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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning** JUNE 01 **, 2011, and ending** MAY 31 **, 2012**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization ARCHIE HAY POST 24

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) 551 BROADWAY — Room/Suite

City or town, state or country, and ZIP + 4 ROCK SPRINGS WY 82901

**D Employer identification number** 83-6009556

**E** Telephone number (307) 382-3315

**G** Gross receipts $ 1,066,406

**F** Name and address of principal officer SEE ATTACHMENT #1

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

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

If "No," attach a list (see instructions)

**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ N/A

**H(c)** Group exemption number ▶

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation 1919 **M** State of legal domicile WY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT #2

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 7 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 35 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 42,581 | 33,346 |
| 9 | Program service revenue (Part VIII, line 2g) | 8,926 | 14,829 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 44 | 344 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 290,089 | 301,645 |
| 12 | Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 341,640 | 350,164 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 19,461 | 18,423 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 107,942 | 110,731 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 157,987 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 107,611 | 110,208 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 235,014 | 239,362 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 106,626 | 110,802 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 596,993 | 650,933 |
| 21 | Total liabilities (Part X, line 26) | 63,322 | 6,460 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 533,671 | 644,473 |

## Part II Signature Block

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

**Sign Here**

Signature of officer JOE TALLON — COMMANDER — Date 1-14-13

Type or print name and title

**Paid Preparer Use Only**

| | | | |
|---|---|---|---|
| Print/Type preparer's name KERRY W RICHARDS | Preparer's signature | Date 1-14-13 | Check ☒ if self-employed — PTIN P00052403 |
| Firm's name ▶ KERRY RICHARDS | | | Firm's EIN ▶ 83-0298197 |
| Firm's address ▶ 725 NORTH FRONT STREET ROCK SPRINGS WY 82901 | | | Phone no (307) 362-4488 |

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

**For Paperwork Reduction Act Notice, see the separate Instructions.**

Form **990** (2011)

JVA 11 9901 TWF 990 Copyright Forms (Software Only) - 2011 TW

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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

THE LEGIONS MISSION IS TO PROVIDE SUPPORT TO GOD, COUNTRY AND FAMILY. WE SUPPORT VETERANS, THEIR FAMILIES, AND THE COMMUNITY. WE PROVIDE FINANCIAL SUPPORT FOR VETERANS IN NEED AND TO COMMUNITY ORGANIZATIONS AND INDIVIDUALS.

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 $ 43,571 including grants of $ 43,571 ) (Revenue $ 14,829 )

SEE ATTACHMENT #3

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ _____ including grants of $ _____ ) (Revenue $ _____ )

4e **Total program service expenses** ▶ 43,571

**Part IV** **Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II N/A | 4 | | |
| 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 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at $100,00 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | X | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A | 20b | | |

**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 | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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 | 35b | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A | 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 7 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | N/A 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | N/A 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | N/A 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | X | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter. | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | X |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | X |
| | **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 | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | N/A 14b | | |

  

**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 . . . . . X

## Section 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| 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 with any other officer, director, trustee, or key employee? . . . . . | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | 9 | | | X |

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . . | 10a | | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . | 10b | N/A | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . | 11a | | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . | 12a | | | X |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | N/A | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . | 12c | N/A | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | | X | |
| b | Other officers or key employees of the organization . . . . . | 15b | | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | N/A | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WY

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, 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 #4

