its financial statements that describes	these items					
ı	o If the organization elected, as permitted under SFAS 116, to	report in its revenue st	atement and bala	nce shee	t works of	art, historic	al trea-
	sures, or other similar assets held for public exhibition, education	cation, or research in fur	therance of public	c service,	provide t	he following	amounts
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$	_	
	(ii) Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historical tr	easures, or other similar	assets for financ	ial gain, c	rovide th		
-					MOVICE III	e following a	amounts
•	required to be reported under SFAS 116 relating to these its	ems		J , _F	novide til	e following a	amounts
	required to be reported under SFAS 116 relating to these its Revenues included in Form 990, Part VIII, line 1				> \$	e following a	amounts

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

Schedule D (Form 990) 2009

	t III Organizations Maintaining	Collections of Art.	Historical Treasure	s. or Other Similar	Assets
. a	(continued)	001100110110017111,	motoriour ricusurs		A550W
3	Using the organization's acquisition, accession	and other records, chec	k any of the following tha	t are a significant use of	its collection items
-	(check all that apply)	,, a	and the following the	it are a eiginneam acc ei	NO COMPONION NOTICE
·a	Public exhibition		d Loan or exchang	e programs	
b	Scholarly research		e Other	je programo	
c	Preservation for future generations				
4	Provide a description of the organization's colle	actions and avalain how t	how further the erganizati	an'a avampt numasa in l	Dod VIV
-					
5	During the year, did the organization solicit or it			ier similar assets to be s	
Do	to raise funds rather than to be maintained as			· · · · ·	Yes No
P at	t IV Escrow and Custodial Arra	-	lete if organization answe	erea Yes" to Form 990,	Part IV, line 9,
	or reported an amount on Form 99				
1a	Is the organization an agent, trustee, custodiar	n or other intermediary for	contributions or other as	sets not included	п. п.
	on Form 990, Part X?				∐ Yes ∐ No
þ	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table	r	
					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	rm 990, Part X, line 21?			Yes 🛚 No
b	If "Yes," explain the arrangement in Part XIV				
Pa	rt V Endowment Funds. Com	plete if organization answe	ered ``Yes" to Form 990,	Part IV, line 10	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year				•
	balance		, , , , , , , , , , , , , , , , , , ,	,*	· · · · · · · · · · · · · · · · · · ·
b	Contributions		/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Net investment earn-		ı		
•	ings, gains, and losses		ı	•	
ч	Grants or scholarships		1	* 3	
	Other expenditures		7		
•	for facilities and			ž ·	
)	у .	
	programs .			V . 3.4	
T	Administrative		(* ·	, , , 3s, °°	
	expenses			· · · ·	*
9	End of year balance .		·		······································
2	Provide the estimated percentage of the year				
	Board designated or quasi-endowment	<u>0.00</u> %			
b	Permanent endowment ► 0.00 %				
C	Term endowment ▶ 0.00 %				
3a	Are there endowment funds not in the possess	sion of the organization the	at are held and administe	ered for the organization	by Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sche	edule R?		3b
4	Describe in Part XIV the intended uses of the	organization's endowment	t funds		
Pai	rt VI Investments - Land, Buildi	ings, and Equipmen	t. See Form 990, f	Part X, line 10	
	Description of investment	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	·	basis (investment)	basis (other)	Depreciation	
1a	Land	40,970.	,		40,970.
	Buildings	17,000.		17,000.	
	Leasehold improvements	242,548.		202,628.	39,920.
	Equipment	118,849.		97,518.	21,331.
	Other			1 7 7 2 3 .	
	. Add lines 1a through 1e (Column (d) should e	oual Form 900 Part Y or	lumn (R) line 10(c) \	_	102,221.
1 Uldi	. Mad intes to unrough te (Column (d) should b	equal i onn 930, Fait A, W	manni (D), mic TO(O) J	<u> </u>	104,241.

_	·			Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	1	1 -	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	+	399,582.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	+	442,265. (42,683.)
3 4	Excess or (deficit) for the year Subtract line 2 from line 1	3	+	(42,003.)
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		(42,683.)
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p			
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	, v	
a	Net unrealized gains on investments 2a			
b	Donated services and use of facilities		7 1	
С	Recoveries of prior year grants		[:]	
d	Other (Describe in Part XIV)		131	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)		5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	pei	Ret	urn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		缕	
а	Donated services and use of facilities		1 mg/2	
b	Prior year adjustments 2b		2	
С	Other losses			
d	Other (Describe in Part XIV) 2d		\$ \$25.	
0	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 linet			
а	Investment expenses not included on Form 990, Part VIII, line 7b]-',-'	
b	Other (Describe in Part XIV)		<u>~</u>	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	s 1b	and 2	o, Part V, line 4,
Part	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide	any	addıtı	onal information
				<u>. – </u>
	<u> </u>			
_				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No 1545-0047 2009

Open to Public

Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

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.

