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Form **990**

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)

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Fo	r the 20	09 calen	dar year,	or tax year be	ginning	7/01	, 20	009, and endir	ng 6	/30		, 2010	
В	Che	ck if applic	cable:		С						D Emplo	yer ideni	tification Number	-
		Address	change	Please use IRS label	AMERICAN			AS DEPARTM	IENT		48-	0119	816	
		Name cha	ange	or print or type.	1314 TOP						E Teleph	one num	ber	
	\vdash	Initial reti		See specific	TOPEKA,	KS 6661	2				785	-232	-9315	
	\vdash	Terminati		[Instruc-									3310	
	\vdash	₹		tions.									. 116	6,160.
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	╚	Application	n pending		and address of prin	•					is a group retu all affiliates inc		— ⊨'`	=
_		_			As C Abov			7			o,' attach a list		structions) Ye	s No
<u> </u>					(c) (19)◀ (insert r	10.)	4947(a)(1) or	527					
<u>J</u>			► N/	_		$\overline{}$			-		p exemption n			_
K				X Corpora	ation Trust	Associati	on Othe	er ►	L Year of Forma	tion: 19	19 M	State of I	legal domicile K	<u>.s</u>
Р			Summa						100700					
	1 '	I Briefl	y descrit	be the org	janization's m	ission or m	ost signific	ant activities:	<u> ASSIST_V</u>	ETERE	<u>NS</u> .			
6	3													. _
בפר										. 				. _
Activities & Governance											OF0/ -f -t-			
Ô								operations or d I, line 1a)					i.	23
9								body (Part VI, I				3 4		23
ţ	5											5		(
Ę.	6											6		
¥	7							umn (C), line 1:				7 a	1.	3,500.
								line 34				7b		1,399.
									-		Prior Year		Current '	
	8	R Contr	ibutions	and oran	ts (Part VIII I	ine 1h)					276,6			5,831.
ğ	9										733,9			5,621.
Revenue	10							7d)			89,9			7,066.
æ	111							Oc, and 11e)			-180,6			7,642.
	12							/III, column (A)		·	919,9			5,160.
	13	Grant	s and su	milg Zelio	ounts paid the	rt IX. colum	n (A). line	es 1-3)	,	1	,-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	14							4)				i		
	15										552,2	na	388	3,338.
Expenses	15	a Profe		JAN	a foos (Bart I)	v column (Δ\ Jupo 11	column (A), line)	103 0 10,		332,2			<i>,,</i> 550.
	۱, ۱,								•••••	CASTE S		Sec. 6036 2	ENGLIS & WELKER	# 3 12 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E C	1				ises (Part IX-					11,56,000			A CONTRACTOR OF THE PARTY OF TH	
Ž	17				X, column (A)						484,9			2,413.
Ī	18		-		-	=		mn (A), line 25)			1,037,1			751.
J	19	Rever	nue less	expenses	s. Subtract line	e 18 from li	ne 12 .	<u> </u>		<u> </u>	-117,2	62.	-54	<u>1,591.</u>
- 88										Begi	inning of Y	ear	End of Y	'ear
2	20	Total	assets (I	Part X, lır	ne 16)						1,844,3		1,860	0,137.
	21	Total	liabilities	(Part X,	line 26)						113,0	34.	101	1,427.
× ż	22	Net a	ssets or	fund bala	inces. Subtrac	t line 21 frc	m line 20				1,731,3	32.	1,758	3,710.
s P	art l	135 S	ignatu	re Bloc	k					-				
		Unde	er penalties	of perjury, I	declare that I have	e examined this	return, inclu	ding accompanying s ased on all informati	chedules and state	ements, an	d to the best o	f my kno	wledge and belief	, it is
9,		true,	correct, an	od complete.	Declaration of pre	parer (other tha	in officer) is b	ased on all informati	on of which prepa	rer has any	knowledge	•		
Si	gn	►		La/11	'/~//]	12/2	7/20	210	
He	ere		Signature o	of office.						D	ate	7		
			\sum_{F}	EFFE	Y E ROA	in, F	INANC.	E OFFIC	ER					
		1	Type or prir	nt name and			110.7.0			<u>~</u>				
								-	Date		Check if	Pre	eparer's identifying e instructions)	number
Pa	iid	Bron		(200 /	\mathcal{A}					elf- employed	\Box	e manactions,	
Pr	e-	signa	arer's ature	▶ ⋌	Han (17.2	essu.	_	12-7-10	1		□ и/	/A	
	rer'	S Firm	's name (or	Grof	f & Berr	y, CPA'	s, Inc.		1					
Us	-	vours	s if self- loyed),		S.W. Jac		te 402		• .		in ► N	/A		
Or	ıly	addr ZIP	ess. and		ka, KS 6						Phone no.	(785) 233-69	52
. <u>M</u>	v tha						hove? (so	e instructions).			none no.	(103	X Yes	No
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	m 990 (2009) AMERICAN LEGION, KANSAS DEPARTMENT	48-0119816	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	ASSIST VETERENS		
	Did the organization undertake any significant program services during the year which were not listed on	the prior	-
~	Form 990 or 990-EZ?	. Yes X	No
	If 'Yes,' describe these new services on Schedule O.	. Li les K] 140
9			l N.
3	5. 5	vices? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	s by expenses. Section 501(c	c)(3) otal
	expenses, and revenue, if any, for each program service reported.	d allocations to others, the to	Jiai
	G-SAN-SAN-SAN-SAN-SAN-SAN-SAN-SAN-SAN-SAN		
4 8	a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDE SERVICES TO VETERANS, FAMILIES & YOUTH THROUGH NUMEROUS	<u> LEGION PROGRAMS </u>	
			-
4 b	o (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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		<b></b>	
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		·	
4.	(Code:) (Expenses \$	Pavanua ¢	,
70	TOOGO. BEATHWARE / (Expenses y including grafts of y) (F	revenue 4	,
		<del></del>	
			- <b>-</b> -
		·	
		·	
			<b></b> _
Δd	Other program services. (Describe in Schedule O.)		
		`	
<u>4e</u>	Total program service expenses ► 0.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X 2 Х 3 Х 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 Х 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... Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Х 73 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—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X........ Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 7. Y 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . . 13 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, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I .... 14b X 15 X 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. 17 Х 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 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . . 19 Х 20 Х

