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SCANNED SEP 0 9 2013

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 2012

Open to Public Inspection

A	For the	2012 cale	endar year, or tax year beginning , 2012, and en	ding		, 20
В	Check if	applicable	C Name of organization Jack Henry American Legion Post 1		D Employe	er identification number
	Address	change	Doing Business As	.		92-0033193
\Box	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telephor	ne number
		-				007 272 5242
\vdash	Initial ret		840 W Fireweed City, town or post office, state, and ZIP code			907-272-5242
\vdash	Termina					
	Amende		Anchorage, Alaska 99503		G Gross re	
LJ	Applicat	ion pending	F Name and address of principal officer	I		for affiliates? Yes Vo
						cluded? Yes No
1	Tax-exe	mpt status	☐ 501(c)(3)	If "!	No," attach a	list (see instructions)
J	Website	:: ▶		H(c) Grou	p exemption	number >
K	Form of	organization	✓ Corporation Trust Association Other L Year of for	mation 1953	M State	of legal domicile Ak
P	art I	Summ	nary			
	1	Briefly de	escribe the organization's mission or most significant activities: sup	port the cause	of liberty a	and freedom through
		-	activities and promoting community awareness of veterans contribution			· · · · · · · · · · · · · · · · · · ·
ည		the count				
Activities & Governance		the count	<u>"J</u>			
Č	2	Chock th	ns box ▶☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	ite not secote
Ĝ	3		of voting members of the governing body (Part VI, line 1a)	a or more ma	. 3	
•ಕ						11
<u>ies</u>	4		of independent voting members of the governing body (Part VI, line 1	D)		550
₹	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	13
ţ	6		mber of volunteers (estimate if necessary)		. 6	25
4	7a	Total unr	related business revenue from Part VIII, column (C), line 12		. 7a	0
	ь	Net unre	lated business taxable income from Form 990-T, line 34		. 7b	
				Prior Y	'ear	Current Year
4	8	Contribu	27,900	44008		
ž	9	Program	service revenue (Part VIII, line 2g) RECEIVED	27,000		
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			
æ	11		venue (Part VIII, column (A) inces 5, 4, and 707		240 004	200 222
		Total rov	enue—add lines 8 through 11-(must equal Part VIII, column A), line 12)		248,694	396,322
	12				276,594	440,330
	13		nd similar amounts paid (Part IX-column (A), lines 1-3).		10,282	
	14		paid to or for members (Part IX, Oum, (A), line, 4)		13,911	32947
es	15		other compensation, employee-benefits (Part IX, column (A), lines 5–10)		59,427	66441
Sus	16a		onal fundraising fees (Part IX, column (A), line 11e)			<u> </u>
Expenses	b	Total fun	ndraising expenses (Part IX, column (D), line 25)	j		, ,
ù	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		100,080	175,471
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		183,700	274,860
	19	Revenue	e less expenses. Subtract line 18 from line 12		92,894	165,470
7 8	3			Beginning of C	urrent Year	End of Year
ets or	20	Total ass	sets (Part X, line 16)		1,636,201	1,701,599
Net Asse	21		pilities (Part X, line 26)		124,495	117351
ž.	22		ets or fund balances. Subtract line 21 from line 20		1,511,706	1,584,248
_	art II		ture Block		1,311,700	1,304,240
			ury, I declare that I have examined this return, including accompanying schedules and s			and balled as and balled store
			ary, i declare that i have examined this return, including accompanying schedules and solete. Declaration of preparer (other than officer) is based on all information of which prep			ny knowledge and beller, it is
	···	T	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
Qi,	gn	Sugar	natule of officer		unto.	
					$^{\text{late}}$ // Z	Fre 12
пе	ere		rignore C. United &		11 FI	
_			e of print name and title			· · · · · · · · · · · · · · · · · · ·
Pa	aid	Print/Ty	ype preparer's signature	Date	Check [ıf PTIN
	epare	Janet	Hansen Jakes June		self-emp	oloyed
	se On		name K Street Accounting/Inc.	Fir	m's EIN ▶	92-0170198
J:	Se OII	, y	address ► 1901 K Street Anchorage, Alaska 99503	Pr	one no	907-277-3317
Ma	ay the II		ss this return with the preparer shown above? (see instructions)			Yes 🗸 No
_				at No 11282Y		Form 990 (2012)



