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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

A For the 2009 calendar year, or tax year beginning AUGUST 01 , 2009, and ending JULY 31 , 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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: PO Box 63

City or town, state or country, and ZIP + 4: Duluth GA 30096

D Employer identification number: 58-6067730

E Telephone number: (770)623-4504

G Gross receipts $ 399,463

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If No," attach a list (see instructions)

H(c) Group exemption number ▶ 0925

I Tax-exempt status: ☒ 501(c)(19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

Assistance to needy families and veterans, gifts for needy children during yearly holidays, sponsorships for students/athletes and oratory competitions.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	35
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,491	34,266
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,604	2,512
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,925	105,701
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,020	142,479
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,728	19,583
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	108,057	100,604
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	128,785	120,187
19	Revenue less expenses Subtract line 18 from line 12	8,235	22,292

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	203,215	223,482
21	Total liabilities (Part X, line 26)		1,646
22	Net assets or fund balances Subtract line 21 from line 20	203,215	221,836

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 12/9/10

▶ Thom Mash Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kevin Thurman — Date 12-1-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instr)

Firm's name (or yours if self-employed), address, and ZIP + 4: Kevin Thurman CPA PC, 6340 Sugarloaf Prkwy Ste 200, Duluth, GA 30097

EIN ▶

Phone no ▶ (678)344-1077

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

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Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

Assistance to needy families and veterans, gifts for needy children during yearly holidays, sponsorships for students/athletes and oratory competitions.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses ▶ $**

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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A	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 N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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 Schedule D, Part VI			
	• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets 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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		X
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		X
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	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any 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 to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If " Yes," complete Schedule G, Part I	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	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part 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		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		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 line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	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		X
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		X
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, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If " Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		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		X
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		X
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	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included 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) winnings to prize winners?		N/A 1c		
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	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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 during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A 3b		
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
b	If "Yes," enter the name of the foreign country ▶ _____ *See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A 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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A 6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
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?		N/A 8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	20,925		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	10		
b	Enter the number of voting members that are independent	1b	10		
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?		2		X
3	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?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	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		9a		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
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?	N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X	
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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	N/A	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	N/A	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 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?		15a		X
b	Other officers or key employees of the organization?		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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 ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #1

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation

Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
1b Total ▶											

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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 AMTS	1a Federated campaigns	1a					
	b Membership dues	1b	23175				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f	11091				
	g Noncash contributions included in lines 1a-1f	$					
	h **Total.** Add lines 1a-1f			34266			
PROGRAM SERVICE REVENUE		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			2512			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	20925					
	b Less rental expenses						
	c Rental income or (loss)	20925					
	d Net rental income or (loss)			20925	20925		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 47403 of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b	25719				
	c Net income or (loss) from fundraising events			21684	21684		
	9a Gross income from gaming activities See Part IV, line 19	a	131839				
	b Less direct expenses	b	111386				
	c Net income or (loss) from gaming activities			20453	20453		
	10a Gross sales of inventory, less returns and allowances	a	162518				
	b Less cost of goods sold	b	119879				
	c Net income or (loss) from sales of inventory			42639	42639		
	Miscellaneous Revenue		**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			142479	105701		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	19583	19583		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	1158		1158	
b	Legal				
c	Accounting	11240		11240	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	5398		5398	
13	Office expenses	2551		2551	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4034		4034	
20	Interest				
21	Payments to affiliates	19789		19789	
22	Depreciation, depletion, and amortization #2	6075		6075	
23	Insurance	7791		7791	
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)				
a	Utilities	27948		27948	
b	Taxes	8439		8439	
c	Maintenance	6181		6181	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	120187	19583	100604	
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing		19,096	1	28,229
	2	Savings and temporary cash investments		108,770	2	125,979
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,920	8	10,920
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 187,761			
	b	Less accumulated depreciation	10b 129,407	64,429	10c	58,354
	11	Investments -- publicly traded securities			11	
	12	Investments -- other securities See Part IV, line 11			12	
	13	Investments -- program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		203,215	16	223,482
LIABILITIES	17	Accounts payable and accrued expenses			17	1,646
	18	Grants payable			18	
	19	Deferred revenue			19	
	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	
	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		0	26	1,646
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		203,215	27	221,836
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		203,215	33	221,836
	34	Total liabilities and net assets/fund balances		203,215	34	223,482