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Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			1
21	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	ļ <del>-</del> —	X
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 employees? If 'Yes,' complete			
	Schedule J	23	$\vdash$	X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
i	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		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		新語	AND THE PARTY OF T
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
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		Х
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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O.	38		Х

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Part V Statements Regarding Other IRS Filings and Tax Compliance

u.	CT 2823 Otal Cilicino Regarding Other INO Things and Tax Compilation		_	
		. *- 05.	Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
	Information Returns. Enter -0- if not applicable	1	13.25	Pr.
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-73	18.5
28	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			
21	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		SEE .	1.24
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Х	
4 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)?	4a		x
ь	olf 'Yes,' enter the name of the foreign country. ►	15.00	海流	100 m
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
Ĭ	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	6ь	_	
7	Organizations that may receive deductible contributions under section 170(c).	922	加性	
			1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Sec a Contract	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		х
-	Form 8282?	<b>沙</b>		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	4.250.4	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Ţ	Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		壁	
_	holdings at any time during the year?	8 25.52.52	5356 5211	.ક્લ જ
	Sponsoring organizations maintaining donor advised funds.		i dela	位命与
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b	£7-74	
	Section 501(c)(7) organizations. Enter:			超速
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross Receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b			2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
			淵紅	福
	Section 501(c)(12) organizations. Enter:		<b>建</b>	T.A
	Gross income from other members or shareholders		<b>基</b> 图	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .   12b	会会	पहिल्हें है	W-

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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.

