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Form 990-EZ

# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

AMERICAN LEGION POST 0009 MCLELLAN

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 1080

City or town, state or country, and ZIP + 4

FLORENCE, AZ 85132

D Employer identification number

86-6038128

E Telephone number

F Group Exemption  
Number ►G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(19) (insert no ) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 90,073

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,675
	4	Investment income	4	2
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	86,396	
b	Less cost of goods sold	7b	37,835	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	48,561	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,238	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	535
	11	Benefits paid to or for members	11	3,075
	12	Salaries, other compensation, and employee benefits	12	26,439
	13	Professional fees and other payments to independent contractors	13	3,144
	14	Occupancy, rent, utilities, and maintenance	14	17,941
	15	Printing, publications, postage, and shipping	15	132
	16	Other expenses (describe in Schedule O)	16	15,635
	17	Total expenses. Add lines 10 through 16	17	66,901
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(14,663)
	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	204,697
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	190,034

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2010)

SCANNED SEP 17 2012

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Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

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, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Check if the organization used Schedule O to respond to any question in this Part IV

- |                                                                                                                                                                                                                                                             |            | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                     | <b>45</b>  |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | <b>45a</b> |     | X  |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                        | <b>46</b>  |     | 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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- |                                                                                                                |            | Yes | No |
|----------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           | <b>47</b>  |     |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <b>48</b>  |     |    |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?          | <b>49a</b> |     |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization?                                    | <b>49b</b> |     |    |
- 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

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

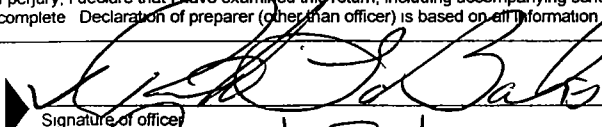
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

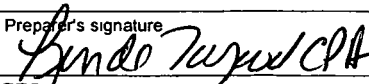
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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**  **Aug. 21<sup>st</sup> 2012**  
 Signature of officer Date  
**Rick LA Bakis** **Commander**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Linda Toogood, CPA</b>	Preparer's signature 	Date <b>08-15-2012</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <b>Linda Toogood, CPA</b>	Firm's EIN			
	Firm's address <b>PO Box 2999</b>	Phone no <b>520-868-1040</b>			
	<b>FLORENCE AZ 85132</b>				

May the IRS discuss this return with the preparer shown above? See Instructions ☒ Yes ☐ No

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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**

Employer identification number

AMERICAN LEGION POST 0009 MCLELLAN

86-6038128

**01. List of grants and similar amounts paid (Part I, line 10)**

**ACTIVITY** LITTLE LEAGUE

**GRANTEE** FLORENCE LITTLE LEAGUE

FLORENCE AZ 85132

**AMOUNT** 300

**ACTIVITY** VARIOUS

**GRANTEE** VARIOUS

FLORENCE AZ 85132

**AMOUNT** 105

**ACTIVITY** FLORENCE UNIFIED SCHOOLS

**GRANTEE** FLORENCE UNIFIED SCHOOLS

FLORENCE AZ 85132

**AMOUNT** 30

**ACTIVITY** SPECIAL OLYMPICS

**GRANTEE** SPECIAL OLYMPICS ARIZONA

**ADDRESS** 1850 N CENTRAL AVE

PHOENIX AZ 85004

**AMOUNT** 100

**02. Description of other expenses (Part I, line 16)**

**DESCRIPTION** **AMOUNT**

Name of the organization

Employer identification number

AMERICAN LEGION POST 0009 MCLELLAN

86-6038128

BANK FEES	87
DUES AND SUBSCRIPTIONS	430
SUPPLIES	2,062
TELEPHONE	1,622
PERMITS	675
INSURANCE	4,407
DEPRECIATION	6,159
PENALTIES AND INTEREST	191
ROUNDING	2

## 03. Description of other assets (Part II, line 24)

## BEGINNING

CATEGORY	OF YEAR	END OF YEAR
DONATED ASSETS	287	287

## 04. Description of total liabilities (Part II, line 26)

## BEGINNING

CATEGORY	OF YEAR	END OF YEAR
PAYROLL LIABILITIES	3,178	4,468
NATIONAL BANK LOAN	0	2,583