Form 99) (2012)		Pa	age 2
Part	Statement of Program Service Accomple Check if Schedule O contains a response			
1	Briefly describe the organization's mission:			
	Support the cause of Liberty and Freedom through v	eterans		
	activities and promoting community awareness of ve	terans		
	constibutions to the country			
	Did the organization undertake any significant pro	gram services during the year which w	vere not listed on the	
2	prior Form 990 or 990-EZ?			No
3	Did the organization cease conducting, or makes services?	e significant changes in how it con-	ducts, any program · · · · · □ Yes ☑	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service acceexpenses. Section 501(c)(3) and 501(c)(4) organize the total expenses, and revenue, if any, for each part of the section	ations are required to report the amou		
	(Code:) (Expenses \$ 888,138 II	ncluding grants of \$) (Revenue \$ 1.017.090)	
	Provide activities for members and their families. As	sist veterans in time of need		
	(0.1)		\(\(\text{D}\) \(\text{D}\) \(\text{D}\)	
4b	(Code:) (Expenses \$ 265701			
	Support the cause of Liberty & Freedom through Vet and promoting community awareness of Veterans Co			••
		Jiu Dutona to		
	- Country	•••••		
				-
4c	(Code:) (Expenses \$ i	ncluding grants of \$) (Revenue \$	

		•••••		
				••
4d	Other program services (Describe in Schedule O.)		· · · · · · · · · · · · · · · · · · ·	
	(Expenses \$ including grants of \$)	
4e	Total program service expenses ▶	1,153,839		

Part	Checklist of Required Schedules		V	
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	Yes	No /
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	-	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		V
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		
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 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
	complete Schedule D, Part III	8		✓_
9	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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
	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	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		✓
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	✓	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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 c	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		
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	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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? <i>If</i> "Yes," complete Schedule L, Part III	27		1
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	28a 28b		√
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		√
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	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		<u> </u>
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R</i> ,			,
38	Part VI	37	√	✓
		For	n 990	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	Ø
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		✓
2 a	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 11	- OL		—-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		V
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
ь	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		,
_	required to file Form 8282?	7c		√
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		∀
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			-
v	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		ŀ	
	against amounts due or received from them.)	40-	ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1	[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	-
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Section	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 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 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 550 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		,	
3	any other officer, director, trustee, or key employee?	2		✓
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	/	✓
6 7a	Did the organization have members or stockholders?	7a	∀	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
100	Did the experimentary based chapters, branches, or offiliates?	10a	res	/
10a b	Did the organization have local chapters, branches, or affiliates?	10a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			}
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	with a taxable entity during the year?	16a		1
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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	l	L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Alaska Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► 840 W Fireweed Lane Anchorage, Alaska 99503 907-272-5242	of the	• 	