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	*Were the organization's financial statements compiled or reviewed by an independent accountant?*	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 [X] Consolidated basis [ ] Both consolidated and separate basis			
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
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 N/A	3b		

Part VII **Investments -- Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII **Investments -- Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X **Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
American Legion

Employer identification number
58-6067730

Part I **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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [ ] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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 Christmas Tr (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col (c))
REVENUE	1 Gross receipts	47,403			47,403
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	47,403			47,403
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,719			25,719
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(25,719)
	11 Net income summary Combine line 3, column (d), and line 10			▶	21,684

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
REVENUE	1 Gross revenue	131,839		28,252	160,091
DIRECT EXPENSES	2 Cash prizes	60,400		13,250	73,650
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	32,233		5,503	37,736
	6 Volunteer labor	Yes % [X] No	Yes % [X] No	Yes % [X] No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	(111,386)
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	48,705

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities GA			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11	X	
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?	12		X

			Yes	No
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 #3			
	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 ▶			
	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 ▶ $			

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
American Legion

Employer identification number
58-6067730

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See attached detail		19,583			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 08-01 , and ending 07-31-2010.

Name of Organization	Employer Identification Number
American Legion	58-6067730

Part VI - Line 91a

Individual Name or Business Name: Thom Mash

Street Address: PO Box 63

U S Address

Zip code 30096 City Duluth State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (770)623-4504

Fax Number

SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 2: Form 990 Page 10, Part IX, Line 22

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 08-01-2009 and ending 07-31-2010

Name of Organization
American Legion

Employer Identification Number
58-6067730

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
See Asset List		187,761	129,407	Straight Line		6,075
	Total	187,761	129,407			6,075

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 08-01-2009, **and ending** 07-31-2010.

Name of Organization
American Legion

Employer Identification Number
58-6067730

Part III - Line 14

Individual Name
or
Business Name: Thom Mash

Street Address: PO Box 63

U S Address

Zip code 30096 City Duluth State GA

or

Foreign Address

City

Province or State

Country

Postal code

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Type	Date	Num	Name	Debit	Credit	Balance
Contributions						
CHILDRENS CENTER						
FOOD						
Check	8/2/2009	4128	FAMILY RESTAURANT	110 00		110 00
Check	8/30/2009	4148	FAMILY RESTAURANT	110 00		220 00
Check	9/27/2009	4171	FAMILY RESTAURANT	110 00		330 00
Check	11/1/2009	4192	FAMILY RESTAURANT	110 00		440 00
Check	11/29/2009	12473	FAMILY RESTAURANT	110 00		550 00
Total FOOD				550 00	0 00	550 00
CHILDRENS CENTER - Other						
Check	1/5/2010	4235	FAMILY RESTAURANT	110 00		110 00
Check	2/1/2010	4255	FAMILY RESTAURANT	110 00		220 00
Check	2/24/2010	4278	FAMILY RESTAURANT	110 00		330 00
Check	4/3/2010	4312	FAMILY RESTAURANT	110 00		440 00
Check	5/3/2010	4340	FAMILY RESTAURANT	110 00		550 00
Check	6/1/2010	4359	FAMILY RESTAURANT	110 00		660 00
Check	7/5/2010	13000	FAMILY RESTAURANT	110 00		770 00
Check	7/31/2010	13055	FAMILY RESTAURANT	110 00		880 00
Total CHILDRENS CENTER - Other				880 00	0 00	880 00
Total CHILDRENS CENTER				1,430 00	0 00	1,430 00
CHRISTMAS BASKETS						
Check	12/13/2009	4223	WALMART	515 92		515 92
Check	12/16/2009	4227	PUBLIX	271 65		787 57
Total CHRISTMAS BASKETS				787 57	0 00	787 57
NEEDY						
Check	9/27/2009	4170	JACKSON ELECTRIC	189 00		189 00
Check	2/27/2010	4284	JACKSON ELECTRIC	101 00		290 00
Total NEEDY				290 00	0 00	290 00
VETERANS						
Check	9/27/2009	4169	DEPT OF GEORGIA	100 00		100 00
Check	10/21/2009	4184	DEPT OF GEORGIA	1,000 00		1,100 00
Check	11/7/2009	4193	WOUNDED WARRIORS	100 00		1,200 00
Deposit	11/16/2009			27 56		1,227 56
Check	12/6/2009	12482	PEARL HARBOR CHAPTER # 1 G	251 00		1,478 56
Check	12/20/2009	4228	GA NATIONAL GUARD FOUNDA	500 00		1,978 56
Deposit	12/21/2009			10 00		1,988 56
Deposit	1/4/2010			40 00		2,028 56
Deposit	1/19/2010			40 00		2,068 56
Deposit	1/25/2010			100 00		2,168 56
Check	2/6/2010	4264	GEORGIA POWER	127 06		2,295 62
Check	4/6/2010	4318	Detachment of Georgia	100 00		2,395 62
Check	4/20/2010	4328	AMERICAN LEGION POST 307	100 00		2,495 62
Check	5/1/2010	4338	BOB CARPENTER	400 00		2,895 62

