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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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20; B Check if applicable; C Name of organization HAROLD B JARRETT POST 342 AMERICAN; D Employer identification number 56-0563525; E Telephone number (704) 637-1722; G Gross receipts \$ 339,286; H(a) Is this a group return for affiliates? Yes X No; H(b) Are all affiliates included? Yes; H(c) Group exemption number; I Tax-exempt status: 501(c)(3) X 501(c)(19) (insert no.); 4947(a)(1) or 527; J Website: N/A; K Form of organization Other X 990; L Year of formation 1988; M State of legal domicile NC

Part I Summary table with columns for ACTIVITIES & GOVERNANCE, REVENUE, and EXPENSES. Rows include: 1 Briefly describe the organization's mission or most significant activities. See attachment #1; 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); 4 Number of independent voting members of the governing body (Part VI, line 1b); 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a); 6 Total number of volunteers (estimate if necessary); 7a Total unrelated business revenue from Part VIII, column (C), line 12; 7b Net unrelated business taxable income from Form 990-T, line 34; 8 Contributions and grants (Part VIII, line 1h); 9 Program service revenue (Part VIII, line 2g); 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d); 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e); 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12); 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3); 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); 16b Total fundraising expenses (Part IX, column (D), line 25); 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f); 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25); 19 Revenue less expenses. Subtract line 18 from line 12; 20 Total assets (Part X, line 16); 21 Total liabilities (Part X, line 26); 22 Net assets or fund balances. Subtract line 21 from line 20.

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 section with signature of Harry L. Garwood, Financial Officer, dated 7-21-11.

Paid Preparer Use Only section with preparer name Betty Auten, firm name H AND R BLOCK, address 1804 E INNES, SALISBURY NC 28146, and phone number (704) 636-2065.

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form 990 (2010)

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P 11

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III.

1 Briefly describe the organization's mission.

See attachment #2

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 \$ _____)

Multiple horizontal lines for data entry under section 4a.

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

Multiple horizontal lines for data entry under section 4b.

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

Multiple horizontal lines for data entry under section 4c.

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II N/A		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) N/A		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Yes No

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-3, foreign accounts, and charitable trusts.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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

Table with 3 columns: Question, Yes, No. Rows include questions 10a-16b regarding local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

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.
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 #3

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		INDIRECTOR	INDIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
MARK CAUBLE COMMANDER					X				0	0	0
DAN VOIGHT 1ST VICE PRESIDENT					X				0	0	0
GAITHER KEENER 2ND VICE PRESIDENT					X				0	0	0
HARRY GARWOOD ADJUTANT					X				0	0	0
SCOTT BOGLE ASSISTANT ADJUTANT					X				0	0	0
J P TREXLER SGT @ ARMS					X				0	0	0
TONY PALMER ASSISTANT SGT @ARMS					X				0	0	0
WILL PLEASANTS FINANCE OFFICER					X				0	0	0
MIKE MCGOWAN HISTORIAN					X				0	0	0
ANDY ANDREWS CHAPLIAN					X				0	0	0
FRANK WALLER MEMBER@LARGE					X				0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	DIRECTOR	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE			
<p>1b Sub-total 0 0 0</p> <p>c Total from continuation sheets to Part VII, Section A 0 0 0</p> <p>d Total (add lines 1b and 1c) 0 0 0</p>											

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.		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.		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		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	
OTHER CONTRIBUTIONS	1a Federated campaigns	1a				
	b Membership dues	1b				
	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				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f					
PROGRAM SERVICE REVENUE	2a AMERICAN LEGION BASEBALL GAMES AND AMUSEMENT BEVERAGE HALL INCOME MEMBERSHIP	Business Code				
	b AMERICAN LEGION BASEBALL GAMES AND AMUSEMENT		108,484	108,484		
	c BEVERAGE		106,269	106,269		
	d HALL INCOME		45,218	45,218		
	e MEMBERSHIP		25,165	25,165		
	f All other program service revenue #4		15,567	15,567		
	g Total. Add lines 2a-2f		35,999	35,999		
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)		2,584			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		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 \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a						
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		339,286	336,702			

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				
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	1,677			
11	Fees for services (non-employees)				
a	Management	11,700			
b	Legal				
c	Accounting	11,700			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	9,211			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,300			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	BUILDING AND GROUNDS EXPENSE	46,200			
b	CONTRACT LABOR	35,701			
c	BEVERAGE EXPENSE	28,234			
d	UTILITIES	20,383			
e	COACHES	16,500			
f	All other expenses #5	151,384			
25	Total functional expenses. Add lines 1 through 24f	334,990			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)	
		Beginning of year		End of year	
A S S E T S	1 Cash -- non-interest bearing	39,943	1	25,726	
	2 Savings and temporary cash investments	344,782	2	325,115	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a			
	b Less: accumulated depreciation	10b		10c	
	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)		384,725	16	350,841	
L I A B I L I T I E S	17 Accounts payable and accrued expenses		17	4,041	
	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			26	4,041
F U N D A S S E T S O R	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> 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		384,725	32	346,800
	33 Total net assets or fund balances		384,725	33	346,800
34 Total liabilities and net assets/fund balances		384,725	34	350,841	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	339,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	334,990
3	Revenue less expenses. Subtract line 2 from line 1	3	4,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	384,725
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	346,800