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- 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 noi	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
					C)					
(A)	(B)	(do n	at ah		ition	than o	ane.	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		r and		irect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	inst	Officer	Ş.	eng High	Former	the	organizations	compensation
	related organizations	l rec	럁	ę	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학류) na	1	身	8 6		1000 111000		and related
	line)	uste	Institutional trustee		e e	pen				organizations
		&) šě			Highest compensated employee				
(1) James R Grant	6									
Commander	† <u>0</u>	1		1				0	ا	0
/O\ • · · · · · · · · · · · · · · · · · ·	5		<u> </u>	Ť						
(2) Artnur Bell First Vice	ļ <u>-</u>	1		1				0	اه	0
(3) Kevin French	10							-		
Finance Officer	†			1				lo	o	0
(4) Beth Ipsen	4						Γ			
Sgt of Arms	1			✓			1	o	o	0
(5) Dave Musak	4									
Chaplain]		✓				0	0	0
(6) Dave Young	4									
Executive Committee			✓		<u> </u>		<u> </u>	0	0	0
(7) Mark Berg	4									
Executive Committee	<u> </u>		✓	1	<u> </u>			0	0	0
(8) Tım Benedenti	4] .							,
Executive Committee		<u> </u>	✓				<u> </u>	0	0	0
(9) Ray Unitet	5	ļ		١,	İ			•	ļ	
Adjutant	<u> </u>		├_	/	<u> </u>		-	0	0	0
(10)										
(11)										
(12)				-	-					-
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck is pe d a d	ition more rson lirect	than on the than of the the than the	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation fror	(F) Estimated
		hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)										-	
(18)											
(19)											
(20)						_					
(04)			-								
(24)											
(25)											
1b c d	Sub-total	VII, Section						> > >	0		0 0
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	d to th				above	e) w			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o					emp	oloyee, or high	nest compensa	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio				the Salas
5	Did any person listed on line 1a receive of for services rendered to the organization										
	on B. Independent Contractors	-									
1	Complete this table for your five highest compensation from the organization. Rej year.										
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
								\vdash			
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	Andrew Control

Part	VIII	Statement of Revenue	tion in this Dort \/			П
		Check if Schedule O contains a response to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 23,029				
	С	Fundraising events 1c				
	d	Related organizations 1d				
S, C	е	Government grants (contributions) 1e				
ion r Si	f	All other contributions, gifts, grants,				
but		and similar amounts not included above 1f 20.979		•		
9 3	g	Noncash contributions included in lines 1a-1f: \$		1		
a S	h	Total. Add lines 1a–1f ▶	44,008			
_e		Business Code				
Ven	2a					
æ	b					
<u>i</u>	С					
ě	d					
Ĕ	е					
Program Service Revenue	f	All other program service revenue .				
۾ ع	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties			· · · · · · · · · · · · · · · · · · ·	
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				ļ
enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a		:		
₹	1	Less: direct expenses b				ļ
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a 1,017,090				
	b	Less: direct expenses b 888,1338				
		Net income or (loss) from gaming activities	128,952	128.952	0	
	10a	Gross sales of inventory, less				
		returns and allowances a 384,221	1 1			
	b	Less: cost of goods sold b 116,851	i			
	С	Net income or (loss) from sales of inventory	267,370	267,370	0	
		Miscellaneous Revenue Business Code	ļ			
	11a		ļ			
	b					
	C					
	d	All other revenue	 			
	e e	Total revenue See instructions	440,330			
		LOTOL POUGDIA NOO LOCTULONOO				

Part IX Statement of Functional Expenses											
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX										
<u> </u>	Check if Schedule O contains a respon-	se to any question	in this Part IX	(C)							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	32,942									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5-16 1-			-						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				÷						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages	66,441	27,264	39,177							
9 10 11 a	Other employee benefits										
b c d e	Legal	12,514	4,800	7,714							
f g	Investment management fees										
12 13 14	Advertising and promotion	740		740							
15 16	Royalties	36,143	7,218	28,925							
17 18	Travel										
19 20	Conferences, conventions, and meetings . Interest	3,836	3,836								
21 22	Payments to affiliates	15,155	15,155								
23	Insurance	23,001	10,581	12,421							
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	(A) amount, list line 24e expenses on Schedule O.) Other Statement 2	84,082	7,181	76,901							
c b											
d e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	274,854	108,977	165,878							
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 following SOP 98-2 (ASC 958-720)										

P	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			🗆
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	81,815	1	143,619
	2	Savings and temporary cash investments	6,000	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	863	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	!	Complete Part II of Schedule L		5	
	6	Loans and other 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			·
ţ	ļ	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use	19,780	8	21,038
	9	Prepaid expenses and deferred charges	9,180	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,516,561			
	b	Less: accumulated depreciation 10b	1,516,561	10c	1,536,943
	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)	1,636,201	16	1,701,599
	17	Accounts payable and accrued expenses	1,551	17	8,188
	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	
S	22	Loans and other payables to current and former officers, directors,			
堇		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties [122.940	23	117,351
	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	124,495	26	164,657
(0		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	• •
Bal	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-ın or capital surplus, or land, building, or equipment fund	1,511,706		1,536,943
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	39,118
Ž	33	Total net assets or fund balances	1,511,706		1,536,943
	34	Total liabilities and net assets/fund balances	1,636,201	34	1,701,599