35-0813524 AMERICAN LEGION POST 252 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations c Phone solicitations Special fundraising events d 📗 In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name of individual (ii) Activity (iii) Did fund-(iv) Gross receipts (V) Amount paid to (or (vi) Amount paid to raiser have retained by) fundraiser or entity (fundraiser) from activity (or retained by) custody or listed in cof (i) organization control of contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

			(a)	Event #1	(b) Ever	nt #2	(c) Other Eve	ents	(d) Tota (add col (a		
_		ļ	(ev	ent type)	(event ty	/pe)	(total numb	er)	col	(c)	
Revenue											
Seve	1 2	Gross receipts . Less Charitable			-	_	<u></u> -				
		contributions									
	3	Gross income (line 1				<u></u>					
		minus line 2) .									
						-					
	4	Cash prizes									
	E	Noncook asses									
ses	5	Noncash prizes									
pen	6	Rent/facility costs	ent/facility costs								
χĒ		ŕ									
Direct Expenses	7	Food and beverages									
_		Fatadamant									
	8	Entertainment						-			
	9	Other direct expenses									
	10	Direct expense summary	Add lines 4	through 9 in colu	mn (d)			▶ [·	
	11	Net income summary Co					· · · _ · · · · · · · · · · · · · · · ·	•			
Pa	rt III		te if the org	anization answere	d 'Yes" to Form 9	990, Part IV, II	ne 19, or reported r	nore than s	\$15,000 on F	orm 99	90-EZ
		line 6a			(b) Pull tab	-144	(1) Other		4-D T-4-1		·
Revenue			(a) Bingo	bingo/progres		(c) Other gar	ning	(d) Total ga		
eve			Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan			-		-g ••	(0)		
nz	1	Gross revenue		57,908.	862,	,741.			920	,64	9.
		01		74 110	710	C 1 C			700		_
ses	2 Cash prizes		/10,	,515.		-	192	62	<u></u>		
pen	3	Noncash prizes									
Ë		,									
Direct Expenses	4	Rent/facility costs									
	_	_									_
	5	Other direct expenses	W v	100 0%		,941.	114 (2 0 40	28	, 94	1.
	6	Volunteer labor	X Yes No	100.0%	X Yes :	100.0%	Yes (0.0 %	ж.		1
	7	Direct expense summary		2 through 5 in colu				•	821	, 56	6.
	8 Net gaming income summary Combine line 1, column d, and line 7									,08	
						<u>-</u>	<u> </u>			Yes	No
9		ter the state(s) in which the	_								ئبنيم
a Is the organization licensed to operate gaming activities in each of these states?									X_	l	
'	y 11	тчо, шхртант							,		i
	-										; ;
10;	a We	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						10a		X	
ı	b If "	Yes," Explain							1	-1	
									,		
44	_	4b								·	أجيرا
11 12		es the organization operate he organization a grantor,				a nartnershin	or other entity forms	 ed to	11	1	X
••		nie organization a grantor, minister charitable gaming				- paraicisiiip			12	1	X
		<u> </u>									

Sche	dule G (Form 990 or 990-EZ) 2009 AMERICAN LEGION POST 252 35-081	<u> 3524</u>	<u>1</u> F	Page 3
			Yes	No
	Indicate the percentage of gaming activity operated in	!		
	The organization's facility		•	
	An outside facility	<u>6</u> ,		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		٠	İ
	Name ▶	1		
	Address >	1		liberal a productive
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \$\Bigs\\$	l		
	If "Yes," enter name and address of the third party	i		i
			,	-
	Name ▶	í		1
	Address►	,		
	Address ▶	*	, .	
16	Gaming manager information	}~ !	*	/
		100 Jan X	XX	
	Name▶ THOMAS TUBBS	33075.8	7, 2,	-
	Gaming manager compensation ▶ \$		Æ	
	Gaining manager compensation > \$. For	j
	Description of services provided ► OVEERSIGHT	1,7	24	4
	☑ Director/officer	8/	¥.	- 18
	Explosee	1, ,	Ž.	~ } !
17	Mandatory distributions	, ,	13	*
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state	,	•	1
-	gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	1		
_	organization's own exempt activities during the tax year >\$		· ;	.4

