Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

			the Treasury re Service	► Go to www.irs.gov/Form990 for instructions and the latest		Inspection
	_			endar year, or tax year beginning , and er		
			applicable	C Name of organization AMERICAN LEGION POST 212	D Employer identi	fication number
		ddress	• •	Doing business as OTTO HENDRICKSON		
	\equiv		-	Number and street (or P O box if mail is not delivered to street address) Room/suite	41-0650597	
	\square	lame ch	ange	900 EAST 1ST ST	E Telephone numb	er
		nitial retu	ıtu	City or town State ZIP code	· · ·	
	\equiv			PARK RAPIDS MN 56470	218-732-523	3
	L F	ınal return	/terminated	Foreign country name Foreign province/state/county Foreign postal	code	
	\square	mended	l return		G Gross receipts \$	4034969.
	$\overline{-}$			E Name and address of experient officer DODERE CAEDAMONTON		
	∟ ^	пррисаци	on pending	F Name and address of principal officer ROBERT SAFRATOWICH	H(a) is this a group return for subo	====
				900 EAST 1ST S PARK RAPIDS MN 56470	H(b) Are all subordinates inclu	ided? Yes No
	I Ta	ax-exem	pt status	501(c)(3) X 501(c) (19) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list (see	instructions)
	JW	vebsite	• •		H(c) Group exemption numbe	r >
			rganization	X Corporation Trust Association Other ► L Yea	r of formation M :	State of legal domicile
	P	art l	Su	mmary		
		1	Briefly	lescribe the organization's mission or most significant activities TO E	PROVIDE FELLOWSH	IP AND
	ခ်	Į.		ATION FOR PAST OR PRESENT MEMBERS OF THE ARMED FO		
	ш	ŀ				
	err		0		1 - 5	
	Governance	2		his box I if the organization discontinued its operations or disposed	_	
y ,	ڻ مع	3		of voting members of the governing body (Part VI, line 1a)	3_	671
•	Activities &	4		of independent voting members of the governing body (Part VI, line 1b)	4	
	ij	5	Total nu	ımber of ındıvıduals employed ın calendar year 2017 (Part V, line 2a)	5	
	⋛	6	Total nu	imber of volunteers (estimate if necessary)	6	
	¥	7a	Total ur	related business revenue from Part VIII, column (C), line 12	7a	3357893.
		b	Net unr	elated business taxable income from Form 990-T, line 34	7b	
					Prior Year	Current Year
	۵,	8	Contrib	utions and grants (Part VIII, line 1h)	26754.	16799.
	Revenue	9		n service revenue (Part VIII, line 2g)		
	ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	3941.	6539.
	æ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3724579.	
		12		· · · · · · · · · · · · · · · · · · ·		3359418.
				renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3755274.	3382756.
		13		and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>
. જ		14		s paid to or for members (Part IX, column (A), line 4)		
7	- es	15	Salaries	other compensation employer benefits (Part IX, column (A), lines 5–10)	271841.	278955.
11	Expenses	16a	Profess	ional fundraising (bes (Part IX, column (A), line 11e)		
_	, ĝ	b	Total fu	ndraising expenses (Part IX, column (🏟 line 25) ▶		
	ú	17	Other e	xpenses (Part IX, column (A) Zlines 11 2-11 1d, 11f-24e)	3350118.	3057788.
1		18	Total ex	xpenses (Part IX, column (A) Lines 11 april 1d, 11f-24e) penses Add lines 13-17 (must equal Part IX, column (A), line 25)	3621959.	3336743.
1		19	Revenu	e less expenses. Subtract line 18 from line 12	133315.	46013.
Ó	P S			OGDEN, OT	Beginning of Current Year	End of Year
学99	Assets or Balances	20	Total as	sets (Part X, Inne 16)	559500.	589811.
0	Ass Ba	21		bilities (Part X, line 26)	68505.	52803.
F	2 5 5	22		ets or fund balances_Subtract line 21 from line 20	490995.	537008.
	Da	rt II		Inature Block	4 9 0 9 9 3 .	
2018				y, I delare that I have examined this return, including accompanying schedules and statemen	ate and to the heat of my know	lodos
7				ect, and complete Declaration of preparer (other than officer) is based on all information of wh		
C				David auduson		-18
<i>€</i> Ø	Sig	n		Signature of officer		16
!	Her	·e		•	Date	
Ξ					MANDER	
				Type or print name and title		
	ο	_1	Prir	t/Type preparer's name Pregater's signature	Date Check	T If PTIN
	Pai		DO	LAN BRIDGMAN A MOOMON	04/29/2018 self-em	
Z		parer	_		10.17.237.2010	
SCANNED	Use	Only	<i>,</i> –	n's name ▶ BRIDGMAN TAX SERVICE	Firm's EIN ▶ 81-	
			Firr	n's address ▶ 201 LARSON AVE PARK RAPIDS MN 5	6470 Phone no 218	-732-1221 <u>-</u>
90	May	the IF	RS discu	ss this return with the preparer shown above? (see instructions)		Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2017)		41-0650597	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly d	escribe the organization's mission		
		OVIDE FELLOWSHIP AND RECREATION FOR PAST AND PRESENT MEMBERS OF		
		NAD TODOTO		
2	Did the	organization undertake any significant program services during the year which were not listed on		
4		Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O	1es	V 140
_				
3		organization cease conducting, or make significant changes in how it conducts, any program	гэ	<u> </u>
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4	Describ	e the organization's program service accomplishments for each of its three largest program service	s, as measured h	оу
	expense	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to othe	rs,
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
_	\	33		
			_	
				-
		·		
4b	·(Code) (Expenses \$ including grants of \$) (Revenue	\$)