_	4	$\boldsymbol{\alpha}$
⊃ace	1	2

Form 99	0 (2012)			Pa	ge 12
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			0,817
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,18	7,697
3	Revenue less expenses. Subtract line 2 from line 1	3		17	3,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,528	,4786
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,70	1,599
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," ex	plain in			ļ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			_ [
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ		
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			İ
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			`	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain in	ŀ		
	Schedule O.				
3a		forth in			١.
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits	3b		(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization **Jack Henry American Legion Post 1** 92-0033193 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 Total number at end of year 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, 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. 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 XIII, 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X .

public service, provide the following amounts relating to these items:

Dago	2
rage	4

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	e follow	ving that are a	significant use of its
а	☐ Public exhibition		d	Loan	or exchang	e progr	rams	
b	☐ Scholarly research		е	Othe	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how t	hey further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra line 9, or reported an amoun	•		_	anization a	answei	red "Yes" to F	orm 990, Part IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or ot	her interm	ediary fo				
b	If "Yes," explain the arrangement in Pa							
	n 100, explain the arrangement in 1	dd 00p	.010 1.70 10				1	Amount
С	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 amour							Yes No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the ex	planatio	n has been	provide	ed in Part XIII	
Par	V Endowment Funds. Comple	ete if the organi	zation ar	swered	"Yes" to F	orm 9	90, Part IV, lin	
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t			e (line 1g	g, column (a)) held a	as:	
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.		_4			lle e
3a		e possession of	ne organi	zation th	at are neid	ano ao	ministered for	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i) . 3a(ii)
L	(ii) related organizations			 n Cahad	· · · ·			. 3b
ь 4	Describe in Part XIII the intended uses							. 30
Pari								
e, i	Description of property	(a) Cost or (invest	other basis	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings	•	1,516,563		-			1,516,563
C	Leasehold improvements		1,010,000	-				1,0 10,000
d	Equipment		20,380					20,380
e	Other		20,000					
	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, columi	n (B), line 10)(c).)		1,536,943

Part VII	Investments—Other Securities	See Form 990, Part X	, line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives			
•	hèld equity interests			. —
(3) Other				
(A)				
(B)	•••••		-	
(C) (D)		+		
(E)		+		· · · · · · · · · · · · · · · · · · ·
····(F)				
(G)		<u> </u>		
(H)				
(I)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)		The state of the s	-, · , · ,
Part VIII	Investments - Program Relate	d. See Form 990, Part	K, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
_(4)				
(5)				
_(6)				
<u>(7)</u> <u>(8)</u>				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		er film	A "理学"。一个
Part IX	Other Assets. See Form 990, P			
		(a) Description		(b) Book value
(1)				
(2)		·· ···		
(3)				
(4)				
(5) (6)				
(7)	-,-	*		
(8)		* **.==.		
(9)				
(10)				
	umn (b) must equal Form 990, Part X, o		<u> ▶</u>	
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
	I income taxes		_	
(2)			_	
(4)			- 	
(5)		+	 	
(6)			┥	
(7)		·	\dashv	
(8)				r
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25)			
	SC 740) Footnote. In Part XIII, provide the			
liability for u	incertain tax positions under FIN 48 (ASC	740). Check here if the text	ot the toothote has been provided in F	′aπ XIII

art	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Retur	'n
	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		واليواج	
	Net unrealized gains on investments 2a		25.	
,	Donated services and use of facilities		14.5	
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
,	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 , 7,0 24	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIII)		, 7,3	
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
t	XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses pe	er Ret	urn
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments		11 (
;	Other losses		1 2 2	
ı	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*	
ı	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1. 5.	
	Other (Describe in Part XIII.)]-,	
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
į	XIII Supplemental Information			
כ	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P	art III, lines 1a and 4; P	art IV,	lines 1b and 2l
V	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als	so complete this part to	provi	de any addıtıor
r	ation.			
-				
-				