**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 TRUSTEE OR DIRECTOR | INSTITUTIONAL TRUSTEE | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED EMPLOYEE | FORMER | | | | |
| JOE TALLON<br>COMMANDER | 12.00 | | | X | | | | | 0 | 0 | 0 |
| RONALD EAST<br>1ST VICE COMMANDER | 12.00 | | | X | | | | | 0 | 0 | 0 |
| RONALD GUNYAN JR<br>2ND VICE COMMANDER | 20.00 | | | X | | | | | 0 | 0 | 0 |
| LEONARD MERRELL<br>ADJUTANT | 25.00 | | | X | | | | | 0 | 0 | 0 |
| BARBARA GUNYAN<br>MANAGER | 40.00 | | | | X | | | | 36,400 | 0 | 0 |
| DOUG UHRIG<br>TRUSTEE | 4.00 | X | | | | | | | 0 | 0 | 0 |
| DAVID LEE<br>TRUSTEE | 4.00 | X | | | | | | | 0 | 0 | 0 |
| DENNIS DOAK<br>TRUSTEE | 4.00 | X | | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (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 TRUSTEE OR DIRECTOR | INSTITUTIONAL TRUSTEE | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED EMPLOYEE | FORMER | | | | |
| 1b **Sub-total** ▶ | | | | | | | | | 36400 | 0 | 0 |
| c **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | | |
| d **Total (add lines 1b and 1c)** ▶ | | | | | | | | | 36400 | 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 |
|---|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | 4 | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 28,398 | | | |
| | 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 | 4,948 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f ▶ | | 33,346 | | | |
| PROGRAM SERVICE REVENUE | | | **Business Code** | | | | |
| | 2a | LEGION RIDERS | 624100 | 9,749 | 9,749 | | |
| | b | JENKINS | 624100 | 3,695 | 3,695 | | |
| | c | SONS OF LEGION | 624100 | 1,385 | 1,385 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f ▶ | | 14,829 | | | |
| OTHER REVENUE | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 344 | 344 | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) ▶ | | | | | |
| | 8a | Gross income from fundraising events (not including $ _____ 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 | | 741,310 | | | |
| | b | Less: direct expenses b | | 597,903 | | | |
| | c | Net income or (loss) from gaming activities ▶ | | 143,407 | 143,407 | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | 270,532 | | | |
| | b | Less: cost of goods sold b | | 118,339 | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | 152,193 | 152,193 | | |
| | | Miscellaneous Revenue | **Business Code** | | | | |
| | 11a | MISCELLANEOUS | | 6,045 | 6,045 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d ▶ | | 6,045 | | | |
| | 12 | **Total revenue.** See instructions ▶ | | 350,164 | 316,818 | | |

**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 | 7,040 | 7,040 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 11,383 | 11,383 | | |
| 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 | 36,400 | | 36,400 | |
| 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 | 61,239 | | | 61,239 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 13,092 | | | 13,092 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 1,404 | | 1,404 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 2,669 | | | 2,669 |
| 13 | Office expenses | 5,886 | | | 5,886 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 21,863 | | | 21,863 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10,778 | | | 10,778 |
| 20 | Interest | 3,866 | | | 3,866 |
| 21 | Payments to affiliates | 25,148 | 25,148 | | |
| 22 | Depreciation, depletion, and amortization | 14,085 | | | 14,085 |
| 23 | Insurance | 8,530 | | | 8,530 |
| 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 | LICENSES | 7,136 | | | 7,136 |
| b | SUPPLIES | 4,085 | | | 4,085 |
| c | BANDS | 3,200 | | | 3,200 |
| d | MISCELLANEOUS | 1,558 | | | 1,558 |
| e | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 239,362 | 43,571 | 37,804 | 157,987 |
| 26 | **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| ASSETS | 1 | Cash -- non-interest-bearing | | 86,623 | 1 | 122,178 |
| | 2 | Savings and temporary cash investments | | 51,584 | 2 | 48,045 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 8,630 | 8 | 11,198 |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D | 10a 550,110 | | | |
| | b | Less: accumulated depreciation | 10b 80,598 | 450,156 | 10c | 469,512 |
| | 11 | Investments -- publicly traded securities | | | 11 | |
| | 12 | Investments -- other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments -- program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 596,993 | 16 | 650,933 |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | 6,502 | 17 | 6,460 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 56,820 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 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 | | 63,322 | 26 | 6,460 |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | | 27 | |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 32,148 | 30 | 32,148 |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 501,523 | 32 | 612,325 |
| | 33 | Total net assets or fund balances | | 533,671 | 33 | 644,473 |
| | 34 | Total liabilities and net assets/fund balances | | 596,993 | 34 | 650,933 |

  

**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 | 350,164 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 239,362 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 110,802 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 533,671 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 644,473 |

**Part XII** **Financial Statements and Reporting**

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A | 3b | | |

  

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

**Name of the organization**
ARCHIE HAY POST 24

**Employer identification number**
83-6009556

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV** **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V** **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---|---|
| (i) unrelated organizations (3a(i)) | | |
| (ii) related organizations (3a(ii)) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b) | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI** **Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 17,473 | | | 17,473 |
| b Buildings | 474,670 | | 43,076 | 431,594 |
| c Leasehold improvements | | | | |
| d Equipment | 44,865 | | 30,357 | 14,508 |
| e Other | 13,103 | | 7,165 | 5,938 |
| **Total.** Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 469,513 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15 ) ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | |

**2.** FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change In Net Assets from Form 990 to Audited Financial Statements**

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

  

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
ARCHIE HAY POST 24

**Employer identification number**
83-6009556

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total . . . . . ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

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

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) thru col (c)) |
|---|---|---|---|---|---|
| REVENUE | 1 Gross revenue | | 741,310 | | 741,310 |
| DIRECT EXPENSES | 2 Cash prizes | | 597,903 | | 597,903 |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % / [X] No | Yes % / [X] No | Yes % / [X] No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( 597,903 ) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | 143,407 |

9 Enter the state(s) in which the organization operates gaming activities WY

a Is the organization licensed to operate gaming activities in each of these states? [ ] Yes [X] No

b If "No," explain:
THESE ACTIVITIES DO NOT REQUIRE LICENSING ON A STATE LEVEL
TAXPAYER DOES HAVE A CITY PERMIT

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [X] No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

| | | |
|---|---|---|
| a The organization's facility | 13a | 100.00 % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SEE ATTACHMENT #5

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information.

Name ▶ SEE ATTACHMENT #6

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
ARCHIE HAY POST 24

**Employer identification number**
83-6009556

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . . ▶ ☒

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions . . . . . ▶

3 Enter total number of other organizations listed in the line 1 instructions . . . . . ▶

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

Part III can be duplicated if additional space is needed

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

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

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

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047
**2011**
**Open To Public Inspection**

**Name of the organization**
ARCHIE HAY POST 24

**Employer identification number**
83-6009556

**Part I** **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | (c) Corrected? No |
|---|---|---|---|---|
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

**Part II** **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | (b) From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | (e) No | (f) Approved by board or committee? Yes | (f) No | (g) Written agreement? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| Total ▶ $ | | | | | | | | | | |

**Part III** **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|---|---|---|
| | | |

 

**Part IV** **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| BARBARA GUNYAN | EMPLOYEE AND WIFE OF 2ND COMMANDER | 36,400 | WAGES | | X |

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE O**
**(Form 990 or 990-EZ)**
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
**2011**
**Open to Public Inspection**

Name of the organization
ARCHIE HAY POST 24

**Employer identification number**
83-6009556

PART VI LINE 11. FORM 990 IS PROVIDED TO THE GOVERNING BODY AT ITS REGULAR MONTHLY MEETING FOR REVIEW AND APPROVAL
PART VI LINE 15. KEY EMPLOYEE'S SALARY IS VOTED UPON ANNUALLY BY THE GOVERNING BOARD
PART VI LINE 19. THE LEGION PROVIDES THESE DOCUMENTS AT ITS BUSINESS OFFICES UPON REQUEST

 

# 990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

| OPEN TO PUBLIC INSPECTION | For calendar year 2011, or tax period beginning 06-01-2011, and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

**990, Page 1, Line F**

Principal officer name, or Business Name: RICHARD DANSEREAU

Street Address: 551 BROADWAY

U S Address:

Zip code 82901 City ROCK SPRINGS State WY

or

Foreign Address

City

Province or State

Country

Postal code

# 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

| OPEN TO PUBLIC INSPECTION | For calendar year 2011 or tax period beginning 06-01 , and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

| Primary Purpose |
|---|
| THE LEGIONS MISSION IS TO PROVIDE SUPPORT TO GOD, COUNTRY AND FAMILY. WE SUPPORT VETERANS, THEIR FAMILIES, AND THE COMMUNITY. WE PROVIDE FINANCIAL SUPPORT FOR VETERANS IN NEED AND TO COMMUNITY ORGANIZATIONS AND INDIVIDUALS. |

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

| OPEN TO PUBLIC INSPECTION | For calendar year 2011, or tax period beginning 06-01-2011, and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

**Part III - Statement of Program Service Accomplishments**

| Code: | Expenses: | 43,571 | including Grants of | 43,571 | Revenue. | 14,829 |
|---|---|---|---|---|---|---|

Exempt Purpose Achievements

THE ORGANIZATION CONTINUES TO PROVIDE STRONG COMMUNITY SUPPORT FOR LOCAL CHARITIES. IT SUPPORTS AND PROVIDES FOR DISABLED VETERANS AND NUMEROUS DISABLED VETERAN AFFILIATES.