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

HAROLD B JARRETT POST 342 AMERICAN LEGION

Employer identification number

56-0563525

ALL OFFICERS CAN BE REACHED AT HBJ

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
HAROLD B JARRETT POST 342 AMERICAN LEGION	56-0563525	

Primary Purpose

HELP DISTRESSED VETERANS-HELP VETERANS FAMILIES-VOLUNTEER SERVICES FOR VA HOSPITAL VETS-VETERANS DAY-MEMORIAL DAY-FLAG DAY-INDEPENDENCE DAY-LEGION BASEBALL-BOYS STATE-GIRLS STATE-ORATORICAL CONTEST (US CONSTITUTION)-POPPY PROMOTION SUPPORT SCOUTING GROUPS-SUPPORT LOCAL SCHOOLS JROTC-AFJRRPTC UNITS-HANDICAP KIDS CHRISTMAS PARTY- SCHOOL HANDICAP KIDS EASTER PARTY-FLAG ETIQUETTE AT SCHOOLS- PROVIDE FLAGS FOR SCHOOLROOMS-PROVIDE BIBLES FOR FAMILY OF DECEASED VETERANS-VA BINGO-HONOR GUARD

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
HAROLD B JARRETT POST 342 AMERICAN LEGION	56-0563525	

Primary Purpose

HELP DISTRESSED VETERANS-HELP VETERANS FAMILIES-VOLUNTEER SERVICES FOR VA HOSPITAL VETS-VETERANS DAY-MEMORIAL DAY-FLAG DAY-INDEPENDENCE DAY-LEGION BASEBALL-BOYS STATE-GIRLS STATE-ORATORICAL CONTEST (US CONSTITUTION)-POPPY PROMOTION SUPPORT SCOUTING GROUPS-SUPPORT LOCAL SCHOOLS JROTC-AFJRRPTC UNITS-HANDICAP KIDS CHRISTMAS PARTY- SCHOOL HANDICAP KIDS EASTER PARTY-FLAG ETIQUETTE AT SCHOOLS- PROVIDE FLAGS FOR SCHOOLROOMS-PROVIDE BIBLES FOR FAMILY OF DECEASED VETERANS-VA BINGO-HONOR GUARD

990 BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____
Name of Organization HAROLD B JARRETT POST 342 AMERICAN LEGION	Employer Identification Number 56-0563525

Part VI - Line 20

Individual Name _____
or
Business Name.
AMERICAN LEGION 342 HAROLD B JARRETT

Street Address _____ 10214 LINCOLNTON ROAD

U S Address

Zip code 28144 City Salisbury State NC

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number _____ (704) 637-1722

Fax Number _____

990 PART VIII - PROGRAM SERVICE REVENUE

Attachment 4: Form 990 Page 9, Line 2 - Program Service Revenue

- Open to Public Inspection For calendar year 2010, or tax period beginning , and ending

Name of Organization HAROLD B JARRETT POST 342 AMERICAN LEGION Employer Identification Number 56-0563525

Program Service Revenue	Business Code	(a) Total Revenue	(b) Related or Exempt Function Revenue	(c) Unrelated Business Revenue	(d) Revenue Excluded From Tax Under IRC 512, 513, or 514
FOOD AND KITCHEN		15,241	15,241		
GOLF TOURNAMENT		7,865	7,865		
FUND RAISER		6,413	6,413		
CHILDRENS PARTY		2,944	2,944		
HATS		2,055	2,055		
BRICKS		900	900		
VENDING MACHINE SNACKS		581	581		
Totals:		35,999	35,999		

709 SCHEDULE OF OTHER EXPENSES

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

<input type="checkbox"/> Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____	
Name of Organization HAROLD B JARRETT POST 342 AMERICAN LEGION		Employer Identification Number 56-0563525

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MEMBERSHIP FEES	13,619			
TRANSPORTATION	11,955			
BASEBALL CONCESSION EXP	10,784			
DONATIONS	10,250			
INSURANCE	8,747			
SCHOLARSHIPS	8,000			
DONATIONS	7,590			
UNIFORMS	7,261			
FOOD EXPENSE	6,533			
MACHINES AND GAMES	6,261			
TEAM EXPENSE	6,033			
UMPIRES	5,382			
PRINTING	5,313			
MISC EXPENSE	4,891			
CHAMPIONSHIP RING EXPENSE	4,179			
HALL RENT RETURN	4,150			
BASEBALL ADVERTISEMENT	3,467			
SALES TAX	3,314			
SUPPLIES	2,975			
VENDING MACHINE AND SNACKS	2,566			
FUND RAISING EXPENSE	2,032			
PARK CLEANING	1,800			
MISC LABOR	1,620			
LEGAL EXPENSE	1,565			
SECURITY CONTRACT LABOR	1,500			
BASEBALL SALES TAX	1,432			
SPLIT GAME	1,381			
LICENSE AND PERMITS	1,340			
INSURANCE	1,089			
TELEPHONE	966			
TEAM BANQUET	807			
BOX SEAT COMM	672			
LIGHTS	551			
BRICKS	292			
TAX PREP	250			
SIGNS	249			
TELEPHONE	209			
POSTAGE	144			
TRAID OFFICAL FEE	100			
BOOKING FEE	75			
SAFETY DEP BOX	40			
Total:	151,384			