Schedule D (For	Form 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
	•	
	·	
		······
		••••••••••••
•••		
		•••••••••••••••••••••••••••••••••••••••
•••		
		•

SCHEDULE G (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service . Name of the organization

o Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Employer identification number

Jack I	lenry American Legion Post 1						0033193
Par	Fundraising Activities.				vered "Yes" to F	form 990, Part IV, I	ine 17.
	Form 990-EZ filers are r			•			
1	Indicate whether the organization	on raised funds t			_		
а	Mail solicitations		е [ion of non-govern		
b	☐ Internet and email solicitatio	ns	f	Solicitati	ion of government	t grants	
Ç	☐ Phone solicitations		g [] Special 1	fundraising events	3	
d	☐ In-person solicitations		-		•		
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including off	icers, directors, trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	d individuals or e	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(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
			Yes	No			
1					1		
•							
2							
3							
4							
5						 .	
6							
			<u> </u>				
7							
8							
9							
10							
Total				▶			
3	List all states in which the organized registration or licensing.	anızatıon is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
							•
				••		***************************************	
							
			·				
		·					
			·				

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts		(2.3.1.7)		. 140
<u>~</u>	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				*****
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
_	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo	O, Part IV, line 19, or i	reported more (d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		1,017,090		
ses	2	Cash prizes		765,991		
irect Expenses	3	Noncash prizes				
	4	Rent/facility costs		9,298		
_	5	Other direct expenses .		82,849		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☑ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		(888,138)
_	8	Net gaming income summar	y. Combine line 1, colur	mn d, and line 7		128,952
Ş	a I	Enter the state(s) in which the or s the organization licensed to o f "No," explain:	perate gaming activities			🗹 Yes 🗌 No
10		Were any of the organization's g f "Yes," explain:	jaming licenses revoked	d, suspended or termina	ted during the tax year'	? . ☐ Yes ☑ No

cneau	ille G (FORTH 990 OF 990-EZ) 2012	Page 3
11	Does the organization operate gaming activities with nonmembers?	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?	∐ No
13	Indicate the percentage of gaming activity operated in:	0.7
a	•	100 % %
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ► Jim Milton	
	Address ► 840 W Fireweed Lane Anchorage, Alaska 99503	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Z No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	40
c	amount of gaming revenue retained by the third party ► \$	
	Name ►	
	Address►	
16	Gaming manager information:	
	Name Name B Crant	
	James R Grant	
	Gaming manager compensation ► \$0	
	Description of services provided ► Primary in charge on gaming permit	
	☑ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	
а	retain the state gaming license?	71 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 > \$	<u>.</u>
Part	the state of the s	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete the part to provide any additional information (see instructions).	s

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

Jack Henry American Legion Post 1							92-0033193
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate	ain records to subs		nt of the grants or	assistance, the g	antees' eligibility f	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?	award the grants or	or assistance? es for monitoring t	he use of grant fur	nds in the United		,	· · · · Yes · · No
	ssistance to Go	vernments and	Organizations i	n the United St	ates. Complete ited if additional	f the organization answ space is needed.	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, 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	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
<u>(1)</u>							
(8)							
(6)							
(10)							
(11)							

Schedule I (Form 990) (2012)

Cat No. 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

(12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information. 1 See Statement 5 Part III Part IV က 4 ß 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer Identification number Name of the organization Jack Henry American Legion Post 1 92-0033193 Pt VI - Line 4 Originally the Jack Henry American Legion Post 1 was established by Charter Members. All new members have to have in the military with a DD214 showing service in active military during particular periods of wars PT VI - line 7a All officers are nominated and elected by the General Membership by majority vote PTVI - line 7b All approvals are obtained by Majority Vote of the General Membership Pt VI - line 11a House Committee approves, E board verifys and the 990 is presented to the General Membership for final approval before filing

