# Form **990**

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

2023
Open to Public

For the 2023 calendar year, or tax year beginning 2023, and ending 20 AMERICAN LEGION POST 85 Employer identification number Check if applicable: C Name of organization 54-0966881 **AMERICAN** LEGION POST Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number (703)527 - 8178919 NORTH KANSAS STREET Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Arlington, VA 22201 294,503. Amended return F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending PAUL BOTHWELL 919 NORTH KANSAS STREET Arlington, VA 22201 H(b) Are all subordinates included? X 501(c) (19 501(c)(3) If "No," attach a list. See instructions Tax-exempt status: 4947(a)(1) or H(c) Group exemption number 0925 Website: 1972 Form of organization: Corporation L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 0 3 0 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . . . . . . . . . . . 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . . . 5 0 Total number of volunteers (estimate if necessary) ....... 6 0. Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b **Prior Year Current Year** 23,208. 7,267. Revenue 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . . . . . . . . . 209,944. 244,776. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . . 11  $2\overline{17}, 2\overline{11}.$ 267,984. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 59,597. 20,376. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . Total fundraising expenses (Part IX, column (D), line 25) 19<mark>3,963</mark>. 197,676. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . . . . . . . . . . 218,052. 253,560. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,424Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . . -841. 19 Beginning of Current Year End of Year 618,600. 632,690. Net Assets or Fund Balanc 20 Total assets (Part X, line 16) . . . . 21 Total liabilities (Part X, line 26) . . . . . . . . . . 618,600 632,690 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer PAUL BOTHWELL, FINANCE OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature X ETIENNE M FAYE ETIENNE 03/01/2024 P01511284 Paid М FAYE self-employed 47-2416321 Firm's name ETIENNE M. FAYE, BPTS LLC Preparer CPA Firm's EIN **Use Only** Firm's address Phone no. (301)922 - 84813902 ILFORD ROAD SILVER SPRING, MD 20906 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To enhance the well-being of America's veterans, their families, our
	military, and our communities by our devotion to mutual helpfulness.
2	Did the executive undertake any simifferent management during the year which was not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 59,597. including grants of \$ ) (Revenue \$ 22,259.)
	Fisher House
	Wounded Warrior Project
	Gary Sinise Foundation
	AFAC
	Semperk9
	American Legion Boys State
	Medical Expense Donations
	Knights of Columbus
	Arlington County PEP
	Ukraine Artists
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$\pi) including graits of \$\pi) (Nevertide \$\pi)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 59,597.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3,
	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,	l _		x
_	assessments, or similar amounts as defined in Rev. Proc. 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			x
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
0	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	-		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in 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,	-10		
••	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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
c				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, 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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3,5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\ \ \ -	
	If "Yes," complete Schedule G, Part III	19	X	32
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H	20a		Х
b		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	X.	

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 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? 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X 27 28 Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a X 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part L . . . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?............ 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . . . . . . . . . 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . . . . . . . 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and

1c

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	110
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	- 05		
Tu	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	- <del></del>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 05		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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	15		
Ü	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2023) AMERICAN LEGION POST 85 54-0966881 Page 6 For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI Governance, Management, and Disclosure. response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 0 Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . . . 1a 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 on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . . X 5 6 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X Each committee with authority to act on behalf of the governing body?.................. 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?......... 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13............ 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c X 13 13 X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b

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Seci	llon	C.	DISC	losure

17	List the states with which a copy of this Form 990 is required to be filed <b>VA</b>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

(703)598-5143

# 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 ......

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u> </u>	T J				٥,			, , , , , , , , , , , , , , , , , , , ,		
		(C)								
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average		box, unless person is both an			1	Reportable	Reportable	Estimated amount	
	hours	ı				trustee)		compensation	compensation	of other
	per week						from the	from related	compensation	
	(list any	우큐	<u> </u>	q	칢	en II	70	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire		Officer	y er	nplo:	Former	1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
	related	ctor	ion	Ì	Key employee	yee	٦	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Totalou organizationio
	organizations	Individual trustee or director	Institutional truster		yee	mp				
	below	ee	stee			Highest compensated employee				
	dotted line)		٦			ited				
(1) ERIC CLINTON										
COMMANDER			- 1:	x						
(2) KEVIN MUNLEY										
3rd VICE 1yr TRUSTEE	<b></b>		-	x						
			+	-						
			١.	3,						
FINANCE & GAMING			•	X						
(4) TERRI DURRIN										
2nd VICE COMMANDER			;	X						
(5) RICHARD SIMPSON										
SARGEANT AT ARMS	F		:	X						
(6) ROSCOE EAGLE										
3rd TRUSTEE				x						
(7) JOHN KIRSCH			-							
JAG			.	x						
				Λ						
			١.	.,						
CHAPLAIN				X						
(9) LOU LANE	L									
VSO - Trustee				X						
(10) BLAKE TAYLOR										
1st VICE 3yr TRUSTEE	F		:	X						
(11) CHRIS SHERER										
Trustee	<b></b>			x						
			-   '							
(12)	<b></b>									
(40)			+		-					
<u>(13)</u>	<b></b>									
			_							
(14)	L									

(continued)

(A) Name and title	(B)  Average hours per week (list any	Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/		cor fi	of other npensatio om the	d amount other ensation of the ation and	
	hours for related organizations below dotted line)	or director	insuluuonai irusiee	Officer	key employee	Hignest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-NI		-	nization a I organiza		
(15)														
<u>(16)</u>														
(17)														
(18)														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
(23)														
(24)														
<u>(25)</u>														
1b Subtotal	ion A .						.							
d Total (add lines 1b and 1c)	t limited to t							ceived more than	\$100,00	0 of				
reportable compensation from the organizat												Yes	No	
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul			•			•					3		X	
4 For any individual listed on line 1a, is the sum of organization and related organizations greater th	-													
<ul><li>individual</li></ul>											4		X	
for services rendered to the organization? If "Yes	s," complete s	Sched	ule .	I for	such	n perso	on.	<u> </u>	<u></u>	<u></u>	5		<u>X</u>	
Section B. Independent Contractors  1 Complete this table for your five highest con	nensated i	ndene	nde	ent c	ontr	actor	s tha	at received more	than \$10	00 000 o	f			
compensation from the organization. Report	•											year.		
(A) Name and business address	ss							(B)  Description of service	es		(C) Compens	ation		
Total number of independent contractors (including the contractors)	_					se liste	L ed a	bove) who						
received more than \$100,000 of compensat	ion from the	orga	niza	tion										

Part VIII Statement of Revenue

	_	Check if Schedule O contains a response	or note to any lin	ne in this Part VIII	<u> </u>		<u></u>
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				10401100	function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns 1a					3000013 012-014
	b	Membership dues	949.				
nts nts	С	Fundraising events 1c					
Gra	d	Related organizations 1d					
fts,	е	Government grants (contributions) 1e					
nia i	f	All other contributions, gifts, grants,					
i Sir		and similar amounts not included above 1f	22,259.				
the Sthe	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f		23,208.			
			Business Code				
φ	2a						
Program Service Revenue	b						
	С						
	d						<del> </del>
	e f	All other program service revenue					<del> </del>
щ	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
	_	other similar amounts)					
	4	Income from investment of tax-exempt bond proc	eeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	Less: cost or other basis					
Φ		and sales expenses 7b					
venue	С	Gain or (loss) 7c					
a)		Net gain or (loss)					
Other R		Gross income from fundraising					
g G		events (not including \$					
-		of contributions reported on line					
		1c). See Part IV, line 18 <b>8a</b>					
		Less: direct expenses 8b					
		` '					
	9a	Gross income from gaming	000 651				
			223,671.				
		Less: direct expenses 9b		222 671			
		` / " " "		223,671.			
	10a	Gross sales of inventory, less returns and allowances	47,624.				
	b	Less: cost of goods sold	26,519.				
		Net income or (loss) from sales of inventory		21,105.			
			Business Code				
SD 5	11a						
ano nue	b						<u> </u>
Miscellanous Revenue	С						
<u>Š</u>		All other revenue					
_		Total revenue See instructions		267,984.			
	17	LOTAL FOVERILL SAA INSTRUCTIONS				i	i contract of the contract of

Form 990 (2023) AMERICAN LEGION POST 85 54-0966881 Page 10 Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 59,597. and 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, Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . . . . . . . 10 11 Fees for services (nonemployees): Legal....... b С d Professional fundraising services. See Part IV, line 17. . е f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . . . . . . . . . . . . . . . 3,175. 12 8,141. 13 14 15 16 36. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 21 2,262. 22 Depreciation, depletion, and amortization . . . . . . 10,713. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Repair & Maintenance 16,925. 110,060. Supplies b 19,797. Cost of Labor Utilities 12,958. Ы 9,896. All other expenses е 253,560. 25 Total functional expenses. Add lines 1 through 24e . . Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to an	y line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		27,333.	1	45,383.
	2	Savings and temporary cash investments	44,829.	2	42,833.	
	3	Pledges and grants receivable, net	•	3	•	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib				
				5		
	6	Loans and other receivables from other disqualified persons	(as defined			
		under section 4958(f)(1)), and persons described in section 4			6	
	7	Notes and loans receivable, net			7	
sts	8	Inventories for sale or use	†		8	
Assets	9	Prepaid expenses and deferred charges	<b>†</b>		9	
⋖	10a	Land, buildings, and equipment: cost or other			9	
	IVa	basis. Complete Part VI of Schedule D 10a	568,934.			
	h	· · · · · · · · · · · · · · · · · · ·		546,438.	10c	544,474.
	b 44		<u>'</u>	340,430.	11	344,414.
	11	Investments - publicly traded securities	The state of the s		12	
	12	Investments - other securities. See Part IV, line 11				
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		618,600.	15	632 600
	16	Total assets. Add lines 1 through 15 (must equal line 33) .		010,000.	16	632,690.
	17	Accounts payable and accrued expenses	T		17	
	18	Grants payable			18	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities	•		20	
	21	Escrow or custodial account liability. Complete Part IV of Sch			21	
es	22	Loans and other payables to any current or former officer, dir				
Liabilities		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
jab					22	
-	23	Secured mortgages and notes payable to unrelated third part	ties		23	
	24	Unsecured notes and loans payable to unrelated third parties	T T		24	
	25	Other liabilities (including federal income tax, payables to rela	ated third			
		parties, and other liabilities not included on lines 17-24). Com				
		of Schedule D			25	
	26				26	
		Organizations that follow FASB ASC 958, check here	<b>∑</b>			
S		and complete lines 27, 28, 32, and 33.				
2	27	Net assets without donor restrictions		137,300.	27	151,390.
ala	28	Net assets with donor restrictions		481,300.	28	481,300.
<u> </u>		Organizations that do not follow FASB ASC 958, check her	re 🗌			
<u>.</u>		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	i[		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other	er funds		31	
et /	32	Total net assets or fund balances	[	618,600.	32	632,690.
Ž	33	Total liabilities and net assets/fund balances		618,600.	33	632,690.

Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated		· · · · /= · - · /					
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 14,424 4 Net assets or fund balances at beginning of year (must equal Part IX, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5	Par	t XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 14,424. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Cher changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Schedule O Contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990:  Cash		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	. [	
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  7 Prior period adjustments  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Separate Investments and Reporting  11 Check if Schedule O contains a response or note to any line in this Part XII  12 Part XII Financial Statements and Reporting  13 Check if Schedule O contains a response or note to any line in this Part XII  14 Accounting method used to prepare the Form 990:  Cash   Accrual   Other    15 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Prior period adjustments 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Unter changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 Net assets or fund balances (Part X, line 32, column	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	18,	600	).
7   Investment expenses   7   8   8   9   Other changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   633 , 024   .	5	Net unrealized gains (losses) on investments	5				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Say, column (B)  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  Cash  Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?.  2a  X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b  X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or onsolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b  X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why o	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 633,024.  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," the cyiew, or compilation of its financial statements and selection of an independent accountant?  2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits of audits or audits? If the organization did not undergo the required audit or audits	7	Investment expenses	7				
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 633,024.  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," the cyiew, or compilation of its financial statements and selection of an independent accountant?  2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits of audits or audits? If the organization did not undergo the required audit or audits	8	Prior period adjustments	8				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII   Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:   Cash   Accrual   Other	9	Other changes in net assets or fund balances (explain on Schedule O)	9				
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes No  Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? . 2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? . 2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . 2c  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . 3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b	10						
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash		32, column (B))	10	6	33,	024	1.
Accounting method used to prepare the Form 990:   Cash   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.    Vere the organization's financial statements compiled or reviewed by an independent accountant?   2a   X	Par	rt XII Financial Statements and Reporting					
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Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?.  2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis, consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b	1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
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reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  Jaa X  By If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.  Jab A	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a l	X	ζ
Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both.					
b Were the organization's financial statements audited by an independent accountant?		Separate basis Consolidated basis Both consolidated and separate basis					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b	b			2	2b	X	ζ .
separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b		·					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b							
the audit, review, or compilation of its financial statements and selection of an independent accountant?	С						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				2	c		
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b							
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits					ia	×	ζ
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b			· .	+		-
	~				ib		
	IYA	Transfer and the desired, the sum of the serious of the desired any stope taken to and orgo dath addition in the inter-				<b>30</b> (20	)23)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the organization			Employ	er identif	fication number
<u>AME</u>	RICAN LEGION POST 85			<u>5</u> 4-	0966	881
Part	Organizations Maintaining Donor Adv Complete if the organization answered "			nds oi	Acco	unts
			advised funds		(b) F	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		held in donor advised	funds a	are the or	rganization's
3	property, subject to the organization's exclusive legal control					
6	Did the organization inform all grantees, donors, and donor					
Ū	purposes and not for the benefit of the donor or donor advis	_	-			itabic
	private benefit?					Tyes No
Part						105110
· are	Complete if the organization answered "	Yes" on Form 990	) Part IV line 7			
1	Purpose(s) of conservation easements held by the organiza					
•	Preservation of land for public use (for example, recrea	,	Preservation of his	storically	, importe	ent land area
	Protection of natural habitat	ation of caddation)	Preservation of a	-		
	Preservation of open space		i reservation or a v	ocitiiloa	Tilotorio	Structure
2	Complete lines 2a through 2d if the organization held a qua	lified conservation cont	ribution in the form of	a conse	rvation e	asement on the last day
_	of the tax year.	illiod coricol valion com		a 001100		leld at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified historic s				2c	
d	Number of conservation easements included on line 2c acc				<del>-</del>	
4	structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, r					
•	organization during the tax year	orodood, oxurigatorroa,	or torrimated by the			
4	Number of states where property subject to conservation ea	asement is located				
5	Does the organization have a written policy regarding the pe	_	ection, handling of viol	ations	<del></del>	
	and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting					
_		,g,	<b>g</b>			····· <b>9 ,</b>
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and	enforcing conservatio	n easen	nents du	ring the vear
	3, 4, 4	3	3			5 . ,
8	Does each conservation easement reported on line 2d above	e satisfy the requireme	ents of section 170(h)(4	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conserva					
	include, if applicable, the text of the footnote to the organiza	ation's financial stateme	ents that describes the	organiz	ation's a	ccounting for
	conservation easements.			•		-
Part	II Organizations Maintaining Collection	s of Art, Historic	al Treasures, or	Othe	r Simi	lar Assets
	Complete if the organization answered "	Yes" on Form 990	), Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its	revenue statement and	d balanc	e sheet v	works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, educat	ion, or research in furt	herance	of publi	С
	service, provide in Part XIII the text of the footnote to its final	ancial statements that o	lescribes these items.			
b	If the organization elected, as permitted under FASB ASC 9			lance sh	neet work	ks of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education	n, or research in furthe	rance of	public s	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					
2	If the organization received or held works of art, historical tr					following amounts

**b** Assets included in Form 990, Part X

required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . .

Part	Organizations Maintaining Co	llections of Art, F	listorical	Treasures, or	Other Similar <i>I</i>	<b>Assets</b> (continued)
3	Using the organization's acquisition, accession, (check all that apply).	and other records, chec	c any of the fo	ollowing that make s	ignificant use of its o	collection items
а	Public exhibition		d 🗌 Loan	or exchange progra	m	
b	Scholarly research		e 🗌 Othe	r		
С	Preservation for future generations					
4	Provide a description of the organization's collect	tions and explain how th	ey further the	organization's exen	pt purpose in Part )	KIII.
5	During the year, did the organization solicit or red	ceive donations of art, hi	storical treas	ures, or other similar	assets to be sold to	o raise funds
	rather than to be maintained as part of the organi					Yes No
Part	Complete if the organization and 990, Part X, line 21.	swered "Yes" on Fo				mount on Form
1a	Is the organization an agent, trustee, custodian on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	able:	_		
					An	nount
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 amount on Form				-	
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanation	on has been p	provided on Part XIII		
Part						
	Complete if the organization ans					
	(6	a) Current year (b	) Prior year	(c) Two years bac	k (d) Three years b	ack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
ال ا	losses					
d	Grants or scholarships.					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses			+		
g	End of year balance	year and balance (line 1		\ hald as:		
2	, .	,	g, column (a)	) neid as.		
a	Board designated or quasi-endowment	%				
D	Permanent endowment%  Term endowment %					
С	Term endowment% The percentages on lines 2a, 2b, and 2c should	ogual 1009/				
3a	Are there endowment funds not in the possession	•	t are hold and	d administered for th		
Ja	organization by:	in or the organization tha	it are rielu arit	a administered for tr	E	Yes No
	(i) Unrelated organizations?					3a(i)
	(ii) Related organizations?					<del>- ''  </del>
b	If "Yes" on line 3a(ii), are the related organization					
4	Describe in Part XIII the intended uses of the org	·				30
Par			urius.			
- 41	Complete if the organization ans		orm 990 F	Part IV. line 11a	See Form 990	). Part X. line 10
	Description of property	(a) Cost or other basis			:) Accumulated	(d) Book value
	becomplied of property	(investment)	l, ,	other)	depreciation	(a) Dook value
1a	Land	<u> </u>				481,300.
b	Buildings				17,420.	57,880.
C	Leasehold improvements		<del>`                                    </del>		11,720.	37,000.
d	Equipment	10.00	4		7,040.	5,294.
u e	Other				7,040.	5,294.
	Add lines 1a through 1e.(Column (d) must equal I		Dc, column (E			544,474.

	Form 990) 2023 AMERICAN LEGION POST 85		5	<u> </u>	Page
Part VII	Investments — Other Securities  Complete if the organization answered "Yes" on Forn	n 990, Part IV, lind	e 11b. See Form	990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	, ,	ethod of valuation: end-of-year market value	e
(1) Financial	derivatives				
(2) Closely h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	•				
	Complete if the organization answered "Yes" on Forn	າ 990, Part IV, line	e 11c. See Form	990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	1 ''	ethod of valuation: end-of-year market value	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets Complete if the organization answered "Yes" on Forn	990 Part IV line	e 11d. See Form	990 Part X lin	e 15
	(a) Description	1000, 1 41111, 1111	6 11d. 6661 6111	(b) Book value	
(1)	(u) Dooonphon			(b) Book van	<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 15, col. (B))				
Part X	Other Liabilities	<u> </u>	<u> </u>		
raitX	Complete if the organization answered "Yes" on Forn line 25.	n 990, Part IV, lind	e 11e or 11f. See	e Form 990, Par	t X,
1.	(a) Description of liability			(b) Book va	lue
-	l income taxes			, ,	
(2)					
(3)					
(4)					
(5)					
(6)					

(7) (8) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . . . . . . . . . . . . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	Nith Revenue per l	Return	
	Complete if the organization answered "Yes" on Form 990, P	Part IV	<sup>7</sup> , line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part				er Retu	rn
	Complete if the organization answered "Yes" on Form 990, P	Part IV	', line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line $2e$ from line $1$			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Part 2	XIII Supplemental Information				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4a and 4			rt X, line	2;
Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any accomplete any accomplete this part to provide any	dditiona	al information.		

UYA Schedule D (Form 990) 2023

Schedule D (	Form 990) 2023 AMERICAN LEGION POST 85	54-0966881	Page <b>5</b>
Part XIII	Form 990) 2023 AMERICAN LEGION POST 85 Supplemental Information (continued)		
_			
_			

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number							
AMERICAN LEGION POST 85				54-0966881			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
Form 990-Ez mers are not required to complete this part.							
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Mail solicitations</li> <li>E Solicitation of non-government grants</li> </ul>							
a Mail solicitations	b Internet and email solicitations  f Solicitation of non-government grants  f Solicitation of government grants						
c Phone solicitations		g	=	ndraising events	11.5		
=	d In-person solicitations						
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees							
listed in Form 990, Part VII) or entity in connection with professional fundraising services?							
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be							
compensated at least \$5,000 by the organization.							
(i) Name and address of individual	(ii) Activity	(iii) Did fund	drain or boyo	(iv) Cross respires	(s) Amount poid to	(vi) Amount poid to	
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	(iii) Did fund custody	or control of	(iv) Gross receipts from activity	<ul><li>(v) Amount paid to (or retained by)</li></ul>	(vi) Amount paid to (or retained by)	
,		contr	ibutions?		fundraiser listed in col. (i)	organization	
		Yes	No		.,		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through 0 (event type) (event type) (total number) col. (c)) Revenue Gross receipts . . . . . . . 1 2 Less: Contributions. . . . . 3 Gross income (line 1 minus line 2) . . . . . . . . . Cash prizes . . . . . . . . . 4 Noncash prizes . . . . . . . 5 Direct Expenses Rent/facility costs. . . . . . 6 Food and beverages . . . . 7 Entertainment. . . . . . 8 Other direct expenses . . . 9 10 11 Net income summary. Subtract line 10 from line 3, column (d).............. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c) Other gaming (d) Total gaming (add Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . Direct Expenses 2 Cash prizes . . . . . . . . . . 3 Noncash prizes . . . . . . . . 4 Rent/facility costs. . . . . . Other direct expenses . . . Yes ☐ Yes Yes No No 6 Volunteer labor . . . . . . No 0. 7 Net gaming income summary. Subtract line 7 from line 1, column (d). . . . . . . . . . . . . . . . . 0. Enter the state(s) in which the organization conducts gaming activities:\_\_\_ **b** If "No," explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . . Yes No **b** If "Yes," explain:

Schedu	ıle G (Form 990) 2023	AMERICAN LEGIC	N POST 85		54-09668	381 Page 3
11	Does the organization	n conduct gaming activities v	vith nonmembers?			Yes No
12	Is the organization a	grantor, beneficiary or truste	e of a trust, or a membe	r of a partnership or other	entity —	<u> </u>
		charitable gaming?				Yes □ No
13		ge of gaming activity conduc				ш
		cility			122	%
a						
b						%
14	Enter the name and a	address of the person who pr	epares the organization	s gaming/special events be	ooks and	
	records:					
	Name ▶					
	Address ▶					
15a	Does the organization	n have a contract with a third	I narty from whom the o	rganization receives gamin	a	
ı Ja						Vac 🗆 Na
						res 🔲 No
b	if "Yes," enter the am	ount of gaming revenue rece	eived by the organization	ı »a	na tne	
		venue retained by the third p				
С	If "Yes," enter name a	and address of the third party	<b>/</b> :			
	Name					
	Address					
16	Gaming manager info	ormation:				
	Name					
	Gaming manager cor	mponentian ¢				
	Carring manager cor	препзаноп ф				
	Description of convice	a provided				
	Description of service	s provided				
	☐ Director/officer	☐ Employee	☐ Independen	t contractor		
17	Mandatory distributio					
а	•	quired under state law to ma				
		ng license?				Yes No
b	Enter the amount of o	distributions required under s	tate law to be distribute	d to other exempt organiza	tions or	
		tion's own exempt activities				
Part	IV Supplementa	I Information. Provide the	e explanations require	d by Part I, line 2b, colu	mns (iii) and	(v); and
		), 9b, 10b, 15b, 15c, 16, ai				
	See instruction		. ,	, , , , , , , , , , , , , , , , , , , ,		

UYA Schedule G (Form 990) 2023

# SCHEDULE (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

**Employer identification number** 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) 2023 **ջ** □ (h) Purpose of grant or assistance 54-0966881 \_ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section (d) Amount of cash (e) Amount of (if applicable) grant noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN AMERICAN LEGION POST 85 (a) Name and address of organization or government Part II (10) (11) (12)4 3 3 9 9 6  $\Xi$ 3 8

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

Page 2 54-0966881

AMERICAN LEGION POST 85 Schedule I (Form 990) 2023

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

_	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	rovide the informatic	on required in Part	I, line 2; Part III, α	olumn (b); and any other a	dditional information.
UYA						Schedule I (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN LEGION POST 85	54-0966881
	31 0300001

Schedule O (Form 990) 2023 Page **2** 

Name of the organization	Employer identification number						
AMERICAN LEGION POST 85	54-0966881						
Part VI Line 11b							
OFFICERS ARE REQUIRED TO REVIEW FORM 990 PRIOR TO FILING	,						
Part VI Line 11b							
MAKE INQUIRIES FOR CLARITY IN THE CONTENT OF FORM 990.							
Part VI Line 12c							
Regular Inquiries are made to ensure that conflicts of i	nterest						
Part VI Line 12c							
do not arise.							
Part VI Line 19							
POLICIES, RULES ON CONFLICTS OF INTEREST ARE SHARED, DIS	CUSSED WITH MEMBERS						
Part VI Line 19							
TO PREEMPT OR RESOLVE ISSUES ARISING FROM CONFLICTS OF I	NTEREST.						

UYA Schedule O (Form 990) 2023