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2008

Open to Public
InspectionForm **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 1 Jan 08, 2008, and ending 31 Dec 08, 20

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 Con Miller Post # 30

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 56615

City or town, state or country, and ZIP + 4

North Pole AK 99705

D Employer identification number

91-1825303

E Telephone number

(907) 490-6830

F Group Exemption Number

EID should be:

91-1825305

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) — ☒ 501(c)(1) () (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	\$2,700
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	\$6,582
	4	Investment income	4	\$1,486
	5a	Gross amount from sale of assets other than inventory	5a	\$25,357
	5b	Less: cost or other basis and sales expenses	5b	(\$17,316)
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	\$8,041
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 2,700 of contributions reported on line 1)	6a	\$158,068
	6b	Less: direct expenses other than fundraising expenses	6b	(\$102,145)
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	\$55,923
	7a	Gross sales of inventory, less returns and allowances	7a	\$189,664
	7b	Less: cost of goods sold	7b	(\$103,188)
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	\$86,476
	8	Other revenue (describe) ▶	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	
	10	Grants and similar amounts paid (attach schedule)	10	(\$24,048)
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	(\$1,400)
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	(\$34,233)
	15	Printing, publications, postage, and shipping	15	(\$800)
	16	Other expenses (describe) ▶	16	(\$1,119)
	17	Total expenses. Add lines 10 through 16.	17	(\$61,600)
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	\$99,608
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	\$98,519
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	
23	Land and buildings	23	
24	Other assets (describe) ▶	24	
25	Total assets	25	
26	Total liabilities (describe) ▶	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	\$99,608

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No. 106421

Form 990-EZ (2008)

NE 13

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? Veterans Organization

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 Troop 9 Cub & Boy Scouts - Help educate children		(\$3,850)
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Support Fairbanks AK Veterans' Center		(\$1,000)
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Breavement support for local veterans		(\$800)
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	(\$16,300)
32 Total program service expenses (add lines 28a through 31a)	32	(\$21,950)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
April Berry North Pole AK	Commander 1	0	0	0
Michael Berry North Pole AK	1st Vice Commander 1	0	0	0
Jeffrey McLain Eielson AFB AK	2nd Vice Commander 2	0	0	0
LaGY Parrish North Pole AK	Sergeant-Arms 1	0	0	0
Harold Schuster North Pole AK	Adjutant/Finance 2	0	0	0
Alma Huisman North Pole AK	Chaplain 4	0	0	0
Damon Jackson North Pole AK	Historian 1	0	0	0
Kimberly Aure North Pole AK	Judge Advocate 1	0	0	0
David Keys North Pole AK	Service Officer 1	0	0	0
Scott Berrier Eielson AFB AK	Executive Committee 2	0	0	0
Steven Huisman North Pole AK	Executive Committee 1	0	0	0
Donald Krigsvold North Pole	Executive Committee 1	0	0	0
Robert Blackmore North Pole AK	Canteen Manager 10	0	0	0
Christopher Splees North Pole AK	Gaming Manager 24	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and (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," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶ Alaska		
42a The books are in care of ▶ Harold Schuster Telephone no. ▶ (907) 490-6830		
Located at ▶ North Pole AK ZIP + 4 ▶ 99705-6615		
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)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

**Sign
Here**

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.

Signature of officer

Date _____

Harold G. Schuster, Adjutant/Finance Officer 6 June 2009
Type or print name and title.

Type or print name and title.

**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

American Legion Con Miller Post # 30 91-182305

Attachment 1

Event	Gross Revenue	Direct Expenses	Net Income
Membership	\$8,538	(\$7,103)	\$1,435
Riders'	\$16,819	(\$10,213)	\$6,606
To Form 990-EZ, Part I, Line 5	\$25,357	(\$17,316)	\$8,041

American Legion Con Miller Post # 30 91-182305

Attachment 2

Form 990-EZ Gaming Account

Gross Revenue	Direct Expenses	Net Income
\$158,068	(\$102,145)	\$55,923

To Form 990-EZ, Part I, Line 6

American Legion Con Miller Post # 30 91-182305

Attachment 3

Canteen Fund	Gross Revenue	Direct Expenses	Net Income
	\$189,664	(\$103,188)	\$86,476

To Form 990-EZ Part I, Line 6

American Legion Con Miller Post # 30 91-182305

Attachment 4

Form 990-EZ

Part I, Item 16, Other Expenses

Item	Expense
Tax Preparation Fee	(\$925)
North Pole Parade Fee	(\$10)
Military Award Plaques	(\$184)
To Form 990-EZ, Part I, Line 16	(\$1,119)

American Legion Con Miller Post # 30 91-182305

Attachment 5

Form 990-EZ, Part 4, Line 31`

Program	Amount
Youth Baseball Support	(\$600)
Eielson AFB Family Support Center -- Deployment Support	(\$1,550)
4-H Program Support	(\$250)
Support for Salcha AK Community Fair	(\$500)
Support for North Pole VFW	(\$2,900)
Eielson AFB High School Basketball Support	(\$700)
American Legion Riders' Support	(\$2,700)
American Legion Unit Auxiliary Support	(\$2,000)
American Legion Squadron Sons' Support	(\$2,000)
High School Band Support	(\$2,100)
Support to AYF Veterans Organization	(\$1,000)
	<hr/>
	(\$16,300)