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## Form 990

### **Return of Organization Exempt From Income Tax**

was a blook lung

OMB No 1545-0047

Open to Public

Department of the Treasury

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

For the 2011 calendar year, or tax year beginning 2011, and ending 20 C Name of organization AMERICAN LEGION POST 36 D Employer identification number В Check if applicable 73-6102265 Doing Business As Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return City or town state or country, and ZIP + 4 Terminated 400 Amended return SAPULPA, OK G Gross receipts \$ Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No RAY CARROLL H(b) Are all affiliates included? Yes No If "No ' attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) ( Tax-exempt status Website ▶ H(c) Group exemption number ▶ Form of organization Corporation I Trust ✓ Association L Year of formation 1985 M State of legal domicile OK Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT AND ASSISTANCE TO RETIRED AND ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES Activities & Governance 2 Check this box ► I 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 6 15 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 Program service revenue (Part VIII, line 2g) 102992 98595 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 102992 98595 12 Grants and similar amounts paid (Part X, column (A), lines 13 14 Benefits paid to or for members (Part IX, column-(A), line 4) Salaries other componsation, employee benefits (Part IX, column A) Zine (Part IX, column A) Zine (Part IX, column A) 15 mn (A), lines 5–10) 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column A) 17 111485 104151 18 Total expenses Add lines column (A), line 25) 111485 104151 Revenue less expenses. Subtract line 18 from line 12 -8493 -5556 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 162689 156899 21 Total liabilities (Part X line 26) 22 Net assets or fund balances Subtract line 21 from line 20 162689 156899 Signature Block Under penallies 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 Type or point name and title Print/Type preparer siname Check 🗸 Paid 1076914 PATRICIA BARTLETT Preparer ▶ ALLSYSTEMS TAX & BOOKKEEPING Firm s EIN ▶ Firm s name Use Only Firm's address ► 4444 S 36TH W AVE, TULSA, OK 74107 918-445-0555 Phone no 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions)

Part			Part III .
1	Briefly describe the organization's		
	TO PROVIDE SUPPORT AND ASSI	STANCE TO RETIRED AND ACTIVE MILITAR	Y PERSONNEL AND THEIR FAMILIES
2	Did the organization undertake a prior Form 990 or 990-EZ?	ny significant program services during the	e year which were not listed on the
3	If "Yes," describe these new serv	rices on Schedule O nducting, or make significant changes i	n how it conducts, any program
	services?		☐ Yes ☑ No
4	expenses Section 501(c)(3) and	ram service accomplishments for each of	fits three largest program services, as measured by 17(a)(1) trusts are required to report the amount of reach program service reported
4a	(Code) (Expenses \$	ıncludıng grants of \$	) (Revenue \$)
	•••••		
	••••		
		••••	
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$)
4d	Other program services (Describe	e ın Schedule O )	
4e		uding grants of \$ ) (Reve	nue \$ )

Part I	V 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		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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	4		1
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	5		<b>/</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule $D$ , $Part VI$	11a		1
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	11b		1
С	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	11c		1
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.	11d		1
e f	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	11e		<b>/</b>
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		1
	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		<b>✓</b>
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<b>-</b>
_	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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	15		1
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	16		\ \ \
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)	17		1
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	-	1
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		1
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part l	Checklist of Required Schedules (continued)		- T	
	The state of the s		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	21		<u> </u>
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		✓_
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		✓
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		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<u>√</u> ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
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	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	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	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		<b>√</b>
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		<b>→</b>
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		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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	35b		<b>✓</b>
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		✓
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		✓
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	38		1
		For	ո 990	(2011)