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Type	Date	Num	Name	Debit	Credit	Balance
Check	7/15/2010	4388	KIM GARRETT	100 00		2,995 62
Check	7/31/2010	4404	Veterans Claim Center	100 00		3,095 62
Total VETERANS				3,095 62	0 00	3,095 62
Contributions - Other						
Check	3/6/2010	4289	DEPT OF GEORGIA	375 00		375 00
Check	3/6/2010	4290	DEPT OF GEORGIA	500 00		875 00
Check	3/6/2010	4291	Charles wessinger	100 00		975 00
Check	3/6/2010	4292	SHRINE CIRCUS	195 00		1,170 00
Check	3/14/2010	4299	dear american hero	100 00		1,270 00
Check	3/14/2010	4300	Unity Place	100 00		1,370 00
Check	6/24/2010	4375	DEPT OF GEORGIA	500 00		1,870 00
Total Contributions - Other				1,870 00	0 00	1,870 00
Total Contributions				7,473 19	0 00	7,473 19
TOTAL				**7,473.19**	**0.00**	**7,473.19**

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Type	Date	Num	Name	Debit	Credit	Balance
DONATIONS EXPENSE						
Child Welfare Foundation						
Check	5/25/2010	12890	CHILD WELFARE FOUNDATION	1,000 00		1,000 00
Total Child Welfare Foundation				1,000 00	0 00	1,000 00
DONATIONS EXPENSE - Other						
Check	9/6/2009	12272	AMERICAN CANCER SOCIETY	75 00		75 00
Check	11/17/2009	12447	A L A 251	1,500 00		1,575.00
Check	1/17/2010	4248	SPECIAL OLYMPICS GEORGIA	100 00		1,675 00
Check	1/17/2010	4249	CHILDRENS WISH FOUNDATION	50 00		1,725 00
Check	2/17/2010	4274	ATLANTA AREA BOY SCOUTS	30 00		1,755 00
Check	3/27/2010	12749	BOB CARPENTER	135 72		1,890 72
Check	4/10/2010	12782	PATTONS MEAT MARKET	130 07		2,020 79
Check	5/2/2010	4339	AMERICAN LEGION POST 127	251 00		2,271 79
Check	5/16/2010	12868	BOB WITT	33 29		2,305 08
Check	5/31/2010	1045	AMERICAN LEGION POST 251	100 00		2,405 08
Check	5/31/2010	1046	Americ Legion Post 233	100 00		2,505 08
Check	6/12/2010		AMERICAN LEGION POST 251	0 00		2,505 08
Check	6/19/2010	4373	ALA UNIT 251	200.00		2,705 08
Check	7/10/2010	13012	Chilren's Wish Foundation International	50 00		2,755 08
Total DONATIONS EXPENSE - Other				2,755 08	0 00	2,755 08
Total DONATIONS EXPENSE				3,755 08	0 00	3,755 08
TOTAL				**3,755.08**	**0.00**	**3,755.08**