Se	ction A.	Governing Body and Management				
					Yes	No
1	a Enter the	number of voting members of the governing body	1a	_23 控制	1	
	<b>b</b> Enter the	number of voting members that are independent	1 b	23		3.
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?					
3	Did the c	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other pers	under the direct supervis	ion 3		х
4		rganization make any significant changes to its organizational documents		4		Х
		prior Form 990 was filed?			ĺ	
5		rganization become aware during the year of a material diversion of the organizatio	n's assets?			X
6	Does the	organization have members or stockholders? See .Schedule . 0		6	X	
7	a Does the	organization have members, stockholders, or other persons who may elect one or a body?	more members of the	. 7a		X
	<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	. 7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions underling:	ertaken during the year b	у		
		rning body?		<u>8a</u>	X	
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?		8ь		Х
9	Is there a organizat	iny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		Х
Se	ction B.	Policies (This Section B requests information about policies not in	required by the Inter	rnal		
Rev	renue Code	)				
					Yes	No
		organization have local chapters, branches, or affiliates?		. 10a	Х	<u> </u>
	b If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliate	s, <u>10b</u>	Х	
		organization provided a copy of this Form 990 to all members of its governing body		11		X
		in Schedule O the process, if any, used by the organization to review this Form 990				
		organization have a written conflict of interest policy? If 'No,' go to line 13		. 12a		X
	<b>b</b> Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12ь		
	<b>c</b> Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done	licy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independenticision?			
	a The organ	nization's CEO, Executive Director, or top management official. See . Schedule	0	[15a	X	
	<b>b</b> Other offi	cers of key employees of the organization See .Schedule .O		. 15b	Х	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)			輕	(3) AF 1
16		ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?		ble 16a	ndie	X X
		as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard high respect to such arrangements?	•	'		7.7
Se		Disclosures				
17	List the s	ates with which a copy of this Form 990 is required to be filed None				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only	y) avaılabl	e for p	public
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documes available to the public.	nents, conflict of interest	policy, ar	d fina	ancial
20		name, physical address, and telephone number of the person who possesses the b SOND 1314 TOPEKA AVENUE, TOPEKA, KS. 66612 785-232		organizatı — — — —	on:	

# 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee. (B) (c) (D) (E) (F) Average hours Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable Estimated Name and Title compensation from the organization (W-2/1099-MISC) amount of other compensation from the ey Forme per week Individual Institutional Highest compensated employee organization and related organizations trustee l trustee CHARLES M. YUNKER DEPT. ADJUTANT 0 0 0 0. JEFF BOND FINANCE OFFICER 0 0 0 ٥. SEE ATTACHED LIST 0 0. 0 Ο.

Part VII. Section A. Officers, Directors, Trus	tees, k	<b>Сеу</b>	En	ıplo	oye	es,	an	d Highest Cor	npensated Er	mployees (cont.)
· (A)	(B)	B) (c) erage Position (check all that a						(D)	(E)	(F)
Name and Title			_		_		1	compensation from	Reportable compensation fror	Estimated m amount of other
	per week	or dire	Institutional trustee	Officer	Key e	Highest compensa employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	ns compensation from the
	ļ	dual ector	, Con	<u>"</u>	employee	st co	"			organization and related organizations
		to st	1 12	1	yee	mpe	ĺ			Organizations
		8	stee		1	nsated				
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			ļ							
1 b Total				1			▶	0.		0.
2 Total number of individuals (including but not limited	to the	e lis	sted	abo	···	who				
from the organization > 0	2 (0 11101				,,,	****			<b>4</b> ,00,000 (op.	ortable compensation
								<del></del>		Yes No
3 Did the organization list any former officer, director	or truste	ee. k	cev (	emp	loye	ee, c	or hi	ghest compensate	ed employee	Marie Tomas
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the	oortable an \$15	con 0.00	nper 0? <i>I</i>	nsat <i>f 'Ye</i>	ion es' d	and com	oth <i>plet</i>	er compensation i e Schedule J for s	trom such	
ındıvidual		٠.								4 X
5 Did any person listed on line 1a receive or accrue co	ompens	ațior	n fro	m a	ny i	unre				5 X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	leaule J	tor .	SUCI	т ре	rsoi	7		· · · · · ·		5   X
1 Complete this table for your five highest compensate	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization							_			
(A)								(B) Description o		<b>(C)</b> Compensation
Name and business address	•							Description o	1 Services	Compensation
										<del></del>
								 		<del></del>
		l		- 11		L - 1		harra vita	ad manages Alessa and	attitude of a state of the section of
2 Total number of independent contractors (including l \$100,000 in compensation from the organization ►		umit	ea t	o th	ose	IIST	eu a	wno receive	eu more than	行型。通知這
production in compensation from the organization	J									a transport to the second of the second