Vest   Net   Ne	art				П
Enter the number reported in Box 3 of Form 1096 Enter -0-if not applicable  be finite the number of Forms W-26 included in line 1a Enter -0-if not applicable  child the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamming gambling) with provided in the provided provided gamment of the provided gamming gambling with many and the provided gamming gambling with many and the provided gamming gambling with many and the provided gamming gambling with gamming to prize within the year covered by this return  Statements, fled for the calendar year ending within the year covered by this return  I all least one is reported on line 2a, did the organization field all required forder employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  At any time during the calendar year, did the organization have were an interest in, or a signature or other authority over, a hinancial account in a foreign country (such as a bank account, securities account, or other financial accounts  At any time during the time and a large time the sum of the foreign country (such as a bank account, securities account.)  If "Yes," enter the name of the foreign country   ► See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shafter transaction at any time during the tax year?  5a Was the organization as party to a prohibited tax shafter transaction at any time during the tax year?  5b V of If "Yes," of the contraint of the washing the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6b V organization shaft any contributions that were not tax deductible?  7c V organizations that may receive deductible contributions under section 170(c).  8b Did the o		Check if Schedule O contains a response to any question in this Part V	ī	Yes	No
b. Enter the number of Forms W-2G metuded in line 1a Enter -0- if not applicable   D. D. dit the organization comply with backing withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   Statements, filed for the catandar year ending with or within the year covered by this return  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b. If 1 Yes; The sum of lines 1 and 2 as ingreated than 250, you may be required to e-the (see instructions)  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. If 1 Yes; The sum file of a form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts over, a thanical account in a foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3b. If 1 Yes; enter the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3b. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 888-7?  4b. Did any taxable party notify the organization file form 888-7?  4c. If 1 Yes; did the organization interest the were not tax deductable?  4c. If 1 Yes, and the organization interest in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  4c. If 1 Yes, and the organization entity the donor of the value of the goods or services provided?  4d. If 1 Yes, and the organization neity the donor of the value of the goods or services provided?  4d. If 1 Yes, and the organization neity the donor of the value of the goods or services provided?  4d. If 1 Yes, and the organization organization organization organi	12	Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable   1a   n			
b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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 raturu.  b If all least one is reported on line 2a, did the organization file all required faderal employment tax returns?  Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-/le (see instructions)  3b Did the organization have unreleted business gross income of \$1,000 or more during the year?  3a V file "Yes", has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  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 accounts accounts?  5b Was the organization aparty to a prohibited tax shaller transaction at any time during the tax year?  5c entry of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solet any contributions that it was or a party to a prohibited tax shelter transaction?  5c V  5c V  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c V  6d If "Yes," did the organization seleve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6d If "Yes," indicate the number of forms 8282 filed during the year.  7d Did the organization seleve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization seleves any funds, directly or indirectly, to pay p					
reportable garming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 Statements, fleef for the calendar year ending with or within the year covered by this return  3 Statements, fleef for the calendar year ending with or within the year covered by this return  4 If at least one is reported on line 2a, did the organization fite all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater lihan 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 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 ▶  5 See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts over, a financial account in a foreign country ▶  5 See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  5 Was the organization and you to a prohibited tax shelter transaction?  5 If "Yes" or line 5 or 5 b, did the organization that I was or is a party to a prohibited tax shelter transaction?  5 If "Yes" to line 5 or 5 b, did the organization that I was or is a party to a prohibited tax shelter transaction?  6 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization shell were year selected that are normally greater than \$100,000, and did the organizations that may receive deductible contributions under section 170(c).  9 Did the organization shell the payor?  10 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  11 Pres," and class the num			1		
Statements, filed for the calendar year ending with or within the year covered by this return 2   2      Note. If the sum of lines 2, and the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, *has it fled a Form 950-T for this year? If *No,* provide an explanation in Schedule 0  3c If Yes, *has in fled a Form 950-T for this year? If *No,* provide an explanation in Schedule 0  3d If Yes, *the sum of lines 1 and 2 as special to 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 in a foreign country (such as a bank account, securities account, or other financial accounts account)  1 If Yes, *enter the name of the foreign country   1 If Yes, *enter the name of the foreign country   1 If Yes, *enter the name of the foreign country to a prohibited tax sheller transaction of a my time during the tax year?  5a Was the organization of the form 980-T?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization than the receive an unit tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Did the organization during the year.  6c Did the organizatio	_		1c	1	