Schedule G (Form 990 or 990-EZ) 2009

ŝ OMB No 1545-0047 (h) Purpose of grant Open to Public Inspection **Employer Identification number** or assistance . 2009 Yes 35-0813524 X Complete if the organization answered "Yes" to non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria 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 (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Grants and Other Assistance to Governments and Organizations in the United States. assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed ıf applıcable General Information on Grants and Assistance (c) IRC section (p) EIN AMERICAN LEGION POST 252 used to award the grants or assistance? organization or government 1 (a) Name and address of Vame of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part II

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

US9901\$1

Schedule I (Form 990) 2009

A:

:

:

:

(f) Description of non-cash assistance Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of assistance non-cash (c) Amount of cash grant orm 990) 2009 AMERICAN LEGION POST 252

Grants and Other Assistance to Individuals in the United States. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III

Page 2

35-0813524

Schedule I (Form 990) 2009

Form **4562**

Depreciation and Amortization

OMB No 1545-0172

2009

	rtment of the Treasury al Revenue Service (99)		eparate instructions.		• • •		Attachment Sequence No 67
	ne(s) shown on return	, 000 3		<u> </u>			Identifying number
•	Name(s) shown on return AMERICAN LEGION POST 252 Business or activity to which this form relates LEGION POST						35-0813524
Pa	33 0013321						
			 Under Section 179 complete Part V before 	vou complete Par	+ 1		
1	Maximum amount See the in			·	• •	1	·
	Total cost of section 179 prop	•			••••	2	
	Threshold cost of section 179		•	instructions)		3	
	Reduction in limitation Subtra					4	
5	Dollar limitation for tax year	Subtract line 4 from	line 1 If zero or less, e	enter -0- If marrie	d		
	filing separately, see instruction	ons				5	
6	(a) Description of p	roperty	(b) Cost (but	siness use only)	(c) Elec	ted cost	
] ` `;
			_				
7	Listed property Enter the am	ount from line 29		[_	7		, ,
8	Total elected cost of section 1	79 property Add a	mounts in column (c), li	nes 6 and 7 .		. 8	
	Tentative deduction Enter th				•	9	
	Carryover of disallowed deduc		•		•	10	
	Business income limitation E				ine 5 (see instri	uctions) 11	
	Section 179 expense deduction		•		·· · · · ·	. 12	
	Carryover of disallowed deduc				13		<u>.</u> * -
$\overline{}$	e: Do not use Part II or Part II		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		-		
			Other Depreciation (Do			instructions)	1
	Special depreciation allowand		erty (otner than listed pr	roperty) placed in	service		
	during the tax year (see instru Property subject to section 16	•	•••••	••••		14	
	Other depreciation (including			• •		15	
$\overline{}$			isted property) (See ins	structions \	• •	16	<u>l</u>
	in orto poprociati	on (Do not morade i	Section				
17	MACRS deductions for assets	s placed in service ii		-		17	
	If you are electing to group an					ļ 	Improved a recompanion of the second order
	into one or more general asse	-	•			▶ □	
	Section B-A	ssets Placed in Se	rvice During 2009 Tax	Year Using the G	eneral Deprec	iation System	, , , , , , , , , , , , , , , , , , ,
	a) Classification of property	(b) Month and	(c) Basis for depr	(d) Recovery	(e)		(g) Depreciation
	a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	Convention	(f) Method	deduction
19a	3-year property	.,48					
b	5-year property						
c	7-year property						
d	10-year property						
e							
f	20-year property						
9		1	<u>-</u>	25 yrs		S/L	
h	Residential rental	-		27 5 yrs	MM	S/L	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property	1 21			MM	S/L	
		sets Placed in Serv	ice During 2009 Tax Y	ear Using the Alt	ernative Depre		m I
20a	Class life		 .	 		S/L	
<u>_b</u>				12 yrs	1416	S/L	
C Da		ructions)		40 yrs	MM	S/L	<u> </u>
21	Listed property Enter amou			••••		-	
22	Total. Add amounts from li			in column (a) and	 d line 21	. 21	
	Enter here and on the appro					ns 22	

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