Pa	t VIII   Statement of Revenue	AND THE RESERVE OF THE PARTY OF	<del></del>	·	<del>,</del>	<del></del>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
RANTS	1 a Federated campaigns     1 a       b Membership dues     1 b	<del> </del>				
AR AMC	c Fundraising events	<del>†                                      </del>				
NS, G	e Government grants (contributions) 1 e	244,831.		門的重視的		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,000.				
E ON	g Noncash contribns included in lns 1a-1f:					
	h Total. Add lines 1a-1f	Business Code	245,831.	Property of the control of the contr	<b>三、</b>	在一个人。 1000年1月1日 - 1000年1月1日 - 1000年1月 - 1000年11日 - 1000年11
PROGRAM SERVICE REVENUE	2a Membership Dues & Assessments		515,972.	515,972.	Particular describing at	Historica Control of the Control of
REVI	b OTHER PROGRAMS		132,355.	<del></del>		
/ICE	c LIT COMMISSIONS		73,794.	73,794.		
SER	d CONVENTION PROGRAM		13,500.		13,500.	
AM S	e					
OGR	f All other program service revenue			[ A. 2 (12) 15 3 4 6 m of m	Ser bears at Standard &	
	g Total. Add lines 2a-2f	<u> </u>	735,621.	· 直接學學學學問題	<b>等多的代表的图像</b>	<b>对一种和公司的</b>
	3 Investment income (including divident other similar amounts).		33,606.	33,606.		
	4 Income from investment of tax-exemp	t bond proceeds				
	5 Royalties(i) Real	(ii) Personal		11日報の197年 daysを対抗で	Electrication products	Property and and a
	6a Gross Rents	(ii) i cisonar				
	b Less: rental expenses.	-	是这些实验证			
	c Rental income or (loss)					
	d Net rental income or (loss)	<u>, , , , , , </u>				
ļ	7 a Gross amount from sales of (i) Securities	(II) Other	域的原理			
	assets other than inventory . 53, 460	0.		<b>南经验</b>		
	b Less: cost or other basis and sales expenses					
Ì	c Gain or (loss) 53,460					
	<b>d</b> Net gain or (loss)	. <u>.                                    </u>	53,460.	53,460.	せることがおかっていたもの。 ウス	ويما الرائد الرائد الرائد الأوراد المائد الم
NUE	8a Gross income from fundraising events (not including \$					
<u> </u>	of contributions reported on line 1c).					
OTHER REVEN	See Part IV, line 18	a	位達加速江			
9 H	b Less direct expenses	ovents ►				The second second
	c Net income or (loss) from fundraising  9a Gross income from gaming activities. See Part IV, line 19	events				
	<b>b</b> Less: direct expenses	в b	<b>公司的主张等</b>	<b>到《清美》</b>		
	c Net income or (loss) from gaming acti		Attacher Ends of Titles	The state of the s		A LANGE TO STATE OF THE STATE O
	10a Gross sales of inventory, less returns and allowances	a				
- 1	<b>b</b> Less cost of goods sold	ь				
	c Net income or (loss) from sales of inv			والمراكية فيتراكب والمتحدد والمجادوات	green have the Committee Special Section of the Sec	ىرىغۇرىي ئالىكىكى ئەنىلىدى ھىلىنىدىنى مىلىنىدىنىدىنى
Ţ	Miscellaneous Revenue	Business Code	MARINE AND F	<b>图图图 100</b>		
	11a MISCELLANEOUS		97,642.	97,642.		
	b UNREALIZED LOSS- INVEST					·
	C					
ł	d All other revenue	▶	97 642		William Company	
	12 Total revenue. See instructions	<b>•</b>	1,166,160.	906,829.	13,500.	0.
	- Otal Teveride, Occ Instituctions	<u>.</u>	<u> </u>	200,022.	10,000.	