		•		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	1
	(0000		Ψ	/
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••	•	
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		•••		

4d	Other pr	ogram services (Describe in Schedule O)		
	(Expens)	
4e		ogram service expenses		

Fdrm 990 (2017) AMERICAN LEGION POST 212 Part IV Checklist of Required Schedules

_		-		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		<u>x_</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		×
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		
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,	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 1	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u>'</u>	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
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	44-	v	
h	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		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
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
L-	Schedule D, Parts XI and XII	12a	-	X
a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		t	Ť.
	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	<u> </u>	х
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
			000	

7) AMERICAN LEGION POST 212 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		X
	· · · · · · · · · · · · · · · · · · ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X_</u>
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 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	· · · · ·	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	· · · · · · · · · · · · · · · · · · ·	28b		У.
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		_X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	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
	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		Х
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
		Гани	990	100471

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>
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	_		Ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	ļ
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
_	(FBAR)			ļ
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	<u></u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		90	-	1
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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		+
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		†
·	required to file Form 8282?	7c		ľ
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter]
а	Initiation fees and capital contributions included on Part VIII, line 12	_	1	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		ļ	1
а	Gross income from members or shareholders	_	ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	_)
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	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.	<u></u>	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
	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	4	}	
C	Enter the amount of reserves on hand	+	_	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	-
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

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7	Coversing Body and Management		
_	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	X
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	anges in Schedule (
	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	rough 76 below, and	tor a "No"

Sect	ion A. Governing Body and Management			T.,	T		
		1.4	(3)	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	671	1			
	If there are material differences in voting rights among members of the governing body, or	İ					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	Ì		1			
b							
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 und						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?.						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	vas filed? .	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5	<u> </u>	X		
6	Did the organization have members or stockholders?		6	X	$oxed{oxed}$		
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	Х	<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,					
	stockholders, or persons other than the governing body?		7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions underta	iken during			T		
	the year by the following	J			•		
а	The governing body?		8a	X	1		
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached		1			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	1	X		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Reve	nue Code)			
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10	1	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of sur	ch chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	101	<u> </u>	<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive rise to conflic	ts? 121	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"					
	describe in Schedule O how this was done		120	:			
13	Did the organization have a written whistleblower policy?		13		X		
14	Did the organization have a written document retention and destruction policy?		14		Х		
15	Did the process for determining compensation of the following persons include a review and ap	proval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on and decision	n?	1			
а	The organization's CEO, Executive Director, or top management official		15	1	Х		
b	Other officers or key employees of the organization		151)	Х		
	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 arra	angement		1			
	with a taxable entity during the year?		16	1	Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the procedure of the organization of th	/aluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to si	afeguard			ļ		
	the organization's exempt status with respect to such arrangements?		161	او			
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶						
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						
		xplaın ın Sched					
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of in	iterest polic	y, and	t		
	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization	's books and re	ecords •	•			
	DOLAN BRIDGMAN	218-73	2-5238				
	900 E 1ST ST PARK RAPIDS MN 56470						

Part VII	Compensation	n of Offic	ers, Directo	rs. Trustees.	Key Employee	s, Highest Co
Form 990 (2017)	AMERICAN	LEGION	POST 212			

Section A.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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 organization compensated any current officer, director, or trustee Position (A) (B) (do not check more than one (D) (E) (F) Name and Title Reportable Reportable Estimated Average box, unless person is both an amount of hours per officer and a director/trustee) compensation compensation week (list any from from related other Officer Key employee Highest compensated employee Individual trustee Institutional trustee compensation hours for the organizations (W-2/1099-MISC) related organization from the (W-2/1099-MISC) organizations organization below dotted and related organizations line) (1) DAVID ANDERSON 10 COMMANDER 0 0 (2) MIKE SMITH 1ST VICE 0 0 0 (3) VERN MASSIE 0 0 ADJUTANT 4800. (4) DOLAN BRIDGMAN FIN OFFICER 0 13000. 0 <u>(6)</u> (7) (11) (12) (13) (14)

41-0650597

Page 7

P	art VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ontinu	ed)		
	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe d a d	rson	than is boti or/trus	h an tee)	(D) Reportable compensation	(E) Reportable compensation	on amount o		ated nt of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	org ar	other opensation the ganization of relate anization	ed ed	
(15)														
(16)														
<u>(17)</u>														
(18)														
(19)										-		-		
(20)			-			-								
(21)														
(22)			-											
(23)			-											
(24)				ļ										
(25)			-			<u> </u>					 			
1b c	Sub-total Total from continuation sheets to Part VII, S	Section A	l	1	l	1	1	>	17800.			-		
<u>d</u>	Total (add lines 1b and 1c)				<u>.</u>			>	17800.			_		
2	Total number of individuals (including but not I reportable compensation from the organization		listed	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of				
3	Did the organization list any former officer, di	rootor or trustor	n ka		مامد	V00	orb	uab	ant company	d		Yes	No	
3	employee on line 1a? If "Yes," complete Sche	dule J for such	indiv	idua	1	-			,		3		Х	
4	For any individual listed on line 1a, is the sum the organization and related organizations gre	•	•						•			 		
5	<i>individual</i>Did any person listed on line 1a receive or acc	rue compensati	on fr	om a	any	unr	elate	d o	rganization or in	dıvıdual	4	ļ	X	
_	for services rendered to the organization? If "	Yes," complete	Sche	dule	9 <i>J f</i>	or s	uch ,	oer:	son		5		X	
1	Complete this table for your five highest complete compensation from the organization. Report of										n's tax			
	year (A)								(B)		(C			
_	Name and business add	1500				_			Description of se	vices	Compe			
								-						
								\vdash			-			
_														
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	nited	to th	nose	e lis	ted a	bov	re) who received	1				

Form 990 (2017) AMERICAN LEGION POST 212

Part VIII Statement of Revenue

		Check if Schedule O contail	ns a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	, 5	_	la				
Contributions, Gifts, Grants and Other Similar Amounts	b	,	<u> 1</u>	b 14731.				
s, G Ama	С	Fundraising events	<u> </u>	lc			ĺ	
Gift lar	ď	J	<u> </u>	d				
ıs, (Government grants (contribution		e				
ıtior er S	f	All other contributions, gifts, gra						
현		similar amounts not included al		lf 2068.				
ont	g	Noncash contributions included in	lines 1a-1f:	\$				
	h	Total. Add lines 1a-1f	<u> </u>	•	16799.			
ne				Business Code				ĺ
ven	2a							
Re	b							
VICE	С	***************************************						
Ser	d							
Program Service Revenue	е							
rogr	f	All other program service rever	ue					
_ <u>a</u> _		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including d	ıvıdends, ıntere	est, and				
		other similar amounts)		▶	6539.			6539.
	4	Income from investment of tax-	exempt bond p	roceeds >				
	5	Royalties	() 5	<u> </u>			ļ	ļ
			(ı) Real	(II) Personal				
	6a	Gross rents	1525.					
	b	Less rental expenses			ľ			
	C	Rental income or (loss)	1525.)]
	_d	Net rental income or (loss)	(V. Convertino	(1) (2)	1525.			1525.
	7a		(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
	_	and sales expenses						
	_	Gain or (loss)						
	ď	Net gain or (loss)		P			<u> </u>	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	•	a				
Ť.	b	Less direct expenses	:	b				\
0	С	Net income or (loss) from fundr	aising events					
i	9a	Gross income from gaming acti	vities					
		See Part IV, line 19	i	a				
	b	Less direct expenses	!	b				
		Net income or (loss) from gami	ng activities					ļ
	10a	Gross sales of inventory, less						
		returns and allowances	i	a 4010106.				
	b	Less cost of goods sold		b 652213.	į			
	С	Net income or (loss) from sales	of inventory	<u> </u>	3357893.		3357893.	
		Miscellaneous Revenue		Business Code		-		
	11a							ļ
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instruction	9	•	3382756		3357893	8064

