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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)

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Header section A-M containing organization name, address, EIN, and tax-exempt status.

Part I Summary table with columns for revenue, expenses, and assets, and rows 1-22.

Part II Signature Block: Under penalties of perjury, I declare that I have examined this return...

Signature and Preparer sections: Signature of officer GARY YOST, Preparer BETTY AUTEN.

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

SCANNED AUG 21 2012

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**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ \_\_\_\_\_)

Blank lines for reporting program service accomplishments for 4a.

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

Blank lines for reporting program service accomplishments for 4b.

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

Blank lines for reporting program service accomplishments for 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

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status (Yes, No, or N/A).

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
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		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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," complete Schedule R, Part V, line 2		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A		
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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form with questions 1a through 14b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, 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, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9 regarding governing body members and relationships.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b regarding organizational policies.

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 (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and, if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 (do not check more than one box, unless person is both an officer and a director/trustee)							(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	INSTITUTIONAL	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED			
MARK CAUBLE COMMANDER					X				0	0	0
DAN VOIGHT 1ST VICE PRESIDENT					X				0	0	0
DENNIS MILBRANDT 2ND VICE PRESIDENT					X				0	0	0
HARRY GARWOOD ADJUTANT					X				0	0	0
J P TREXLER SGT @ ARMS					X				0	0	0
DAVE SHAVER ASSISTANT SGT @ARMS					X				0	0	0
GARY YOST 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
WAYNE KENERLY PAST COMMANDER									0	0	0
J C MILLER SERVICE OFFICER									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 (do not check more than one box, unless person is both an officer and a director/trustee)							(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			
<b>1b Sub-total</b>								0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0	
<b>d Total (add lines 1b and 1c)</b>								0	0	0	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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
<b>5</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ▶

**Part VIII** Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	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	<b>Total.</b> Add lines 1a-1f					
PROGRESSIVE REVENUE	2a	AMERICAN LEGION BASEBA	Business Code	106,441			
	b	GAMES AMD AMUSEMENT		59,201			
	c	BEVERAGE		43,661			
	d	KITCHEN FOOD		22,517			
	e	GOLF TOURNAMENT		20,990			
	f	All other program service revenue ... #4		44,134			
	g	<b>Total.</b> Add lines 2a-2f		296,944			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		2,131			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
6d	Net rental income or (loss)						
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
7b	Less: cost or other basis and sales expenses						
7c	Gain or (loss)						
7d	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					
8b	Less: direct expenses	b					
8c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a					
		b					
9b	Less: direct expenses	b					
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b					
10b	Less: cost of goods sold	b					
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions		299,075				

**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)

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

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 United States. See Part IV, line 21 . . . . .				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	1,790			
11	Fees for services (non-employees):				
a	Management . . . . .	15,600			
b	Legal . . . . .				
c	Accounting . . . . .	15,600			
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	6,674			
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .				
17	Travel . . . . .	3,100			
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>VENDING MACHINE SNACKS</b>	33,001			
b	<b>BEVERAGE</b>	23,805			
c	<b>CONTRACT LABOR</b>	21,893			
d	<b>BUILDING AND GROUNDS EXPENSE</b>	21,581			
e	All other expenses . . . . .	159,835			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	302,879			
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X** Balance Sheet

		(A)		(B)
		Beginning of year		End of year
<b>A S S E T S</b>	<b>1</b> Cash -- non-interest-bearing .....	25,726	<b>1</b>	21,588
	<b>2</b> Savings and temporary cash investments .....	325,115	<b>2</b>	328,382
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. ....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments -- publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments -- other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		350,841	<b>16</b>	349,970
<b>L I A B I L I T I E S</b>	<b>17</b> Accounts payable and accrued expenses .....	4,041	<b>17</b>	1,557
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. ....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		4,041	<b>26</b>
<b>N E T A S S E T S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	346,800	<b>32</b>	349,970
<b>33</b> Total net assets or fund balances .....	346,800	<b>33</b>	349,970	
<b>34</b> Total liabilities and net assets/fund balances .....	350,841	<b>34</b>	351,527	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	299,075
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	302,879
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-3,804
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	346,800
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) .....	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	<b>6</b>	349,970

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....		X
<b>2c</b>	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.			
<b>d</b>	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		
<b>3a</b>	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
<b>3b</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

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2011 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 2011 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 2011 or tax period beginning	, and ending
Name of Organization <b>HAROLD B JARRETT POST 342 AMERICAN LEGION</b>		Employer Identification Number <b>56-0563525</b>

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 2011, 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
HALL DONATION		17,500			
MEMBERSHIP		15,014			
MISC INCOME		6,125			
FUND RAISERS		2,727			
BRICKS		1,800			
DONATIONS		516			
VENDING MACHINE		452			
<b>Totals:</b>		<b>44,134</b>			

**990 PAGE 10, OTHER EXPENSES**

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

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending		
Name of Organization <b>HAROLD B JARRETT POST 342 AMERICAN LEGION</b>			Employer Identification Number <b>56-0563525</b>

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
UTILITIES	20,541			
CONCESSION COST	14,676			
COACHES AND BONUS	14,600			
VARIOUS EXPENSES PD C CARD	14,071			
MEMBERSHIP FEES	11,952			
SCHOLARSHIPS	10,000			
BUS TRANSPORTATION	8,007			
DONATIONS	7,936			
FOOD KITCHEN	7,318			
UNIFORMS	6,608			
UMPIRES	6,470			
PRINTING	5,850			
BUILDING AND GROUNDS EXPENS	5,171			
HALL RENT RETURN	3,830			
COMMISSIONS FOR ADS	3,379			
FUND RAISING EXPENSE	3,337			
SALES TAX	3,330			
VENDING MACHINE SNACKS	2,624			
MISC CONTRACT EXPENSE	1,750			
SALES TAX	1,621			
LICENSE PERMITS	1,234			
TRAVEL EXPENSE PD FOR OTHER	754			
TEAM DINNER MEETINGS	731			
TELEPHONE	646			
BOX SEAT COMMISSIONS	594			
TEE SHIRTS	456			
BRICKS	402			
BASEBALL MEETING	400			
MISC EXPENSE	321			
TELEPHONE	196			
AMUSEMENT	191			
CONTRIBUTION	185			
POSTAGE	150			
INSURANCE	149			
AUDIT FEE	138			
BOOKING FEE	100			
TRIAD OFFICAL FEE	100			
PICTURES	17			
<b>Total:</b>	<b>159,835</b>			