Page 10

Part IX

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 con	1	(B)	(c)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and	Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
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			<b>国际公司公司</b>	是可能是過程時期
5	Compensation of current officers, directors, trustees, and key employees	105,168.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	180,593.		180,593.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,784.		37,784.	
9	Other employee benefits	F2 420		53,430.	
10	Payroll taxes	11,363.		11,363.	
11	Fees for services (non-employees)				
;	Management				
	b Legal				
	c Accounting	6,600.		6,600.	
	d Lobbying			design of the Late is to contribute	
	e Prof fundraising svcs. See Part IV, In 17		是是是是	はははいいない。	
	Investment management fees				
	g Other				
	Advertising and promotion			E0 007	
13	Office expenses	50,897.		50,897.	
14	Information technology			•	<del></del>
15 16	Royalties	28,928.		28,928.	
17	Travel			32,431.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,780.		19,780.	
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not	The state of the section of the	Printer and inches	l'este Englis Pagadakti viinak at s	Practice Committee Committ
2-7	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	COMMITTEE EXPENSE	207,039.		207,039.	
Ł	LIFE TRANSFER	121,692.		121,692.	
c	Printing and Publications	102,515.		102,515.	
	OTHER	96,019.		96,019.	
e	PRINTING	89,195.		89,195.	
	All other expenses	77,317.		77,317.	<del></del>
$\overline{}$	Total functional expenses. Add lines 1 through 24f	1,220,751.	0.	1,115,583.	<u> </u>
	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				Form <b>990</b> (2009)
BAA					FORD <b>330</b> (7009)

		•		(A) Beginning of year		(B) End of year
7	1	Cash - non-interest-bearing		119,813.	1	128,784
ı	2	Savings and temporary cash investments		115,015.	2	55,501
	3	Pledges and grants receivable, net			3	33,301
	_	Accounts receivable, net		51,635.	4	41,818
	4			31,033.	<del>                                     </del>	41,010
	5	Receivables from current and former officers, directors, trustees, key employ and highest compensated employees. Complete Part II of Schedule L	, ees,		5	
	6	Receivables from other disqualified persons (as defined under section 4958(		空企		
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedul	еL.		6	<u> </u>
466	7	Notes and loans receivable, net			7	
<u> </u>	8	Inventories for sale or use			8	
[	9	Prepaid expenses and deferred charges		45,253.	9	38,701
-	10 a	Land, buildings, and equipment cost or other basis.   10a   321, 6	667.	阿弗洛马黎的武士		<b>上海企业的</b>
-		Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		321,667.	10 c	321,667
	11	Investments — publicly-traded securities		1,300,146.	11	1,269,445
1	12	Investments – other securities. See Part IV, line 11			12	
-	13	Investments - program-related. See Part IV, line 11			13	
-	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11		5,852.	15	4,221
İ	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,844,366.	16	1,860,137
┪	17	Accounts payable and accrued expenses		87,429.	17	79,361
1	18	Grants payable			18	
	19	Deferred revenue		25,605.	19	22,066
-	20	Tax-exempt bond liabilities		•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II				
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
1	24	Unsecured notes and loans payable to unrelated third parties	.		24	
	25	Other liabilities. Complete Part X of Schedule D	.		25	
	26	Total liabilities. Add lines 17 through 25		113,034.	26	101,427
		Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34.	•			
	27	Unrestricted net assets		1,255,245.	27	1,308,214
	28	Temporarily restricted net assets		174,415.	28	136,662
- 1		Permanently restricted net assets		301,672.	29	313,834
1		Organizations that do not follow SFAS 117, check here ► and comple	<b>产品的国家出口的</b>			
- 1		lines 30 through 34.		學是是		
	30	Capital stock or trust principal, or current funds	,		30	
- 1	31	Paid-in or capital surplus, or land, building, and equipment fund	.		31	
١,	32	Retained earnings, endowment, accumulated income, or other funds	. [		32	
		Total net assets or fund balances	r	1,731,332.	33	1,758,710.
		Total liabilities and net assets/fund balances	- 1	1,844,366.	34	1,860,137