# 990 BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

| OPEN TO PUBLIC INSPECTION | For calendar year 2011 or tax period beginning 06-01 , and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

**Part VI - Line 20**

Individual Name ..... BARBARA GUNYAN

or

Business Name:

Street Address ..... 551 BROADWAY

U S. Address:

Zip code 82901 City ROCK SPRINGS State WY

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (307)382-3315

Fax Number .....

# 990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 5: SCH G PAGE 3, PART III, LINE 14

| OPEN TO PUBLIC INSPECTION | For calendar year 2011 or tax period beginning 06-01-2011, and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

**Part III - Line 14**

Individual Name or Business Name. BARBARA GUNYAN

Street Address 551 BROADWAY

U S Address:

Zip code 82901 City ROCK SPRINGS State WY

or

Foreign Address

City

Province or State

Country

Postal code

# 990 GAMING MANAGER INFORMATION

ATTACHMENT 6: SCH G PAGE 3, PART III, LINE 16

| OPEN TO PUBLIC INSPECTION | For calendar year 2011 or tax period beginning 06-01-2011, and ending 05-31-2012. |
|---|---|

| Name of Organization | Employer Identification Number |
|---|---|
| ARCHIE HAY POST 24 | 83-6009556 |

**Part III - Line 16**

Individual Name or Business Name: BARBARA GUNYAN

Compensation: 36,400

Services Provided:
MAINTAIN FINANCIAL RECORDS, OVERSEE BANKING ACTIVITIES AND COMPLETE REQUIRED REPORTS

Title: DIRECTOR/OFFICER

# 2011 Federal Depreciation Schedule

ARCHIE HAY POST 24
83-6009556

01-13-2013

| Description | Date | Method | Year | Cost | Land/ Other | Prior §179 | Current §179 | Pr Spec Allow | Cur Spec Allow | Basis | Prior | Current | Accum Depr | Adj Basis |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Land** | | | | | | | | | | | | | | |
| LAND | 03-01-04 | S/L | 0 | 17,473 | 17,473 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Asset | | | Totals | 17 473 | 17,473 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Buildings** | | | | | | | | | | | | | | |
| BUILDING | 01-01-80 | S/L | 0 | 72,200 | 0 | 0 | 0 | 0 | 0 | 72,200 | 0 | 0 | 0 | 72,200 |
| NEW BUILDING | 05-01-05 | S/L | 39 | 143,741 | 0 | 0 | 0 | 0 | 0 | 143,741 | 20,737 | 3,686 | 24,423 | 119,318 |
| NEW BUILDING | 06-01-06 | S/L | 39 | 21,026 | 0 | 0 | 0 | 0 | 0 | 21,026 | 2,448 | 539 | 2,987 | 18,039 |