Statements, filed for the calendar year ending with or within the year covered by this return 2   2      Note. If the sum of lines 2, and the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, *has it fled a Form 950-T for this year? If *No,* provide an explanation in Schedule 0  3c If Yes, *has in fled a Form 950-T for this year? If *No,* provide an explanation in Schedule 0  3d If Yes, *the sum of lines 1 and 2 as special to 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 in a foreign country (such as a bank account, securities account, or other financial accounts account)  1 If Yes, *enter the name of the foreign country   1 If Yes, *enter the name of the foreign country   1 If Yes, *enter the name of the foreign country to a prohibited tax sheller transaction of a my time during the tax year?  5a Was the organization of the form 980-T?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization than the receive an unit tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Did the organization during the year.  6c Did the organizatio	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines is a and 2a is greater than 250, you may be required to e-life (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the eyer?  3b If Yes, has if fied a Form 990-T for this year? If "No," provide an explanation in Schedule 0  3a If year the during the calendary 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 accounts)  4a If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," did 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?  7c Organizations have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the denor of the value of the goods or services provided?  9d If "Yes," did the organization notify the denor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 8282 filled during the year  9d Uffer organization received a contribution of accounting to a contribution of accounting the year and the property of the programization received a contribution of accounting to granization file Form 8898 as required?  9d If the organization received a contribution of accounting the year?  9d Office organization make any taxebid defi		i i	-		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 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)  b If "Yes," enter the name of the foreign country   ► See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 8b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to did the organization and party to a prohibited tax shelter transaction?  c If "Yes," to did the organization and promition and party to a prohibited tax shelter transaction?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  b If "Yes," indicate the number of Forms 8282 filed during the year  D of the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to life Form 8282 filed during the year  D of the organization during the year, pay premiums on a personal benefit contract?  f Did the organization and party of the organization in the Form 8899 as required?  If the organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization is a donor advised funds.  b Did the organization make any taxable distributions under section 4966?  D off the organization make any taxable distributions u		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g		· · · · · · · · · · · · · · · · · · ·			
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization received any payments for indoor tanning services during the tax year?  Ida V  Ida W  Formal Representation file organization in Schedule O  The fires," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  ✓  14a  ✓  15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  ✓		· · · · · · · · · · · · · · · · · · ·			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 1			14a		1
					<u>,</u>
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu				
	Check if Schedule O contains a response to any question in this Part VI				
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7			
	If there are material differences in voting rights among members of the governing body, or				İ
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O		ļ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	Ì		
	any other officer, director, trustee, or key employee?	L	2		1
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?	L	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	lo [	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets	<sub>3</sub> ?	5		<b>✓</b>
6	Did the organization have members or stockholders? .		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint			
	one or more members of the governing body?	<u> </u>	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) men	nbers,			1
	stockholders, or persons other than the governing body?	_	7b		<b>V</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during			}
	the year by the following				
а	The governing body? .		8a	✓	
b	Each committee with authority to act on behalf of the governing body?	<u></u> -	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9_		<u></u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Co		)
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<del>_</del>	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposi		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the f	OIIII, L	11a	✓	
100	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.	100		,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor		12a		<b>✓</b>
b		-	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done		100		
12	Did the organization have a written whistleblower policy?	<u> </u>	12c 13		1
13	Did the organization have a written document retention and destruction policy?	<u> </u>	14		<b>V</b>
15	Did the process for determining compensation of the following persons include a review and appro-		14		<b>V</b>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	- 1			
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization .	-	15b		1
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				<b>-</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?	1	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	)—			<del>                                     </del>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua	,			
	organization's exempt status with respect to such arrangements?		16b		1
Secti	on C. Disclosure				1
17	List the states with which a copy of this Form 990 is required to be filed ▶ OKLAHOMA				
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. Indicate how you made 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 made its governing documents, co	onflict of	ıntei	rest p	olicy,
	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 r	ecords o	f the	:	
	organization ► RAY CARROLL, 105 EAST LEE, SAPULPA, OK 74067 - 918-430-8521				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
	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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an			n an	(D)  Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RAY CARROLL, COMMANDER	30							0	0	. 0
(2) JERLETTA M HALFORD, VICE COMMANDER	20							0	0	0
(3) BRIAN JEFFRIES, JR VICE COMMANDER	5							0	0	0
(4) JERLETTA M HALFORD, ADJUTANT	20							0	0	0
(5) JIM HAUBERT, FINANCIAL OFFICER	5							5	5	5
(6) PAUL DEARMON, SERGEANT AT ARMS	5							0	0	0
(7) KENNETH THERY, CHAPLAIN	5							0	0	0
(8)										
(9)	-									
(10)										
(11)										
(12)										
(13)										
(14)										