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Type	Date	Num	Name	Debit	Credit	Balance
GOOD WILL						
CHRISTMAS BASKETS						
Check	12/20/2009	12533	CORPORATE EXPRESSIONS	17 70		17 70
Total CHRISTMAS BASKETS				17 70	0 00	17 70
FLAGS						
Check	11/22/2009	12459	THE FLAG PLACE	26 95		26 95
Check	11/22/2009	4203	THE FLAG PLACE	0 00		26 95
Check	11/29/2009	12475	THE FLAG PLACE	164 00		190 95
Total FLAGS				190 95	0 00	190 95
FLOWERS						
Check	8/16/2009	12215	BOB WITT	30 59		30 59
Check	9/27/2009	4168	KILGORES FLORIST	116 00		146 59
Check	10/18/2009	12363	BOB WITT	32 10		178 69
Check	11/29/2009	4213	KILGORES FLORIST	157 50		336 19
Deposit	12/7/2009			25 50		361 69
Deposit	12/28/2009			26 51		388.20
Check	4/24/2010	4333	KILGORES FLORIST	159 50		547 70
Check	6/1/2010	12906	BOB WITT	30 59		578 29
Check	6/19/2010	4374	KILGORES FLORIST	80 90		659 19
Check	7/24/2010	13045	BOB WITT	31.80		690 99
Total FLOWERS				690 99	0 00	690 99
GIFTS						
Check	5/8/2010	12849	BOB WITT	30 60		30.60
Total GIFTS				30 60	0 00	30 60
GOOD WILL - Other						
Check	5/1/2010	12833	JOHN DUMOND	87 62		87 62
Check	5/1/2010	12834	JOHN JENKINS	79 20		166 82
Check	7/29/2010	4398	KIM GARRETT	600 00		766 82
Total GOOD WILL - Other				766 82	0 00	766 82
Total GOOD WILL				1,697 06	0 00	1,697 06
TOTAL				**1,697.06**	**0.00**	**1,697.06**

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Type	Date	Num	Name	Debit	Credit	Balance
SCHOLARSHIPS						
Check	8/23/2009	4144	JACKSON T DUNCAN	500 00		500 00
Check	2/4/2010	4260	JACKSON T DUNCAN	500 00		1,000 00
Check	2/4/2010	4261	KATHRYN WALTER	500 00		1,500 00
Total SCHOLARSHIPS				1,500 00	0 00	1,500 00
TOTAL				**1,500.00**	**0.00**	**1,500.00**

CHATTAHOOCHE POST 251 INC
Transaction Detail By Account
August 2009 through July 2010

Date	Num	Name	Debit	Credit	Balance
SPONSORSHIP					
BOYS STATE					
5/22/2010		CHATTAHOOCHEE POST 251	1,200 00		1,200 00
5/22/2010	4350	DEPT OF GEORGIA	1,200 00		2,400 00
5/26/2010	4354	GEORGIA BOYS STATE	200 00		2,600 00
6/12/2010	TRAN	CHATTAHOOCHEE POST 251	0 00		2,600 00
6/12/2010	12927	AMERICAN COACH LINES	1,350 16		3,950 16
Total BOYS STATE			3,950 16	0 00	3,950 16
LEGION BASEBALL					
3/19/2010	4303	AMERICANY LEGION POST # 77	80 00		80 00
Total LEGION BASEBALL			80 00	0 00	80 00
ROTC					
DULUTH RIFLE TEAM					
12/13/2009	4224	AMERICAN LEGION NATIONAL HEADQUARTERS	60 00		60 00
1/19/2010				22 50	37 50
Total DULUTH RIFLE TEAM			60 00	22 50	37 50
ROTC - Other					
11/23/2009			4 00		4 00
Total ROTC - Other			4 00	0.00	4 00
Total ROTC			64 00	22 50	41 50
YOUTH ACTIVITIES					
8/16/2009	12215	BOB WITT	131 45		131 45
12/9/2009	4218	BOY SCOUTS OF AMERICA	155 00		286 45
Total YOUTH ACTIVITIES			286 45	0 00	286 45
YOUTH BASEBALL/SOFTBALL					
8/3/2009	12186	SCOTT DOUGLAS	250 00		250 00
3/9/2010	4293	EAST COBB BULLETS	200 00		450 00
3/16/2010	4301	diamond club	300 00		750 00
Total YOUTH BASEBALL/SOFTBALL			750 00	0 00	750 00
SPONSORSHIP - Other					
2/6/2010	4263	CHILDRENS WISH FOUNDATION	50 00		50 00
Total SPONSORSHIP - Other			50 00	0 00	50 00
Total SPONSORSHIP			5,180 61	22 50	5,158 11
TOTAL			**5,180.61**	**22.50**	**5,158.11**