Part-XI®   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch. O		瓣	1942
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<b>E</b>	
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		1	
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		Х
<b>b</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.	3 b		
	_		

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Form 990 (2009)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LECTON KANSAS DEPARTMENT

Employer Identification number

M	EKICAN LEGION, KANSAS DELAKIME	N I	48-0119816
Pa	rt 📳 Organizations Maintaining Donor	Advised Funds or Other Similar Fun	<del></del>
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	.as s. 7.000ame complete ii
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<b>(.,</b>	
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 don funds are the organization's property, subject to	to the organization's exclusive legal control?	Yes No
	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for fit??	any other Yes No
Pai	tilix Conservation Easements Comple	te if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation of	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in	
			Held at the End of the Year
	Total number of conservation easements		
	Total acreage restricted by conservation easen		P
	: Number of conservation easements on a certifi		
	Number of conservation easements included in	• • •	<u> </u>
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termina	ted by the organization during the tax
	year ►		
4	Number of states where property subject to cor	nservation easement is located >	_
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hai	ndling of violations,
6			
•	Staff and volunteer hours devoted to monitoring during the year >	g, inspecting, and emorcing conservation ease	ements
7	Amount of expenses incurred in monitoring, insduring the year ▶	specting, and enforcing conservation easemen	ts \$
8	Does each conservation easement reported on	line 2(d) above satisfy the requirements of se	ction
	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.		
Pär	Complete if the organization answ	tions of Art, Historical Treasures, or vered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement	c exhibition, education, or research in furthera	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
ь	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	c exhibition, education, or research in furthera	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, I	ine 1	
	<ul><li>(i) Revenues included in Form 990, Part VIII, I</li><li>(ii) Assets included in Form 990, Part X</li></ul>	.,	•\$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for	or financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	<del>-</del>	
	Assats included in Form 990. Part Y		- c

Schedule <b>D</b> (Form 990) 2009 AMER	CAN LEG	ION, KANSAS DEF	PARTMENT	48-01:	19816 Page 2				
Part III Organizations Mainta	ning Coll	ections of Art, Hist	orical Treasures, c	r Other Similar As	sets (continued)				
3 Using the organization's acquisiti items (check all that apply):	on accession	n and other records, ch	eck any of the following	that are a significant u	se of its collection				
a Public exhibition		<b>d</b> Loan	or exchange programs						
<b>b</b> Scholarly research		e Othe	r						
c Preservation for future gener	ations								
4 Provide a description of the organ Part XIV.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be maintained as part	of the organization's co	ollection?	Yes No				
Part: V Escrow and Custodia 9, or reported an amount	i <b>Arranger</b> unt on For	<b>ments</b> Complete if m 990, Part X, line	organization answe 21.	red 'Yes' to Form 9	990, Part IV, line				
•				her assets not	Yes No				
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV	and complete the follov	ving table:						
					Amount				
c Beginning balance	• • • • •			1c					
<b>d</b> Additions during the year				1 d					
e Distributions during the year				1e	··········				
f Ending balance				. [ 1f]					
2a Did the organization include an a			<i>'</i>		∐ Yes				
b If 'Yes,' explain the arrangement			and IVani to Form Of	00 Dart IV Ivaa 10					
Part V: Endowment Funds Cor				<del></del>	<del></del>				
1 - D	(a) Curren	t year (b) Prior yea	ar (c) Two years bac	k (d) Three years back					
1a Beginning of year balance			· · · · · · · · · · · · · · · · · · ·	2015 一年的1000年,1916年的1916年 1916年 - 1916年 - 191	多。 (2) (4) (4) (5) (4) (5) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7				
<b>b</b> Contributions			Manager Street Street	THE LEADY STREET, THE PARTY AND	在《古典》的是是是一种自己的的专作的				
c Net Investment earnings, gains, and losses									
<b>d</b> Grants or scholarships				THE REPORT OF THE PARTY.	A ALCOHOLOGY TO THE PARTY OF TH				
e Other expenditures for facilities and programs									
f Administrative expenses			The second of the second of	<b>建设是是是是是</b>	E L'ESTE ASSESSE SE				
g End of year balance		-	The state of the s	学生。 学生, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學, 學生學 學生學	A STANDARD STANDARD STANDARD				
2 Provide the estimated percentage	of the year	and halance hold as:	Talky and the second of the second	Land State State Comment of the State Comment of th	bakter na tirk trak, detor ser-tu				
a Board designated or quasi-endow	-	end balance neid as.							
<b>b</b> Permanent endowment	*	<del></del> -							
c Term endowment	——₃								
<del> </del>									
3a Are there endowment funds not in organization by:		sion of the organization	that are held and adm	inistered for the	Yes No				
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
b If 'Yes' to 3a(ii), are the related or	•	•			3b				
4 Describe in Part XIV the intended				T 10					
Part VI Investments-Land, Bu	ilidings, a				( h D ) ( ) ( )				
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value				
1 a Land		i l	12 120	② 经基础证据的总统证	13 120				

