

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DURAN Y GALLEGOS AMERICAN LEGION POST 69		D Employer identification number 85-6016581
		Number and street (or P O box, if mail is not delivered to street address) 9000 FOURTH STREET NW	Room/suite	E Telephone number 505-890-5343
		City or town, state or country, and ZIP + 4 ALAMEDA NM 87114		F Group Exemption Number ▶ 0925

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ **N/A**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (**19**) ◀ (insert no.) 4947(a)(1) or 527

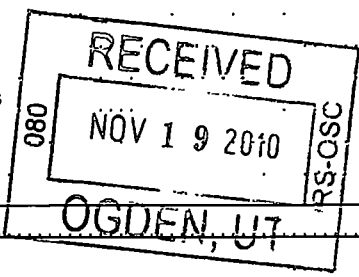
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **474,850**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	4,190
2	Program service revenue including government fees and contracts	2	10,608
3	Membership dues and assessments	3	17,032
4	Investment income	4	1,783
5a	Gross amount from sale of assets other than inventory	5c	
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>	6c	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)		
b	Less: direct expenses other than fundraising expenses		
7a	Gross sales of inventory, less returns and allowances	7c	
b	Less: cost of goods sold		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ See Statement 2)	8	22,555
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	296,177
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	54,350
13	Professional fees and other payments to independent contractors	13	9,498
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,210
16	Other expenses (describe ▶ See Statement 3)	16	222,812
17	Total expenses. Add lines 10 through 16	17	288,870
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,307
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	176,008
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	183,315

SCANNED DEC 10 2010 Revenue



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	179,103	190,393
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	179,103	190,393
26	Total liabilities (describe ▶ See Statement 4)	3,095	7,078
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,008	183,315

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

9-5 22

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T See Statement 6		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41	List the states with which a copy of this return is filed None		
42a	The organization's books are in care of AMERICAN LEGION POST 69 Telephone no. 505-890-5343 9000 FOURTH STREET NW Located at ALAMEDA, NM ZIP + 4 87114		
b	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)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

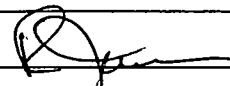
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

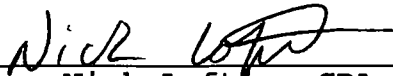
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **ROBERT JARAMILLO**  Date: **COMMANDER 11-3-10**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: **11/03/10** Check if self-employed: Preparer's Identifying Number (See instr): **P00546190**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Nick Loftis, CPA LLC**
6721 Academy Rd NE Ste D
Albuquerque, NM 87109-3370

EIN: **20-2486011**
 Phone no: **505-293-5009**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	None (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less: Chantable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue		152,890	152,890	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			64,949	64,949
	6	Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				64,949
	8	Net gaming income summary. Combine line 1, column d, and line 7				87,941

9 Enter the state(s) in which the organization operates gaming activities: **NM**

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	100.00	%
13b		%

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

Name ▶ **AMERICAN LEGION POST #69**
9000 FOURTH STREET NW
 Address ▶ **ALAMEDA**

NM 87114

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ **ROBERT JARAMILLO**

Gaming manager compensation ▶ \$

Description of services provided ▶ **GAMING OPERATIONS MANAGER**

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **38,329**

17a

X

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES & ASSESSMENTS	\$ 17,032
Total	\$ 17,032

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
HALL RENTAL	\$ 22,555
Total	\$ 22,555

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Member Bar Sales	\$ 19,220
HALL RENTAL Taxes/Licenses	1,663
Expenses	
MEMBER TRAVEL	10,544
REPAIRS & MAINTENANCE	40,701
UTILITIES	24,057
MISCELLANEOUS	5,062
ENTERTAINMENT EXPENSE	15,795
INSURANCE	7,039
CHARITABLE DISTRIBUTIONS	38,329
NM AMERICAN LEGION DEPT D	13,809
BANK CHARGES	361
SUPPLIES	42,484
CONVENTION	3,748
Total	\$ 222,812

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 3,095	\$ 7,078
	3,095	7,078

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROVIDE ASSISTANCE, SUPPORT, AND SOCIAL INTERACTION FOR
VETERANS, THEIR FAMILIES, AND RELATED COMMUNITY SUPPORT
PROGRAMS

Federal Statements

Statement 6 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description

INCOME GENERATED FROM PROGRAM SERVICES, AND SALES OF INVENTORY ARE PROVIDED FOR THE CONVENIENCE OF MEMBERS AND PROVIDE SOCIAL INTERACTION OPPORTUNITIES FOR MEMBERS. GAMING ACTIVITIES GENERATE INCOME AND ONLY MEMBERS ARE ALLOWED TO PLAY GAMING MACHINES. LABOR ASSOCIATED WITH GAMING ACTIVITIES IS PERFORMED BY UNPAID VOLUNTEERS.