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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2007

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions

C
MILLCREEK LEGION HOME ASSOCIATION
4109 WEST 12TH STREET
ERIE, PA 16505

D Employer Identification Number

25-0987085

E Telephone number

814-838-3980

F Accounting method

☒ Cash ☐ Accrual

☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ▶ N/A

J Organization type

(check only one)

☒ 501(c) 7 (insert no.) ☐ 4947(a)(1) or ☐ 527

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

I Group Exemption Number ▶

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 734,034.

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

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1 a

b Direct public support (not included on line 1a)

1 b

c Indirect public support (not included on line 1a)

1 c

d Government contributions (grants) (not included on line 1a)

1 d

e Total (add lines 1a through 1d) (cash \$ noncash \$)

1 e 0.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 383,381.

3 Membership dues and assessments

3 625.

4 Interest on savings and temporary cash investments

4 9,837.

5 Dividends and interest from securities

5

6a Gross rents

6 a

b Less: rental expenses

6 b

c Net rental income or (loss). Subtract line 6b from line 6a

6 c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8 a

b Less: cost or other basis and sales expenses

8 b

c Gain or (loss) (attach schedule)

8 c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8 d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b)

9 a

b Less: direct expenses other than fundraising expenses

9 b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9 c

10a Gross sales of inventory, less returns and allowances

10 a

340,177.

b Less: cost of goods sold

10 b

274,771.

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

Statement 1

10 c 65,406.

11 Other revenue (from Part VII, line 103)

11 14.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 459,263.

13 Program services (from line 44, column (B))

13

14 Management and general (from line 44, column (C))

14

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17 479,512.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 -20,249.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 700,676.

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, 19, and 20

21 680,427.

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

TEEA0109L 12/27/07 Form 990 (2007)

ENVELOPE POSTMARK DATE OCT 15 2010

SCANNED NOV 08 2010

RECEIVED
OCT 21 2010
OGDEN, UT

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a 6,932.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b 0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0.			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 28,202.			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 20,506.			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 5,688.			
33 Supplies	33 5,714.			
34 Telephone	34 5,777.			
35 Postage and shipping	35			
36 Occupancy	36 157,189.			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 35,929.			
43 Other expenses not covered above (itemize)				
a See Statement 2	43a 213,575.			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 479,512.			

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A ☐ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Provide recreation for members.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

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Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	105,433.	45	81,445.	
	46 Savings and temporary cash investments	264,453.	46	309,244.	
	47 a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	47 c		
	48 a Pledges receivable	48 a			
	b Less: allowance for doubtful accounts	48 b	48 c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b		
	51 a Other notes and loans receivable (attach schedule)	51 a			
	b Less: allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use	1,000.	52	2,000.	
	53 Prepaid expenses and deferred charges	30,000.	53	30,000.	
	54 a Investments — publicly-traded securities	☐ Cost ☐ FMV	54 a		
	b Investments — other securities (attach sch)	☐ Cost ☐ FMV	54 b		
	55 a Investments — land, buildings, & equipment basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b	55 c		
	56 Investments — other (attach schedule)		56		
	57 a Land, buildings, and equipment basis	57 a 465,452.			
b Less: accumulated depreciation (attach schedule) Statement 3	57 b 203,417.	269,429.	57 c 262,035.		
58 Other assets, including program-related investments (describe ► _____)	34,293.	58			
59 Total assets (must equal line 74). Add lines 45 through 58	704,608.	59	684,724.		
LIABILITIES	60 Accounts payable and accrued expenses	3,932.	60	4,297.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ► _____)		65		
	66 Total liabilities. Add lines 60 through 65	3,932.	66	4,297.	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted		67	
68 Temporarily restricted			68		
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here ☒ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds		700,676.	72	680,427.	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		700,676.	73	680,427.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		704,608.	74	684,724.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ROBERT FICKLE 1309 FILMORE AVE. ERIE, PA 16505	Treasurer 0	2,094.	0.	0.
LEONARD J. CLAWSON 1321 WEST 9TH STREET ERIE, PA 16502	Secretary 0	2,094.	0.	0.
JOHN DADDARIO 225 FOREST DRIVE ERIE, PA 16505	President 0	2,744.	0.	0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
-----------------	--

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 3

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75 b		X
------	--	---

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

75c	X
-----	---

If 'Yes,' attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d	X	
-----	---	--

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
-----------------	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information (See the instructions.)
----------------	--

Yes	No
-----	----

76 Did the organization make a change in its activities or methods of conducting activities?

Did the organization make a change in its activities
If 'Yes,' attach a detailed statement of each change

76		X
----	--	---

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

If 'Yes,' attach a conformed copy of the changes.

77		X
----	--	---

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a		X
-----	--	---

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

78b	N/A
-----	-----

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

79		X
----	--	---

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80 a		X
------	--	---

b If 'Yes,' enter the name of the organization ▶ N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct and indirect political expenditures (See line 81 instructions)

81 a	0
------	---

b Did the organization file **Form 1120-POL** for this year?

81b		X
-----	--	---

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Form 990 (2007)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	0.	
86 b	Gross receipts, included on line 12, for public use of club facilities	0.	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part XI.		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: N/A, section 4912: N/A, section 4955: N/A		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	N/A	
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed: None		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		0
91 a	The books are in care of: ROBERT FICKLE Telephone number: Located at: 4109 WEST 12TH STREET ERIE PA ZIP + 4: 16505		
91 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:		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ATM INCOME					4,061.
b GAMBLING/GAME INCOME					379,320.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					625.
95 Interest on savings & temporary cash invmnts					9,837.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					65,406.
103 Other revenue a					
b Miscellaneous					14.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					459,263.
105 Total (add line 104, columns (B), (D), and (E))					459,263.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	See Statement 4
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please
Sign
Here

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.

► Robert H Fickle
Signature of officerDate 10/15/10► Robert Fickle, Treasurer
Type or print name and titlePaid
Pre-
parer's
Use
OnlyPreparer's
signature ► Cheryl Prescott, CPADate 10/15/10Check if
self-
employed ► ☒Preparer's SSN or PTIN (See
General Instruction X) P00541459Firm's name (or
yours if self-
employed) ► Cheryl A. Prescott, CPA
address, and
ZIP + 4 8200 Hamot Road
Erie, PA 16509EIN ► 25-1750677Phone no ► (814) 866-2666

BAA

Form 990 (2007)

MILLCREEK LEGION HOME ASSOCIATION

25-0987085

Statement 1
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

BEER	\$	188,430.
FOOD		24,140.
LIQUOR/WINE		106,766.
MISC		283.
PARTIES		6,973.
SNACKS		14,452.
Gross Sales	\$	341,044.
Less Returns & Allowances		867.
Net Sales	\$	340,177.
Less Cost Of Goods Sold		274,771.
Gross Profit From Sales Of Inventory	\$	65,406.

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING & PROMOTIONS	3,435.			
BANK FEES	362.			
CASH (OVER) SHORT	747.			
CONTRACT LABOR	2,001.			
CONTRIBUTIONS	11,630.			
DUES & SUBSCRIPTIONS	4,014.			
GAMBLING/GAME EXPENSE	165,529.			
INSURANCE	19,199.			
LICENSES	1,335.			
MISCELLANEOUS	1,367.			
PROFESSIONAL FEES	3,909.			
SALES TAX	47.			
Total	\$ 213,575.	\$ 0.	\$ 0.	\$ 0.

Statement 3
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 62,894.	\$ 33,292.	\$ 29,602.
Machinery and Equipment	134,869.	88,726.	46,143.
Buildings	150,402.	70,360.	80,042.
Improvements	83,787.	11,039.	72,748.
Land	33,500.		33,500.
Total	\$ 465,452.	\$ 203,417.	\$ 262,035.

MILLCREEK LEGION HOME ASSOCIATION

25-0987085

Statement 4

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93 (a)	ATM machine is for member convenience in obtaining cash for use at the club.
93 (b)	Gambling and gaming provides recreation to members.
94/95	Provides income to offer discounted food and drinks.
102	Provides food and drink for members consumption.

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MILLCREEK LEGION HOME ASSOCIATION INC.		Employer identification number 25-0987085
	Number, street, and room or suite no. If a P.O. box, see instructions C/O CHERYL PRESCOTT, CPA 8200 HAMOT ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ERIE, PA. 16509		

Check type of return to be filed (file a separate application for each return).

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **ROBERT FICKLE**

Telephone No ► **814-838-3980** FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, **2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year **2007** or
► ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print

File by the extended due date for filing the return. See instructions

Name of Exempt Organization MILLCREEK LEGION HOME ASSOC. INC.	Employer identification number
Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return)

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until ☐
- 5 For calendar year ☐, or other tax year beginning ☐ and ending ☐
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ☐

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Cheryl Russell, CPA

Title AGENT

Date 05/15/08

Form 8868 (Rev. 4-2008)