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
<b>1a</b> Land		43,429.	<b>全国的企业的企业</b>	43,429.
<b>b</b> Buildings		261,631.		261,631.
c Leasehold improvements	[ ···			•
<b>d</b> Equipment				
<b>e</b> Other		16,607.		16,607.
otal. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, c	olumn (B), line 10(c))		321,667.

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Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 AMERICAN LEGION, KANSAS DEPARTMENT	48-01	19816	Page 4
Pai	t'XI〗Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments.			
5	Donated services and use of facilities		<u> </u>	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			<del></del>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t'XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per		NT / 7	
			I N/A	
	Total revenue, gains, and other support per audited financial statements	 		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments 2a	<b>***</b>		
	Donated services and use of facilities			
	Recoveries of prior year grants	<b>到那</b>		
	Other (Describe in Part XIV)	<u>5</u>		
	Add lines 2a through 2d			
	Subtract line <b>2e</b> from line <b>1</b>	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Par	t'XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
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:			
а	Donated services and use of facilities			
b	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIV)			
		. 2e		
	Subtract line <b>2e</b> from line <b>1</b>	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10 ANK		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b.			
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18.)	<del></del>		
	YXIV: Supplemental Information			
Compline 4	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part ; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this nation.	iV, lines part to p	1b and 2b; F rovide any a	art V, dditional

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Schedule **D** (Form 990) 2009

Schedule D	(Form 990) 2009 AMERICAN LEGION, RANSAS DEPARTMENT	40_0113010	rage 5
Part XIV	Supplemental Information (continued)		
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## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Open to Public

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

Attach to Form 990. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 48-0119816 AMERICAN LEGION, KANSAS DEPARTMENT Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder MEMBERS ARE VETERANS Form 990, Part VI, Line 11 - Form 990 Review Process REVIEWED AND SIGNED BY CFO Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment COMPENSATION REVIEWED AND SET BY EXEC COMMITTEE Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees COMPENSATION REVIEWED AND SET BY EXEC COMMITTEE Form 990, Part XI, Line 1 - Other Accounting Method MODIFIED CASH

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer Identification number	
AMERICAN LEGION, KANSAS DEPARTMENT	48-0119816	

2009 .	9 . Schedule D, Part XIV - Supplemental Information			
Client KAN35140	AMERICAN LEGION, KANSAS DEPARTMENT	48-0119816		
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Schedule D, Part Other Changes Ir	XI, Line 8 n Net Assets Or Fund Balances			
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