•	(A) Name and title	Name and tille  Average hours per week		is both or/trust	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related		other					
		(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		from organ and	n the nization related ization	<b>1</b>
(15)														
(16)														-
(17)														
(18)														
(19)														
(20)		-											•	
(01)														
(22)		-												
(23)														
(24)														
(25)														
1b	Sub-total							<b>&gt;</b>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A			•		<b>&gt;</b>	0		0			<u>0</u> 0
2	Total number of individuals (including but reportable compensation from the organic		d to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	000,00	of		
3	Did the organization list any former of		tor o	or tr	uste	20	kev e	mr	Novee or high	nest compa	neated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ındı	vidu	ıal					3		✓
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual  Did any person listed on line 1a receive of									zation or ind	lıvıdual	4		✓
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compi	ete	Sch	edu	ıle J f	or s	such person			5		✓
1	Complete this table for your five highest compensation from the organization Repyear													ax
	(A) Name and business add	ress							(B) Description of s	ervices	(	( <b>C</b> ) Compens	ation	
							-	-						
								_					-,	
_2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed ab	ove) who				

Total fremue   Page of country   C	Part	VIII	Statement of Revenue					
Section   Sec					(A) Total revenue	exempt function		Revenue excluded from tax under sections
Section   Sec	ts	1a	Federated campaigns 1a		-			
Section   Sec	ra u	b						
Section   Sec	ا ع ق		·					
Section   Sec	ar A		-		}		!	
Business Code  98595    Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   Patternation	S, E							
Business Code  98595    Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   Patternation	<u> </u>	f						
Business Code  98595    Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   Patternation	the lat		and similar amounts not included above 1f					
Business Code  98595    Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   98595   Business Code   Patternation	d O	g	Noncash contributions included in lines 1a-1f \$					
2a BINGO REVENUE 98595 b c d d d d f All other program service revenue 9 f All other revenue 9 f		h	Total. Add lines 1a-1f	<u> </u>				
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	une			Business Code				
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	eve		BINGO REVENUE		98595			
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	e B							
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	Ž							
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	3Sr							
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	Jran	_						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties	rog		, 5	<u> </u>	98595			
and other similar amounts)  Income from investment of tax-exempt bond proceeds    Soyalties    O   Peas	_			dends, interest,				
Second Part			•	<b>•</b>				
(i) Real   (ii) Personal   (ii) Personal   (iii) Person		4	Income from investment of tax-exempt to	ond proceeds >				
Base   Company   Company		5	Royalties					
b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  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 S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b Less direct expenses 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 See Part IV line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV line 19 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  d All other revenue e Total. Add lines 11a-11d			(i) Real	(II) Personal				
C Rental income or (loss) d Net rental income or (loss) 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 S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV line 19 b Less cost of goods sold c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b C d All other revenue e Total. Add lines 11a–11d		6a	Gross rents					
d Net rental income or (loss) 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 garn or (loss)  8a Gross income from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events b c Net income or (loss) from fundraising events See Part IV line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV line 19 b Less direct expenses b c Net income or (loss) from gaming activities See Part IV line 19 b Less direct expenses b c Net income or (loss) from gaming activities Less direct expenses b c Net income or (loss) from gaming activities  Net income or (loss) from gaming activities  Business Code  11a b C Miscellaneous Revenue Business Code  11a b C Miscellaneous Revenue Business Code		b						
7a Gross amount from sales of assets other than unventory 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 S 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 See Part IV line 19 a b Less cost of goods sold b c Net income or (loss) from 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 b c d All other revenue e Total. Add lines 11a-11d		С						
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 \$ 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 See Part IV line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV line 19 b Less direct expenses b c Net income or (loss) from gaming activities See Part IV line 19 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 b C Miscellaneous Revenue Business Code  4 All other revenue e Total. Add lines 11a-11d			}	., <u>.</u>				
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 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV line 19 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d		7a	aroso arroani moni saros si	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events See Part IV line 19 a b Less direct expenses c Net income or (loss) from gaming activities See Part IV line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d		h	·					
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Ba Gross income from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses b c Net income or (loss) from fundraising events See Part IV line 19  b Less direct expenses b c Net income or (loss) from gaming activities See Part IV line 19  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 b c d All other revenue e Total. Add lines 11a–11d		С	Gain or (loss)	-			,	
See Part IV, line 18  b Less direct expenses b  c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV line 19  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  b  c d All other revenue  e Total. Add lines 11a-11d		d		<b>&gt;</b>				
See Part IV, line 18  b Less direct expenses b  c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV line 19  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  b  c d All other revenue  e Total. Add lines 11a-11d	n)							
See Part IV, line 18  b Less direct expenses b  c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV line 19  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  b  c d All other revenue  e Total. Add lines 11a-11d	й	8a						
See Part IV, line 18  b Less direct expenses b  c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV line 19  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  b  c d All other revenue  e Total. Add lines 11a-11d	eve							
b Less direct expenses b c Net income or (loss) from fundraising events    9a Gross income from gaming activities   See Part IV line 19			Can Dart IV June 19	_				
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	the	<u> </u>		a	{			
9a Gross income from gaming activities See Part IV line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a−11d	Ö			a events				
See Part IV line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a–11d				CVCINS				
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 b c d All other revenue e Total. Add lines 11a-11d  b			Can Daw IV I has 10	a				
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d  ▶		b			i			
returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue e Total. Add lines 11a–11d		С		tivities				
b Less cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a		10a						
c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d  ▶			•	а	į			
Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d		b		·	]			
b c d All other revenue e Total. Add lines 11a–11d	ļ	С	<del></del>					
b c d All other revenue e Total. Add lines 11a–11d	ļ	-	Miscellaneous Revenue	Business Code				
c d All other revenue e Total. Add lines 11a–11d								
d All other revenue e Total. Add lines 11a–11d				-				
e Total. Add lines 11a–11d		l .						
		1		<b></b>	-	<u> </u>	-	
12 Total Contract See mondemone		12	Total revenue. See instructions	•	98595	· <del>-</del>		