Form 990 (2017) Part IX AMERICAN LEGION POST 212 Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a			st complete column	(A)			
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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 domestic organizations							
	domestic governments See Part IV, line 21							
2	Grants and other assistance to domestic							
_	individuals See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16.							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	17000	17000					
6	trustees, and key employees Compensation not included above, to disqualified	17800.	17800.					
0	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	237315.	237315.					
8	Pension plan accruals and contributions (include	23/313.	237313.					
-	section 401(k) and 403(b) employer contributions)	'						
9	Other employee benefits							
10	Payroll taxes	23840.	23840.					
11	Fees for services (non-employees)							
а	Management							
b	Legal							
С	Accounting	5733.	5733.					
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column							
40	(A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion	14005.	14005.					
13	Office expenses	2643.	2643.					
14 15	Information technology Royalties							
16	Occupancy							
17	Travel	 						
18	Payments of travel or entertainment expenses							
. •	for any federal, state, or local public officials		l					
19	Conferences, conventions, and meetings							
20	Interest	1495.	1495.					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	15353.	15353.					
23	Insurance	14544.	14544.					
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	SEE STMT	2660222.			<u> </u>			
b		124290.		<u> </u>				
C		128169.						
d	All other eveness	31267.						
е 25	All other expenses	60067.	60067.					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3336743.	3336743.	<u> </u>				
20	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	<u> </u>						

Form 990 (2017) AMERICAN
Part X Balance Sheet

_		Check if Schedule O contains a response of	or note to any line in this Part	Χ .		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		269438.	1	294400.
	2	Savings and temporary cash investments		203622.	2	195282.
	3	Pledges and grants receivable, net		· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net	Ì		4	
	5	Loans and other receivables from current and				
		trustees, key employees, and highest compens	· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L	,,		5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	,			
		sponsoring organizations of section 501(c)(9) voluntary e	• • •			
ţ	1	organizations (see instructions) Complete Part II of Sche		6		
Assets	7	Notes and loans receivable, net		······································	7	
ď	8	Inventories for sale or use	·	16445.	8	19152.
	9	Prepaid expenses and deferred charges	ì	2898.	9	3045.
	i -	Land, buildings, and equipment cost or				
	'	other basis Complete Part VI of Schedule D	10a 870290.			
	ь	Less accumulated depreciation	10b 792358.	67097.	10c	77932.
	11	Investments—publicly traded securities	192330.	0,037.	11	
	12	Investments—other securities See Part IV, lin	e 11		12	
	13	Investments—program-related See Part IV, III		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	559500.	16	589811.
	17	Accounts payable and accrued expenses	dar iirie 34)	6243.	17	5256.
	18	Grants payable		0243.	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 forme				
ıtıe		trustees, key employees, highest compensated	·			
Ē	ĺ	disqualified persons Complete Part II of Scher		-	22	
Liabilities	23	Secured mortgages and notes payable to unre		41611.	23	31106.
	24	Unsecured notes and loans payable to unrelat		41011.	24	31100.
	25	Other liabilities (including federal income tax, p	·			
	- •	parties, and other liabilities not included on line	-			
		Part X of Schedule D	is in 21) complete	20651.	25	16441.
	26	Total liabilities. Add lines 17 through 25		68505.	26	52803.
			50) -11-1			
Ø		Organizations that follow SFAS 117 (ASC 9				
ž		complete lines 27 through 29, and lines 33 a	and 34.			
ā	27	Unrestricted net assets	}	490995.	27	537008.
ä	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here and			
sts	30	Capital stock or trust principal, or current funds	,	•	30	•
SS (31	Paid-in or capital surplus, or land, building, or			31	
t A	32	Retained earnings, endowment, accumulated		32		
Se	33	Total net assets or fund balances		490995.	33	537008
-	34	Total liabilities and net assets/fund balances		559500.	34	589811