| NEW BUILDING | 06-15-08 | S/L | 39 | 102,626 | 0 | 0 | 0 | 0 | 0 | 102,626 | 6,797 | 2,631 | 9,428 | 93,198 |
| NEW BUILDING | 05-15-09 | S/LMM | 39 | 55,049 | 0 | 0 | 0 | 0 | 0 | 55,049 | 2,858 | 1,412 | 4,270 | 50,779 |
| NEW BUILDING | 05-15-10 | S/LMM | 39 | 26,950 | 0 | 0 | 0 | 0 | 0 | 26,950 | 720 | 691 | 1,411 | 25,539 |
| NEW BUILDING 2011 | 05-15-11 | S/LMM | 39 | 19,492 | 0 | 0 | 0 | 0 | 0 | 19,492 | 21 | 500 | 521 | 18,971 |
| NEW BUILDING | 05-15-12 | S/LMM | 39 | 33,586 | 0 | 0 | 0 | 0 | 0 | 33,586 | 0 | 36 | 36 | 33,550 |
| 8 Assets | | | Totals | 474 670 | 0 | 0 | 0 | 0 | 0 | 474 670 | 33.581 | 9 495 | 43 076 | 431.594 |
| **Furniture & Fixtures** | | | | | | | | | | | | | | |
| FOLDING TABLE | 05-01-99 | 200DB | 10 | 550 | 0 | 0 | 0 | 0 | 0 | 550 | 431 | 0 | 431 | 119 |
| CHAIRS | 05-01-99 | 200DB | 10 | 230 | 0 | 0 | 0 | 0 | 0 | 230 | 180 | 0 | 180 | 50 |
| GUN CASE | 03-01-00 | 200DB | 10 | 200 | 0 | 0 | 0 | 0 | 0 | 200 | 162 | 0 | 162 | 38 |
| BAR STOOLS | 03-01-00 | 200DB | 10 | 1,200 | 0 | 0 | 0 | 0 | 0 | 1,200 | 974 | 0 | 974 | 226 |
| WORK TABLE | 08-01-00 | 200DB | 10 | 750 | 0 | 0 | 0 | 0 | 0 | 750 | 636 | 0 | 636 | 114 |
| GUNS | 04-01-01 | 200DB | 10 | 1,400 | 0 | 0 | 0 | 0 | 0 | 1,400 | 1,277 | 0 | 1,277 | 123 |
| BAR STOOLS | 06-19-08 | 200DB | 10 | 919 | 0 | 0 | 0 | 0 | 0 | 919 | 389 | 106 | 495 | 424 |
| FURNITURE | 03-13-10 | 200DB | 10 | 5,631 | 0 | 0 | 0 | 0 | 0 | 5,631 | 1,577 | 811 | 2,388 | 3,243 |
| TABLES & CHAIRS | 11-01-10 | 200DB | 10 | 2,223 | 0 | 0 | 0 | 0 | 0 | 2,223 | 222 | 400 | 622 | 1,601 |
| 9 Assets | | | Totals | 13 103 | 0 | 0 | 0 | 0 | 0 | 13 103 | 5.848 | 1.317 | 7 165 | 5.938 |
| **Equipment & Machinery** | | | | | | | | | | | | | | |
| KITCHEN EQUIPMENT | 06-01-99 | 200DB | 10 | 3,733 | 0 | 0 | 0 | 0 | 0 | 3,733 | 3,083 | 0 | 3,083 | 650 |
| PULL TAB MACHINE | 03-01-00 | 200DB | 10 | 4,000 | 0 | 0 | 0 | 0 | 0 | 4,000 | 3,248 | 0 | 3,248 | 752 |
| COPIER | 05-01-00 | 200DB | 5 | 1,300 | 0 | 0 | 0 | 0 | 0 | 1,300 | 1,300 | 0 | 1,300 | 0 |
| BEER COOLER | 07-01-01 | 200DB | 10 | 2,000 | 0 | 0 | 0 | 0 | 0 | 2,000 | 1,859 | 28 | 1,887 | 113 |
| SMOKE EATER | 09-01-01 | 200DB | 10 | 1,300 | 0 | 0 | 0 | 0 | 0 | 1,300 | 1,176 | 25 | 1,201 | 99 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2011 Federal Depreciation Schedule