#### 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						
00.00	t include amounts reported on lines 6b, 7b,	(A)	(8)	(C)	(D)	
	, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising	
	<u> </u>		expenses	general expenses	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	55553	55553			
3	Grants and other assistance to governments,					
Ū	organizations, and individuals outside the					
	United States See Part IV, lines 15 and 16					
					<del></del>	
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,					
	trustees, and key employees					
6	Compensation not included above, to disqualified		į			
	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			<del></del> · · · ·		
U	section 401(k) and 403(b) employer contributions		ļ			
^					<del></del>	
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes			·		
11	Fees for services (non-employees)					
а	Management					
b	Legal					
С	Accounting	400		400		
d	Lobbying	"				
е	Professional fundraising services See Part IV, line 17					
f	Investment management fees		-		. <u>-</u>	
	Other					
. g	<b>.</b>	1333	1333			
12	Advertising and promotion		1333	2202		
13	Office expenses	2382		2382		
14	Information technology					
15	Royalties					
16	Occupancy	16202		16202	······	
17	Travel					
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	3284	3284			
22	Depreciation, depletion, and amortization	3234	5257			
23	Insurance	2396		2396		
	ì	2350		2390		
24	Other expenses Itemize expenses not covered	1	1			
	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.)					
а	BINGO EXPENSES AND PRIZES	20697	20697		· · · · · · · · · · · · · · · · · · ·	
b	LICENSES AND PERMITS	235		235		
С	TAXES	304		304		
d	TELEPHONE	1365		1365		
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	104151	80867	23284		
26	Joint costs. Complete this line only if the	104101	00007			
20	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation Check here  if					
	following ŠOP 98-2 (ASC 958-720)					

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing .	5357	1	1380
	2	Savings and temporary cash investments	157098	2	161075
	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			
Assets	_	employees' beneficiary organizations (see instructions)		6	· · · · · · · · · · · · · · · · · · ·
\ss	7	Notes and loans receivable, net		7	<del></del>
`	8	Inventories for sale or use .	···	8	<del></del>
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or		9	<del> </del>
	104	other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	<del></del>
	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)	162455	16	162455
	17	Accounts payable and accrued expenses .		17	
	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	
es	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified persons			
Liabilities		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	<del></del>	24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0		0
_		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets .		28	
ğ	29	Permanently restricted net assets		29	· <u> </u>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	162455	32	162455
Nei	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances .	162455	34	162455
					Earm 000 (2011)

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⊇age	- 1	_

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	98595		
2	Total expenses (must equal Part IX, column (A), line 25)	2	104151		
3	Revenue less expenses Subtract line 2 from line 1 .	3	-5556		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	162455		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0		
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	156899		
Part					<u></u>
	Check if Schedule O contains a response to any question in this Part XII			·	
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain ir	ī	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
b	Were the organization's financial statements audited by an independent accountant?				<b>✓</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.	~	l.		1
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	kplaın ır	ו		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both	ar were	e		
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	n		
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	n <b>99</b> 0	(2011)

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

# 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.

2011
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
AMERICAN LEGION POST 36

Employer identification number 73-6102265

FORM 990 PART VI, QUESTION 11 (B)
FINANCIAL STATEMENTS ARE PREPARED QUARTERLY BY ALLSYSTEMS TAX & BOOKKEEPING AND REVIEWED BY THE OFFICERS
THE TAX RETURN IS PREPARED BY ALLSYSTEMS TAX & BOOKKEEPING AFTER REVIEW AND APPROVAL OF YEAR END FINANCIAL
STATEMENTS THE TAX RETURN IS SIGNED AND MAILED BY THE OFFICER IN CHARGE AFTER REVIEW AND APPROVAL
FORM 990 PART VI, QUESTION 19
DOCUMENTS ARE MAINTAINED IN THE GENERAL OFFICE ON THE PROPERTY AND ARE AVAILABLE FOR REVIEW UPON REQUEST
FINANCIAL STATEMENTS ARE KEPT IN THE GENERAL OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST