Department of the Treasury

# 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) Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Internal Revenue Service For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable AMERICAN LEGION POST Address change Doing business as OTTO HENDRICKSON Number and street (or P O box if mail is not delivered to street address) 41-0650597 Name change E Telephone number Initial return City or town State ZIP code 218-732-5238 ARK RAPIDS MN Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 4331953 F Name and address of principal officer ROBERT SAFRATOWICH Application pending H(a) Is this a group return for subordinates? 900 EAST 1ST S PARK RAPIDS MN 56470 (b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) (19 4947(a)(1) or ) < (insert no ) Tax-exempt status Website: ▶ c) Group exemption number K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE FELLOWSHIP AND RECREATION FOR PAST OR PRESENT MEMBERS OF THE ARMED FORCES Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 685 Number of independent voting members of the governing body (Part VI, line 1b) SCANNED 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 3573510 Net unrelated business taxable income from Form 990-T. line 38 7b -1812 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 16799 16290 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6539 5256. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3359418 3574875 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3382756 3596421 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 278955 290525. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3057788 3272171. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 35<u>62696</u>. 18 3336743 19 Revenue less expenses Subtract line 18 from-line 12 46013 33725. RECEIVED Beginning of Current Year End of Year Total assets (Part X, line 16) 20 589811 610148. Total liabilities (Part X, line 26) 21 <u>52</u>803 Net assets or fund balances Subtract line 21 20 MAY 0 6 2019 39415. 22 537008 570733. Signature Block Under penalties of perjury, I declare that I have examined this return, including a color and including and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05 Sign Signature of officer Date Here DAVID ANDERSON COMMANDER Type or print name and title Print/Type preparer's name signature Date PTIN Check Paid self-employed P01284395 DOLAN BRIDGMAN Preparer Firm's EIN ▶ 41-1955503 Firm's name ► BRIDGMAN TAX Use Only 56470 PARK RAPIDS 218-732-1221 Firm's address ▶ 201 LARSON AVE May the IRS discuss this return with the preparer shown above? (see instructions)

Total program service expenses

Form 9	990 (2018)	AMERICAN LEGION POST 212	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	describe the organization's mission		
		OVIDE FELLOWSHIP AND RECREATION FOR PAST AND PRESENT MEMBERS OF RMED FORCES		- <i>-</i>
2	the prio	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	Yes	X No
^		describe these new services on Schedule O		
3	services		Yes	X No
4	Describ expense	' describe these changes on Schedule O le the organization's program service accomplishments for each of its three largest program services les Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all l expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<b></b>	
4b	(Code	) (Expenses \$ \text{including grants of \$} ) (Revenue s		
7.0	(0000	/ (Expanded # ) (Nevention)	·	/
				. <b></b>
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue \$		
70	(Code	/ (Expenses #) (Nevenue t	,	/
		•••••••••••••••••••••••••••••••••••••••		
			• • • • • • • • • • • • • •	
		,		
		<u> </u>		
4d	Other p	rogram services (Describe in Schedule O )	1	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
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		Х
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, 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		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? If "Yes," complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	-	<u>X</u>
IJ	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	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,	- 1,5		
_	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		Х
5	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		Х
6	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		х
8	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		Х
9	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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

Par	Checklist of Required Schedules (continued)		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
D	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		Х
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		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١,,
33	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		<u> </u>	
	III, or IV, and Part V, line 1	34	<u> </u>	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	25.		
26	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
36	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			Х
	VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
Do	19? Note. All Form 990 filers are required to complete Schedule O	38		
Pal	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concedure Contention of recoporate of mote to diff into in this fact v		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 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	х	
	gaming (gambling) winnings to prize winners?	1c		<u> </u>

Pan	Statements Regarding Other IRS Filings and Tax Compliance (continued)					,
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
L	If at least one is reported on line 2a, did the organization file all required federal employment tax	$\overline{}$	202	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instri			20		
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	uction	3)	3a	X	
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch	ماريام	0	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or c			75	^	
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country	inclai	accounty	74		· · ·
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts (F	BAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		D/ 11 ()	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		ion?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	111000	1011	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the	j			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contr	butior	ns 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	y for g	oods	ļ		'
	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 wa	s			
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben	efit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained	d 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		
0	Section 501(c)(7) organizations. Enter	1 1		•	٠,	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			•	
1	Section 501(c)(12) organizations. Enter	المما				
а	Gross income from members or shareholders	11a			•	
b	Gross income from other sources (Do not net amounts due or paid to other sources	446				
2-	against amounts due or received from them )	[11b]	10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	10417	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		١,		
3	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O			134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			;	-	
b	the organization is licensed to issue qualified health plans	13b			٠. ا	
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	nedule	0	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer					
•	excess parachute payment(s) during the year			15		х
				-		,
	If "Yes," see instructions and file Form 4720, Schedule N			40		
6	Is the organization an educational institution subject to the section 4968 excise tax on net invest	ment i	ncome?	16		X
	If "Yes " complete Form 4720. Schedule O			1		

Part VI

41-0650597 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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	<b>1a</b> 685					
	If there are material differences in voting rights among members of the governing body, or		]				
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship 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	er the direct					
_	supervision of officers, directors, or trustees, or key employees to a management company or o		3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization		5		Х		
6	Did the organization have members or stockholders?		6	Х			
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			
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	ken durina					
Ū	the year by the following				ļ		
а	The governing body?		8a	Х			
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					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		x		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode)				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of suc						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х			
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"	40-				
40	describe in Schedule O how this was done		12c		· ·		
13	Did the organization have a written whistleblower policy?		13		X		
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and app	reval by	14		^		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1				
а	The organization's CEO, Executive Director, or top management official	orrana accision.	15a		Х		
	Other officers or key employees of the organization		15b		X		
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	100				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngement					
.00	with a taxable entity during the year?	goo	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its	100				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to sa						
	the organization's exempt status with respect to such arrangements?	v	16b				
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 (1024 or 1024-A if applicable), 99	90, and 990-T (Sectio	n 501	(c) ¯			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that						
		kplaın ın Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest	policy	and			
	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'		•				
	DOLAN BRIDGMAN	218-732-52	3.8	<b>-</b> -			
	900 E 1ST ST PARK RAPIDS MN 56470						

				_
41	-0.6	505	197	Daga <b>7</b>

Form 990 (2018)	AMERICAN	LEG

GION POST 212 Part VII

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 Section A.

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										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unle er an	Pos neck ss pe	rson	Highest compensated employee	n an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVID ANDERSON COMMANDER	10			х				0	0	0
(2) MIKE SMITH 1ST VICE	1			X				0	0	0
(3) VERN MASSIE ADJUTANT	4			Х				4800.	0	0
(4) DOLAN BRIDGMAN FIN OFFICER				X	i			13260.	0	0
(5)										
(6)										
(8)										
(9)										
(10)										
(11)							_			
(12)						_				
(13)										
(14)								-		

Р	art VII Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employees (d	ontinu		.gc C
		(C)											
	(A)	(B)	(do r	not ch		ition more	e than	one	(D)	(E)		(F)	
	Name and title	Average	Ďοx,	unles	ss pe	rson	is both	n an	Reportable	Reportable		stimated	
		hours per week (list any					or/trus		compensation from	compensation from related	a	mount o other	i
		hours for	ă Dă	nstit	Officer	e e	mp tg	Forme	the	organizations		npensati	on
		related organizations	Individual to	<u>E</u>	e	gmp	oye	면	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the ganization	חכ
		below dotted	Individual trustee or director	Institutional trust		Key employee	l" ag		,		ar	nd relate	d
		line)	stee	uste		"	Highest compensated employee				l oig	anizatio	.15
				0			ated						
(15)													
(16)													
<u>(17)</u>			-					Х					
<u>(18)</u>				· · · -									
(19)						-		-					
(20)													
(21)										= =			
(22)													
(23)													
(24)											<del> </del>		
(25)													
1b	Sub-total		1					•	18060.		<del> </del>		
С	Total from continuation sheets to Part VII,	Section A						•					
d	Total (add lines 1b and 1c)							<b>&gt;</b>	18060.				
2	Total number of individuals (including but not i		ısted	abo	ove)	wh	o rec	eive	ed more than \$1	00,000 of			
	reportable compensation from the organization	<u>n ▶</u>											
3	Did the organization list any former officer, di	rootor or trustos	kov		رمام		or b	aba	ast components	~l		Yes	No
3	employee on line 1a? If "Yes," complete Sche					yee,	, 01 11	gne	est compensate	u	3		<del>_</del>
4	For any individual listed on line 1a, is the sum					and	i othe	r co	omnensation fro	m			<del></del>
•	the organization and related organizations gre												
	ındıvıdual					•					4		Х
5	Did any person listed on line 1a receive or acc									dividual			
	for services rendered to the organization? If "	Yes," complete :	Sche	dule	J f	or s	uch p	ers	on .		5	,	X
	tion B. Independent Contractors							_		<b>0.100.000.6</b>			
1	Complete this table for your five highest compound compensation from the organization Report cover										n's tax		
	(A)								(B)		(C		
	Name and business add	ress							Description of ser	vices	Comper	sation	
	<del></del>												
									·				
		·											
2	Total number of independent contractors (inclumers than \$100,000 of compensation from the	-	ited t	o th	ose	list	ed al	oov	e) who received				

rai	t VIII	Statement of Revenue Check if Schedule O contain	ns a response o	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
S S	1a	Federated campaigns	1					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1					
S, G	С	Fundraising events	1				1	
Sift:	d	Related organizations	1	d				
ns,	е	Government grants (contributio		e			· ·	
erS	f	All other contributions, gifts, gra			1			
d to		similar amounts not included at	<u></u>					
io i	g	Noncash contributions included in	lines 1a-1f \$	3				ļ ,
	h	Total. Add lines 1a-1f		<b>•</b>	16290.		•	,
ne				Business Code				
ver	2a							
Š	b							
Š	С							
Se	d							
Program Service Revenue	e	A.I						ļ
	T	All other program service reven	ue			<u> </u>		<del> </del>
	g	Total. Add lines 2a–2f		<b>•</b>				
	3	Investment income (including di other similar amounts)	iviaenas, intere	st, and	5256			5256
	4	Income from investment of tax-	overnt hand n	rocoods	5256.			5256
	4 5		exempt bond p	loceeds				
	3	Royalties	(ı) Real	(II) Personal				,
	6a	Gross rents	1365.					·
	b	Less rental expenses	1303.	<del>                                     </del>				
	C	Rental income or (loss)	1365.					
	d	Net rental income or (loss)	1000.	<u> </u>	1365.			1365
	!	Gross amount from sales of	(i) Securities	(II) Other			:	1303
	. •	assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)	•	<b>•</b>				
		3 ( )						
ne	8a	Gross income from fundraising						
en		events (not including \$						
Šev		of contributions reported on line	: 1c)					
٦٢		See Part IV, line 18	а	. []				
Other Revenue	b	Less direct expenses	b					<u> </u>
0		Net income or (loss) from fundra	-	<b>•</b>				
	9a	Gross income from gaming activ	vities					
		See Part IV, line 19	а					
		Less direct expenses	b	)		<del></del>		
		Net income or (loss) from gamir	ng activities	<b>•</b>		<del> </del>		
	10a	Gross sales of inventory, less		}			•	
		returns and allowances	a	$\vdash$				
		Less cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory	▶	3573510.		3573510.	
		Miscellaneous Revenue		Business Code			<del></del>	·
	11a							
	b							
	C	AH aki a ananana						
	d	All other revenue						<del> </del>
	e 42	Total revenue See instructions		<b>&gt;</b>	3596421		3573510	6621

## Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must complete a	il columns All othe	r organizations mu	st complete columi	n (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,							
	trustees, and key employees	18060.	18060.					
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	247625.	247625.					
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	24840.	24840.					
11	Fees for services (non-employees)							
а	Management							
b	Legal							
С	Accounting	5050.	5050.					
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)	10440	10440					
12	Advertising and promotion	12443.	12443.					
13	Office expenses	3032.	3032.					
14 15	Information technology Royalties				-			
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings			`				
20	Interest	,						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	14922.	14922.					
23	Insurance	13579.	13579.					
24	Other expenses Itemize expenses not covered	, ¶en a ter light reconverse of and it is a selected from the light of the light o	मान्य क्षेत्र केला केला केला क्षेत्र का अलग का का का का किए होता । अर्थ का	। ने प्रकेश के कि व्याग स्थापक स्थापक कर की स्थापक स्थापकी का स्थापकी का स्थापकी का स्थापकी का स्थापकी का स्थापकी	and grades standardings - 1 September of the patricing of the con-			
	above (List miscellaneous expenses in line 24e If		_					
	line 24e amount exceeds 10% of line 25, column	•						
	(A) amount, list line 24e expenses on Schedule O)							
а	SEE STMT	2894018.						
b		122850.						
С		125687.						
d		24902.						
е	All other expenses	55688.	55688.	· · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24e	3562696.	3562696.					
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here If							
	following SOP 98-2 (ASC 958-720)	I			I			

Part X Balance Sheet

		Check if Schedule O contains a response of	or note t	to any line in this Part X	<		
			·		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			294400.	1	302165.
	2	Savings and temporary cash investments		195282.	2	196684.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		Γ		4	
	5	Loans and other receivables from current and	former (	officers, directors,		•	, ,
		trustees, key employees, and highest compens	sated ei	mployees			
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persi	ons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
ţ		organizations (see instructions) Complete Part II of Sche	·	•	6		
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			19152.	8	20855.
	9	Prepaid expenses and deferred charges			3045.	9	2897.
	10a	Land, buildings, and equipment cost or					,
		other basis Complete Part VI of Schedule D	10a	864552.			
	b	Less accumulated depreciation	10b	777005.	77932.	10c	87547.
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, lin	e 11			12	
	13	Investments—program-related See Part IV, lir			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)	589811.	16	610148.
	17	Accounts payable and accrued expenses			5256.	17	· 5390.
	18	Grants payable				18	
	19	Deferred revenue .			19		
	20	Tax-exempt bond liabilities			<u>-</u>	20	
	21	Escrow or custodial account liability Complete				21	
es	22	Loans and other payables to current and forme					
Ħ		trustees, key employees, highest compensated		yees, and			<del></del>
Liabilities		disqualified persons Complete Part II of Schei				22	
	23	Secured mortgages and notes payable to unre		· .	31106.	23	19787.
	24	Unsecured notes and loans payable to unrelat		·		24	
	25	Other liabilities (including federal income tax, p	-	- T			
		parties, and other liabilities not included on line	es 17–2	4) Complete Part X			
		of Schedule D		_	16441.	25	14238.
	26	Total liabilities. Add lines 17 through 25			52803.	26	39415.
ses		Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33	• •				
Balances	27	Unrestricted net assets		-	537008.	27	570733.
3al	28	Temporarily restricted net assets				28	
Ā	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	nere   and				
	30	Capital stock or trust principal, or current funds	~	<del>-</del>	30		
Net Assets	31	Paid-in or capital surplus, or land, building, or o		ent fund		31	
t A	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			537008.	33	570733.
_	34	Total liabilities and net assets/fund balances			589811.	34	610148.

2c

3a

3b

Form **990** (2018)

Х

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.

), 10, 11a, 11b, 11c, 11d, 11e, 11t ▶ Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 41-0650597 AMERICAN LEGION POST 212 Part I 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 No 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 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 **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 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)? 9 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 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 public service, provide the following amounts relating to these items

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

\$

Par	Organizations Maintaining Co	lections of A	rt, Histo	rical Tre	asures, or	Other	Similar Assets	(contir	nued)	
3	Using the organization's acquisition, acc	ession, and oth	er records	, check a	ny of the follo	wing t	hat are a significa	nt use o	fits	-
	collection items (check all that apply)		_	٦						
а	Public exhibition		d L	Loan or	exchange p	rogran	ns			
b	Scholarly research		e	Other						. <b></b>
С	Preservation for future generations									
4	Provide a description of the organization XIII	's collections ar	nd explain	how they	further the o	rganız	ation's exempt pu	rpose in	Part	
5	During the year, did the organization soli assets to be sold to raise funds rather th							☐ Ye	es 🗀	No
Part	IV Escrow and Custodial Arrange	ements.								
	Complete if the organization ans 990, Part X, line 21		n Form 9	990, Part	IV, line 9, o	r repo	orted an amount	on Fori	n	
1a	Is the organization an agent, trustee, cus	todian or other	ıntermedi	ary for co	ntributions or	other	assets not			
	included on Form 990, Part X?	Accidit of care	memor	u		Ottiloi	455615 1151	☐ Y€	es 🗀	No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fol	lowing tab	ole					,
	· · · · · ·			_			, ,	Amount		
С	Beginning balance						С			
d	Additions during the year					<del></del>	d			
e	Distributions during the year					_	e			
Ţ	Ending balance						lf			1
2a	Did the organization include an amount of						-	Ye	es X	No
b	If "Yes," explain the arrangement in Part	XIII Check her	e if the ex	planation	has been pro	ovided	on Part XIII			
Part	V Endowment Funds. Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	IV, line 10				~	
		(a) Current year		or year	(c) Two years	back	(d) Three years back	( <b>e</b> ) Fo	ur years	s back
1a	Beginning of year balance									
b	Contributions .		ļ					ļ		
С	Net investment earnings, gains,									
	and losses									
đ	Grants or scholarships Other expenditures for facilities		<u> </u>							
е	and programs									
f	Administrative expenses							1		
g	End of year balance		ļ · · · · ·							
2	Provide the estimated percentage of the	current year en	d balance	(line 1g,	column (a)) h	eld as				
а	Board designated or quasi-endowment		00%							
b		0.00%								
С	Temporarily restricted endowment	0.00%	,							
2-	The percentages on lines 2a, 2b, and 2c	•			an balal anal s		atarad far tha			
3a	Are there endowment funds not in the poorganization by	ssession of the	organiza	lion mai a	ire nela ana a	aummi	stered for the	Г	Yes	No
	(i) unrelated organizations							3a(i)	103	110
	(ii) related organizations					•	·	3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga	anizations listed	l as requir	ed on Sch	nedule R?			3b	-	
4	Describe in Part XIII the intended uses o	f the organization	on's endo	wment fur	nds					
Part										
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	IV, line 11a	See	Form 990, Part	X, line	10	
	Description of property	(a) Cost or o			or other basis		) Accumulated	(d) Bo	ok valu	e
	Land	(investr	nentj	(	other)		depreciation			
1a h	Land	5/11	007.	<u> </u>		ļ ,	172,729.	69	3,27	7.8
b c	Buildings Leasehold improvements	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	501.	<del>                                     </del>			116,163.	00	1161	<u> </u>
d	Equipment	337.	215.	<u> </u>			334,551.	2	2,66	4.
e	Other									
Total	. Add lines 1a through 1e (Column (d) m	ust equal Form	990, Part	X, columi	n (B), line 10	c)	<b>•</b>	70	94	2.

Part VII				
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11b See Form 99	90, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	al derivatives .			
	held equity interests	<del></del>		<del></del>
( <b>3)</b> Other		-		<del></del>
( <u>A)</u>		-		
		-		
. — .				
<u>(D)</u>		-		
(E)		-		<del></del>
( <u>F)</u>		•		
( <u>G)</u>		-		
/	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
arcymi	Complete if the organization answer	ed "Yes" on Form 990	Part IV line 11c See Form 99	00 Part X line 13
			(c) Method of val	
	(a) Description of investment	(b) Book value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	·	
Part IX	Other Assets.			
	Complete if the organization answer		Part IV, line 11d See Form 99	
	(a) (	Description		(b) Book value
_(1)				
(2)				
(3)				
(3)				
(3) (4) (5)		-		
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)		•		
(3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) lii	re 15 )		
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, col (B) lu	ne 15)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		<u></u>	orm 990 Part X
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answer		<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answer line 25	ed "Yes" on Form 990,	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colur	Other Liabilities. Complete if the organization answer		<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	Other Liabilities. Complete if the organization answer line 25  (a) Description of liability Income taxes	ed "Yes" on Form 990,	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) P/R	Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	ed "Yes" on Form 990,	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) P/R (3) SALE	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE	ed "Yes" on Form 990,  (b) Book value  738.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colunt Part X)  1. (1) Federa (2) P/R (3) SALE (4) GAMB	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) P/R (3) SALE (4) GAMB (5)	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) P/R (3) SALE (4) GAMB (5) (6)	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) P/R (3) SALE (4) GAME (5) (6) (7)	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) P/R (3) SALE (4) GAME (5) (6) (7) (8)	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423.	<u></u>	orm 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colunt Part X  1. (1) Federal (2) P/R (3) SALE (4) GAMB (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answer line 25 (a) Description of liability Income taxes TAX PAYABLE S TAX PAYABLE	(b) Book value  738. 2,423. 11,077.	<u></u>	orm 990, Part X,

#### **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 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 EXECUTIVE BOARD REVIEWS THE 990 & 990T TAX RETURNS PRIOR TO FILING AS WELL AS PASSING THE INFORMATION TO THE GENERAL MEMBERSHIP IN THE FORM OF EXECUTIVE BOARD MINUTES. FORM 990 PART V1 LINE 19---THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, TAX RETURNS, & POLICY STATEMENTS ARE REVIEWED BY THE EXECUTIVE BOARD AND THE MINUTES ARE PASSED ON TO THE GENERAL MEMBERSHIP. THE MINUTES ALSO DIRECT THE MEMBERSHIP & PUBLIC TO THE LOCATION OF THE POST 212 OFFICE.