ARCHIE HAY POST 24
83-6009556

01-13-2013

| Description | Date | Method | Year | Cost | Land/ Other | Prior §179 | Current §179 | Pr Spec Allow | Cur Spec Allow | Basis | Prior | Current | Accum Depr | Adj Basis |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment & Machinery** | | | | | | | | | | | | | | |
| REGISTERS | 10-01-01 | 200DB | 10 | 300 | 0 | 0 | 0 | 0 | 0 | 300 | 270 | 6 | 276 | 24 |
| ICE MACHINE | 10-01-01 | 200DB | 10 | 2,400 | 0 | 0 | 0 | 0 | 0 | 2,400 | 2,152 | 50 | 2,202 | 198 |
| STEAM TABLE | 10-01-01 | 200DB | 10 | 1,500 | 0 | 0 | 0 | 0 | 0 | 1,500 | 1,345 | 31 | 1,376 | 124 |
| SALAD BAR | 11-01-01 | 200DB | 10 | 250 | 0 | 0 | 0 | 0 | 0 | 250 | 244 | 1 | 245 | 5 |
| ICE MACHINE | 04-03-03 | 200DB | 10 | 5,700 | 0 | 0 | 0 | 0 | 0 | 5,700 | 5,250 | 90 | 5,340 | 360 |
| SWAMP COOLER | 05-02-03 | 200DB | 10 | 1,700 | 0 | 0 | 0 | 0 | 0 | 1,700 | 1,566 | 27 | 1,593 | 107 |
| REGISTER | 06-15-05 | 200DB | 10 | 520 | 0 | 0 | 0 | 0 | 0 | 520 | 349 | 34 | 383 | 137 |
| CASH REGISTERS | 06-01-07 | 200DB | 10 | 529 | 0 | 0 | 0 | 0 | 0 | 529 | 285 | 49 | 334 | 195 |
| LEGION BUGLE | 06-01-07 | 200DB | 10 | 525 | 0 | 0 | 0 | 0 | 0 | 525 | 283 | 48 | 331 | 194 |
| PC SOFTWARE | 06-01-07 | 200DB | 3 | 484 | 0 | 0 | 0 | 0 | 0 | 484 | 472 | 0 | 472 | 12 |
| KEY CARDS | 01-01-08 | 200DB | 10 | 567 | 0 | 0 | 0 | 0 | 0 | 567 | 240 | 65 | 305 | 262 |
| TILE CUTTER | 06-11-08 | 200DB | 10 | 370 | 0 | 0 | 0 | 0 | 0 | 370 | 157 | 43 | 200 | 170 |
| PA SYSTEM | 10-24-08 | 200DB | 10 | 591 | 0 | 0 | 0 | 0 | 0 | 591 | 250 | 68 | 318 | 273 |
| COOLERS | 12-01-08 | 200DB | 10 | 4,600 | 0 | 0 | 0 | 0 | 0 | 4,600 | 1,950 | 530 | 2,480 | 2,120 |
| TOOL BOX | 12-31-08 | 200DB | 10 | 297 | 0 | 0 | 0 | 0 | 0 | 297 | 145 | 30 | 175 | 122 |
| EQUIPMENT | 12-04-09 | 200DB | 10 | 400 | 0 | 0 | 0 | 0 | 0 | 400 | 112 | 58 | 170 | 230 |
| EQUIPMENT PARTY RITE | 04-23-10 | 200DB | 10 | 932 | 0 | 0 | 0 | 0 | 0 | 932 | 261 | 134 | 395 | 537 |
| KITCHEN 2010 | 07-28-10 | 200DB | 10 | 556 | 0 | 0 | 0 | 0 | 0 | 556 | 56 | 100 | 156 | 400 |
| KEY CARDS 2011 | 01-24-11 | 200DB | 10 | 320 | 0 | 0 | 0 | 0 | 0 | 320 | 32 | 58 | 90 | 230 |
| VIDEO SYSTEM | 02-28-11 | 200DB | 10 | 3,000 | 0 | 0 | 0 | 0 | 0 | 3,000 | 300 | 540 | 840 | 2,160 |
| PULL TAB MACHINES 11 | 03-21-11 | 200DB | 10 | 6,991 | 0 | 0 | 0 | 0 | 0 | 6,991 | 699 | 1,258 | 1,957 | 5,034 |
| 26 Assets | | | Totals | 44 865 | 0 | 0 | 0 | 0 | 0 | 44,865 | 27,084 | 3,273 | 30,357 | 14,508 |
| 44 Assets | | | Grand Totals | 550,111 | 17,473 | 0 | 0 | 0 | 0 | 532,638 | 66,513 | 14,085 | 80,598 | 452 040 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2011 AMT Depreciation Schedule

ARCHIE HAY POST 24
83-6009556

01-13-2013

| Description | Date | Method | Year | Bus. Use % | Cost | Land/Other | §179 | Spec Allow | Basis | Prior | AMT | Regular | Adjust |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Land** | | | | | | | | | | | | | |
| LAND | 03-01-04 | S/L | 0 | 100 00 | 17,473 | 17,473 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Asset | | Totals | | | 17,473 | 17,473 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Buildings** | | | | | | | | | | | | | |
| BUILDING | 01-01-80 | S/L | 0 | 100 00 | 72,200 | 0 | 0 | 0 | 72,200 | 0 | 0 | 0 | 0 |
| NEW BUILDING | 05-01-05 | S/L | 39 | 100 00 | 143,741 | 0 | 0 | 0 | 143,741 | 11,058 | 3,686 | 3,686 | 0 |
| NEW BUILDING | 06-01-06 | S/L | 39 | 100 00 | 21,026 | 0 | 0 | 0 | 21,026 | 1,617 | 539 | 539 | 0 |
| NEW BUILDING | 06-15-08 | S/L | 39 | 100 00 | 102,626 | 0 | 0 | 0 | 102,626 | 6,797 | 2,631 | 2,631 | 0 |
| NEW BUILDING | 05-15-09 | S/LMM | 39 | 100 00 | 55,049 | 0 | 0 | 0 | 55,049 | 2,858 | 1,412 | 1,412 | 0 |
| NEW BUILDING | 05-15-10 | S/LMM | 39 | 100 00 | 26,950 | 0 | 0 | 0 | 26,950 | 720 | 691 | 691 | 0 |
| NEW BUILDING 2011 | 05-15-11 | S/LMM | 39 | 100 00 | 19,492 | 0 | 0 | 0 | 19,492 | 21 | 500 | 500 | 0 |
| NEW BUILDING | 05-15-12 | S/LMM | 39 | 100 00 | 33,586 | 0 | 0 | 0 | 33,586 | 0 | 36 | 36 | 0 |
| 8 Assets | | Totals | | | 474,670 | 0 | 0 | 0 | 474,670 | 23,071 | 9,495 | 9,495 | 0 |
| **Furniture & Fixtures** | | | | | | | | | | | | | |
| FOLDING TABLE | 05-01-99 | 200DB | 10 | 100 00 | 550 | 0 | 0 | 0 | 550 | 30 | 0 | 0 | 0 |
| CHAIRS | 05-01-99 | 200DB | 10 | 100 00 | 230 | 0 | 0 | 0 | 230 | 13 | 0 | 0 | 0 |
| GUN CASE | 03-01-00 | 200DB | 10 | 100 00 | 200 | 0 | 0 | 0 | 200 | 21 | 0 | 0 | 0 |
| BAR STOOLS | 03-01-00 | 200DB | 10 | 100 00 | 1,200 | 0 | 0 | 0 | 1,200 | 126 | 0 | 0 | 0 |
| WORK TABLE | 08-01-00 | 200DB | 10 | 100 00 | 750 | 0 | 0 | 0 | 750 | 107 | 0 | 0 | 0 |
| GUNS | 04-01-01 | 200DB | 10 | 100 00 | 1,400 | 0 | 0 | 0 | 1,400 | 117 | 0 | 0 | 0 |
| BAR STOOLS | 06-19-08 | 200DB | 10 | 100 00 | 919 | 0 | 0 | 0 | 919 | 389 | 106 | 106 | 0 |
| FURNITURE | 03-13-10 | 200DB | 10 | 100 00 | 5,631 | 0 | 0 | 0 | 5,631 | 1,577 | 811 | 811 | 0 |
| TABLES & CHAIRS | 11-01-10 | 200DB | 10 | 100 00 | 2,223 | 0 | 0 | 0 | 2,223 | 222 | 400 | 400 | 0 |
| 9 Assets | | Totals | | | 13,103 | 0 | 0 | 0 | 13,103 | 2,602 | 1,317 | 1,317 | 0 |
| **Equipment & Machinery** | | | | | | | | | | | | | |
| KITCHEN EQUIPMENT | 06-01-99 | 200DB | 10 | 100 00 | 3,733 | 0 | 0 | 0 | 3,733 | 366 | 0 | 0 | 0 |
| PULL TAB MACHINE | 03-01-00 | 200DB | 10 | 100 00 | 4,000 | 0 | 0 | 0 | 4,000 | 423 | 0 | 0 | 0 |
| COPIER | 05-01-00 | 200DB | 5 | 100 00 | 1,300 | 0 | 0 | 0 | 1,300 | 0 | 0 | 0 | 0 |
| BEER COOLER | 07-01-01 | 200DB | 10 | 100 00 | 2,000 | 0 | 0 | 0 | 2,000 | 134 | 28 | 28 | 0 |
| SMOKE EATER | 09-01-01 | 200DB | 10 | 100 00 | 1,300 | 0 | 0 | 0 | 1,300 | 118 | 25 | 25 | 0 |
| REGISTERS | 10-01-01 | 200DB | 10 | 100 00 | 300 | 0 | 0 | 0 | 300 | 29 | 6 | 6 | 0 |
| ICE MACHINE | 10-01-01 | 200DB | 10 | 100 00 | 2,400 | 0 | 0 | 0 | 2,400 | 237 | 50 | 50 | 0 |
| STEAM TABLE | 10-01-01 | 200DB | 10 | 100 00 | 1,500 | 0 | 0 | 0 | 1,500 | 147 | 31 | 31 | 0 |
| SALAD BAR | 11-01-01 | 200DB | 10 | 100 00 | 250 | 0 | 0 | 0 | 250 | 7 | 1 | 1 | 0 |
| ICE MACHINE | 04-03-03 | 200DB | 10 | 100 00 | 5,700 | 0 | 0 | 0 | 5,700 | 429 | 90 | 90 | 0 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2011 AMT Depreciation Schedule