2c

3a

Χ

Form 990 (2017)

the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Schedule O

the Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2017

Open to Public Inspection

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

| Employer identification number

AMERICAN LEGION POST 212 41-0650597 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a Total number of conservation easements Total acreage restricted by 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 7/25/06, 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 ▶ 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? 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" on 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 XIII, the text of the footnote to its financial statements that describes these items 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	III Organizations Maintaining C	ollections of	of Art, Histo	rical Tre	asures, or O	ther Similar Assets	(continu	ued)					
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)			_									
а	Public exhibition		d [Loan	or exchange p	rograms							
b	Scholarly research		e 「	Other									
С	Preservation for future generation	ns		_									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
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	art IV Escrow and Custodial Arrangements.												
	Complete if the organization answered "Yes" on 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 Pa	art XIII and co	mplete the fol	lowing tab	ole								
							Amount						
С	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amoun	it on Form 99	0, Part X, line	21, for es	crow or custod	lial account liability?	Yes	s <u>X</u>	No				
b	If "Yes," explain the arrangement in Pa	rt XIII Check	here if the ex	planation	has been prov	ided on Part XIII							
Part	V Endowment Funds.												
	Complete if the organization ar	nswered "Ye	s" on Form 9	990, Part	IV, line 10								
		(a) Current ye		or year	(c) Two years b	ack (d) Three years back	(e) Fou	r 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 th	e current yea	ar end balance	(line 1g,	column (a)) he	ld as	·						
а	Board designated or quasi-endowment		0.00%										
b	Permanent endowment	0.00%											
С		► 0.C											
	The percentages on lines 2a, 2b, and 2	2c should equ	ıal 100%										
3a	Are there endowment funds not in the	possession o	f the organiza	tion that a	ire held and ad	ministered for the							
	organization by							Yes	No				
	(i) unrelated organizations						3a(i)		<u></u>				
	(ii) related organizations						3a(ii)						
b	If "Yes" on line 3a(ii), are the related or	rganizations l	isted as requi	red on Scl	hedule R?		3b		L				
4	Describe in Part XIII the intended uses		ization's endo	wment fur	nds								
Part Part													
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10												
	Description of property	1	st or other basis nvestment)	1 '	ost or other is (other)	(c) Accumulated depreciation	(d) Book value						
1a	Land		4.1 -0.0 -	ļ									
b	Buildings	5	41,007.	 		470,240.	70	,76	1.				
С	Leasehold improvements	<u> </u>	00 000	ļ									
d	Equipment	3	29,283.	<u> </u>		322,118.	7	,16	<u>,5.</u>				
e_	Other I. Add lines 1a through 1e (Column (d)	must oqual E	om 000 Dc-	V 20/11	n (P) line 10-	}	77	, 93	2				
i Utal	in ridd inied ta through te (Column (d)	musi eyudi F	onn 330, Pan	⊸, coluiti	ii (D), IIII C TOC	, –	1.1	, ,,,					

Part VII Investments—Other Securities		
	wered "Yes" on Form 990, Pa	art IV, line 11b See Form 990, Part X, line
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests .		
Other		
(A)		
(B)		
(C)		
(Ō)		
(<u>E)</u>		
(F)		
(Ģ)		
(H)		
al. (Column (b) must equal Form 990, Part X, col (B) line 12		
art VIII Investments—Program Relate		
Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 11c See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
)		
2)		
3)		
4)		
5)		
5)		
7)		
· / 		
8) 9)		
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) >	
8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets.		
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets.		art IV, line 11d See Form 990, Part X, line
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans		art IV, line 11d See Form 990, Part X, line
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 art IX Other Assets. Complete if the organization ans (a	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans (a 1)	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3)	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4)	wered "Yes" on Form 990, Pa	
3) 3) 4) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4)	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5)	wered "Yes" on Form 990, Pa	
3) 3) 3) 4al. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6)	wered "Yes" on Form 990, Pa	
B) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 7) 8)	wered "Yes" on Form 990, Pa	
8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 13 art IX Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B)	wered "Yes" on Form 990, Pa	
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', SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION POST 212	41-0650597
FORM 990 PART V1 LINE 11	
THE ECECUTIVE BOARD REVIEWS THE 990 &	990T TAX RETURNS PRIOR
TO FILING AS WELL AS PASSING THE INFOR	RMATION TO THE GENERAL
MEMBERSHIP IN THE FORM OF EXECUTIVE BO	
FORM 990 PART V1 LINE 19THE GOVERNIN	
FINANCIAL STATEMENTS, TAX RETURNS, & F	POLICY STATEMENTS ARE
REVIEWED BY THE EXECUTIVE BOARD AND TH	HE MINUTES ARE PASSED
ON TO THE GEN MEMBERSHIP. THE MINUTES	ALSO DIRECT THE
MEMBERSHIP & PUBLIC TO THE LOCATION OF	THE POST 212 OFFICE.

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