American Leg	gion Jack Henry Post 1		92-0033193
Form 990	· Income & Cost of Goods S	old	Statement 1
. 1	Gross Receipts		384,321
2	Returns & Allowances		100
3	Line1 less Line 2		384,221
4	Cost of Goods Sold	116,851	
	total cost of goods sold		116,851
5	Gross Profit		267,370
Cost of Good	s Sold		
6	Inventory at beginning of year	19,780	
7	Purchases	118,109	
8	Cost of Labor		
9	Materials & Supplies		
1	0 Other costs		
1	1 Add lines 6-10		137,889
1	2 Inventory at end of year	21,038	
	3 Cost of goods sold line 11 less 12		116,851

92-0033193	
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Form 990 · Other Expens	es			Statement 2	
	Total	Program	Post	Mgt & Gen	CK Number
Bank Service Charges/CC Fees	7,730	19	38	7,673	7,730
Licenses	1,169	839		330	1,169
Dues & Subscriptions	321			321	321
Supplies	9,153	294	235	8,624	9,153
Cash Over Short	545			545	545
Chips Redeemed	10,029			10,029	10,029
Emtertainment	2,000			2,000	2,000
Equipment	20,380	1,799		18,581	20,380
Janitorial Service & Supply	16,994	2,081		14,913	16,994
Special Events	361	•		361	361
Yard Maintenance	2,175			2,175	2,175
Security	1,530			1,530	1,530
Miscellaneous	2,344	-	594	1,750	2,344
Repairs & Mainenance	4,837			4,837	4,837
Taxes	4,514	1,282		3,232	4,514
		-		-	
Total To form 990 Pg 10 Line 24	84,082	6,314	867	76,901	84,082

American Legion Jack Henry Post 1	92-0033193
Form 990 · Gaming Activities	Statement 3
Gross Receipts	1,017,090
Cost of Prizes	795,991
Adjusted Gross Income	221,099
Direct Expenses	
Cost of Goods	39,452
Taxes	1,282
Wages	27,264
Other Facility Costs	9,298
Accounting	4,800
Other Costs Statement 4	10,051
Total	92,147
Net Gaming Activity	128,952

American	Legion	lack	Henry	Post 1	Permit 58
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92-0033193

Form 990 Other Expenses Gaming Activities

Statement 4

Other Expenses

Insurance	7,534
Conventions	1,365
Supplies	294
Bank Service Fees	19
Licenses	839

Total other Expenses 10,051

Other Facility Costs Allocated to gaming

Utilities	17% 42,456.00	7,218
Janitorial	14% 11,898.00	1,666
Janitorial Supplies	14% 2,961.00	415

9,298

American Legion Jack Henry Post 1 Permit 58	92-0033193
Statement of Charitable Contributions:	Statement 5
Form 990 Schedule IX Line 1 - Specific assistance to individuals	
Post 1 Treasurer Children & Youth Programs	2,000.00
Community Programs	300.00
Food for indigents - Thanksgiving & Christmas	3,165.94
Auxiliary #1 Veterans Helping Vets	3,400.00
Auxiliary #1 Troop Boxes	750.00
Post 1 - Western District	600.00
Children & Youth - Boys State	1,865.00
	12,080.94
Form 990 Schedule IX Line 4 Benefits paid for members	
Veterans Programs & Services	4,136.00
Auxiliary Unit 1 Veterans Memorial Project	750.00
Auxiliary Unit 1 Silver Tea	500.00
Post 21 - donations to various Veteran Programs & Services	5,000.00
Post 1 - donation to various Veteran Programs & Services	2,839.80
Veterans Memorial	2,635.26
Sons of the American Legion - donation to various Veteran	5,000.00
Programs & Services	20.961.06
	20,861.06

Explanation:

Support the cause of Liberty and Freedom. Provide for Veterans and their families in need. Provide assistance to community and youth Programs