ARCHIE HAY POST 24
83-6009556

01-13-2013

| Description | Date | Method | Year | Bus. Use % | Cost | Land/Other | §179 | Spec Allow | Basis | Prior | AMT | Regular | Adjust |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment & Machinery** | | | | | | | | | | | | | |
| SWAMP COOLER | 05-02-03 | 200DB | 10 | 100 00 | 1,700 | 0 | 0 | 0 | 1,700 | 128 | 27 | 27 | 0 |
| REGISTER | 06-15-05 | 200DB | 10 | 100 00 | 520 | 0 | 0 | 0 | 520 | 163 | 34 | 34 | 0 |
| CASH REGISTERS | 06-01-07 | 200DB | 10 | 100 00 | 529 | 0 | 0 | 0 | 529 | 232 | 49 | 49 | 0 |
| LEGION BUGLE | 06-01-07 | 200DB | 10 | 100 00 | 525 | 0 | 0 | 0 | 525 | 230 | 48 | 48 | 0 |
| PC SOFTWARE | 06-01-07 | 200DB | 3 | 100 00 | 484 | 0 | 0 | 0 | 484 | 311 | 0 | 0 | 0 |
| KEY CARDS | 01-01-08 | 200DB | 10 | 100 00 | 567 | 0 | 0 | 0 | 567 | 240 | 65 | 65 | 0 |
| TILE CUTTER | 06-11-08 | 200DB | 10 | 100 00 | 370 | 0 | 0 | 0 | 370 | 157 | 43 | 43 | 0 |
| PA SYSTEM | 10-24-08 | 200DB | 10 | 100 00 | 591 | 0 | 0 | 0 | 591 | 250 | 68 | 68 | 0 |
| COOLERS | 12-01-08 | 200DB | 10 | 100 00 | 4,600 | 0 | 0 | 0 | 4,600 | 1,835 | 530 | 530 | 0 |
| TOOL BOX | 12-31-08 | 200DB | 10 | 100 00 | 297 | 0 | 0 | 0 | 297 | 115 | 27 | 30 | 3 |
| EQUIPMENT | 12-04-09 | 200DB | 10 | 100 00 | 400 | 0 | 0 | 0 | 400 | 112 | 58 | 58 | 0 |
| EQUIPMENT PARTY RITE | 04-23-10 | 200DB | 10 | 100 00 | 932 | 0 | 0 | 0 | 932 | 261 | 134 | 134 | 0 |
| KITCHEN 2010 | 07-28-10 | 200DB | 10 | 100 00 | 556 | 0 | 0 | 0 | 556 | 56 | 100 | 100 | 0 |
| KEY CARDS 2011 | 01-24-11 | 200DB | 10 | 100 00 | 320 | 0 | 0 | 0 | 320 | 32 | 58 | 58 | 0 |
| VIDEO SYSTEM | 02-28-11 | 200DB | 10 | 100 00 | 3,000 | 0 | 0 | 0 | 3,000 | 300 | 540 | 540 | 0 |
| PULL TAB MACHINES 11 | 03-21-11 | 200DB | 10 | 100 00 | 6,991 | 0 | 0 | 0 | 6,991 | 699 | 1,258 | 1,258 | 0 |
| 26 Assets | | Totals | | | 44,865 | 0 | 0 | 0 | 44,865 | 7,011 | 3,270 | 3,273 | 3 |
| 44 Assets | | Grand Totals | | | 550,111 | 17,473 | 0 | 0 | 532,638 | 32,684 | 14,082 | 14,085 | 3 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2011**

Attachment Sequence No **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| ARCHIE HAY POST 24 | FOR FORM 990 | 83-6009556 |

**Part I** **Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000 |

| 6 | (a) Description of property | (b) Cost (busn use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500,000 |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** **Special Depreciation Allowance and Other Depreciation** (Do not include listed property ) (See instructions )

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 12,858 |

**Part III** **MACRS Depreciation** (Do not include listed property.) (See instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | 1,191 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | | | 27 5 yrs. | MM | S/L | |
| | | | | 27 5 yrs. | MM | S/L | |
| i | Nonresidential real property | 05-2012 | 33,586 | 39 yrs. | MM | S/L | 36 |
| | | | | | MM | S/L | |

**Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs. | | S/L | |
| c | 40-year | | | 40 yrs. | MM | S/L | |

**Part IV** **Summary** (See instructions )

| | | | |
|---|---|---|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions | 22 | 14,085 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

 