



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form

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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No. 1545-1150

2009**Open to Public Inspection****A** For 2009 calendar year, or tax year beginning **JULY 01**, 2009, and ending **JUNE 30**, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN LEGION POST #43	D Employer identification number 71-6065966
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 602	E Telephone number (870) 652-3478
		City or town, state or country, and ZIP + 4 Mountain View AR 72560	F Group Exemption Number, ... ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► **N/A**

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **99,789**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	1,109
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,496
	4 Investment income	4	1,640
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here ☒		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	85,029
b Less: direct expenses other than fundraising expenses	6b	80,680	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,349	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► See attachment #1)	8	10,515	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	19,109	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	5,917
	11 Benefits paid to or for members	11	2,952
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,926
	14 Occupancy, rent, utilities, and maintenance	14	16,319
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See attachment #3)	16	2,110
	17 Total expenses. Add lines 10 through 16	17	31,224
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,115	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	119,976	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	107,861	

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,951	55,596
23 Land and buildings	38,674	31,626
24 Other assets (describe ► See attachment #4)	7,351	20,639
25 Total assets	119,976	107,861
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,976	107,861

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

Form **990-EZ** (2009)

SCANNED FEB 09 2011

190

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
-----------------	--

Expenses

What is the organization's primary exempt purpose? See attachment #5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

(Grants \$) If this amount includes foreign grants, check here . . . ►

29

(Grants \$) If this amount includes foreign grants, check here ►

30

(Grants \$) If this amount includes foreign grants, check here ▶

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ▶

32	Total program service expenses (add lines 28a through 31a)	32	0
-----------	---	-----------	----------

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

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation
(if not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense
account and
other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of See attachment #7 Telephone no		
Located at ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

- 46 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 **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

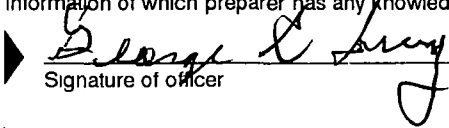
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		11-17-2011 Date	
Paid Preparer's Use Only	George Ivy Type or print name and title		Finance Officer	
	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ▶	
	H & R BLOCK 1116 EAST MAIN MOUNTAIN VIEW, AR 72560		71-0775756 870-269-3320	

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

AMERICAN LEGION POST #43

Employer Identification number
71-6065966

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- ☒ Special fundraising events

- ☐ 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.

 $\overline{AR}$

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Bingo Kitchie (event type)	Dance (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	5,372	5,750		11,122
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	5,372	5,750		11,122
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	4,956		4,956
	8	Entertainment			
	9	Other direct expenses	944		944
10	Direct expense summary. Add lines 4 through 9 in column (d)				(5,900)
11	Net income summary. Combine line 3, column (d), and line 10				5,222

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue	73,907	
DIRECT EXPENSES	2	Cash prizes	59,800		59,800
	3	Noncash prizes	95		95
	4	Rent/facility costs	10,000		10,000
	5	Other direct expenses	4,885		4,885
	6	Volunteer labor	☒ Yes 100 % ☐ No	☒ Yes % ☐ No	☒ Yes % ☐ No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(74,780)
8	Net gaming income summary. Combine line 1, column d, and line 7				-873

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

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

b If "No," explain

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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

	Yes	No
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** 100.00 %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.Name ▶ See Attachment #8

Address ▶ _____

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 ▶ \$ _____**c** If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information:Name ▶ See Attachment #9

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****X****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Inspection

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

AMERICAN LEGION POST #43

71-6065966

Total	10,515
-------	--------

SCHEDULE OF OTHER ASSETS

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
FURNITURE AND EQUIPMENT	7,351	20,639	
Totals	7,351	20,639	

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

AMERICAN LEGION POST #43

71-6065966

Total	2,110
-------	-------

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966

Primary Purpose

PAST AND PRESENT MEMBERS OF THE U.S. ARMED FORCES JOIN TOGETHER TO RAISE FUNDS TO AID VETERANS IN NEED AND STUDENTS THROUGH SCHOLARSHIPS AND CONTRIBUTIONS TO SERVICE ACADEMIC ORGANIZATIONS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
---------------------------	---

Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966
--	--

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
JACK MORRIS 11908 HWY. 9 Mountain View, AR 72560	COMMANDER 2.00	0	0	0
RAY WILSON 407 W. MAIN Mountain View, AR 72560	VICE COMMANDER 0.50	0	0	0
CATHY MIETNER 2644 HUB WILLIS RD Mountain View, AR 72560	ADJUTANT 0.50	0	0	0
GEORGE IVY 205 PINE TREE LANE Marcella, AR 72555	FINANCE OFFICER 2.00	0	0	0
JEROME LORD 937 PIN OAK LANE Timbo, AR 72680	JUDGE ADVOCATE 0.50	0	0	0
FRANK CARROLL PO BOX 48 Pleasant Grove, AR 72567	SERGEANT AT ARMS 0.50	0	0	0
RICHARD HUFF PO BOX 14 Fox, AR 72051	CHAPLIN 0.50	0	0	0
BOBBY CHANEY PO BOX 63 Marcella, AR 72555	HISTORIAN 0.50	0	0	0
RICHARD EVANS 1114 W. MAIN Mountain View, AR 72560	FOUNDATION BOARD MEMBER 0.50	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966
Part V - Line 42a	

Individual Name GEORGE IVY
or
Business Name

Street Address 205 PINE TREE LANE

U.S. Address:

Zip code 72560 City Mountain View State AR

or
Foreign Address

City

Province or State

Country

Postal code

Phone Number (870) 652-3478

Fax Number

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 8: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966
Part III - Line 14	

Individual Name George Ivy
or
Business Name:

Street Address 205 Pine Tree Lane

U S Address:
Zip code 72555 City Marcella State AR

Foreign Address
City
Province or State
Country
Postal code

GAMING MANAGER INFORMATION

Attachment 9: Sch G Page 3, Part III, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization AMERICAN LEGION POST #43	Employer Identification Number 71-6065966
Part III - Line 16	

Individual Name George Ivy
or
Business Name.

Compensation _____

Services Provided:

Title Director/Officer

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

AMERICAN LEGION POST #43

Business or activity to which this form relates

DO NOT CARRY

Identifying number

71-6065966

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	783
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		1,597	07	MQ	200 DB	399
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	1,182
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

Depreciation and Amortization **(Including Information on Listed Property)**

OMB No. 1545-0172

2009Attachment
Sequence No. **67**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

AMERICAN LEGION POST #43

Business or activity to which this form relates

FOR FORM 990-EZ LINE 14

Identifying number

71-6065966

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,904

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	2,659
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		10,912	07	MQ	200 DB	390
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	4,953
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009Attachment
Sequence No. 67

Name(s) shown on return

AMERICAN LEGION POST #43

Business or activity to which this form relates

FOR FORM 990-EZ LINE 16

Identifying number

71-6065966

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	134
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	134
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization AMERICAN LEGION POST #43	Employer identification number 71 6065966
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 602	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MOUNTAIN VIEW, AR 72560	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of **► GEORGE IVY**

Telephone No. **► (870) 652-3478** FAX No. **► ()**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20_____ or
► ☒ tax year beginning **JULY 1**, 20**09**, and ending **JUNE 30**, 20**10**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions