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Return of Organization Exempt From Income Tax

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

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

A For the 2008 calendar year, or tax year beginning 01/01, 2008, and ending 12/31, 20 08

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 Instructions.

C Name of organization American Legion
 Doing Business As 35-0859812
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 179
 City or town, state or country, and ZIP + 4
Pendleton IN 46064-0179

D Employer identification number 35-0859812
E Telephone number (765) 778-7661

G Gross receipts \$

F Name and address of principal officer:
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status. 501(c) (19) (insert no.) 4947(a)(1) or 527

J Website: ▶

K Type of organization. Corporation Trust Association Other ▶ **L** Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To promote Americanism and assist all American Veterans and their families

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	200
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	200
5 Total number of employees (Part V, line 2a)	5	2
6 Total number of volunteers (estimate if necessary)	6	6
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5427	1400
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81836
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		32479
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		78519
19 Revenue less expenses. Subtract line 18 from line 12		3317
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	65747	65800
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20		0

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 Here
 Signature of officer: [Signature] **Financial Officer**
 Date: 8-30-2010

Type or print name and title: Donald D. Zalokar

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: () _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

5996

SCANNED OCT 14 2010

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