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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 06/01, 2008, and ending 05/31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>AMERICAN LEGION 1468 VALLEY POST</u>	D Employer identification number <u>15-0553089</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>110 ACADEMY ST</u>	E Telephone number <u>(315) 492-2040</u>
		City or town, state or country, and ZIP + 4 <u>SYRACUSE N.Y. 13207-2842</u>	F Group Exemption Number <u>0964</u>

• 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: ▶ _____
J Organization type (check only one) - 501(c) 907 (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 ▶ \$ 304069

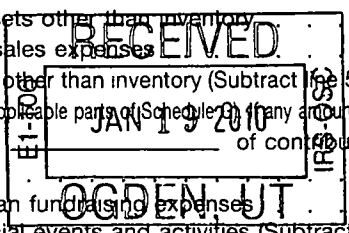
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>N/A</u>
	2	Program service revenue including government fees and contracts	2	<u>N/A</u>
	3	Membership dues and assessments	3	<u>10500</u>
	4	Investment income	4	<u>-0-</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>---</u>
	5b	Less: cost or other basis and sales expenses	5b	<u>---</u>
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<u>---</u>
	6	Special events and activities (complete applicable parts of Schedule A) (if any amount is from gaming, check here <input type="checkbox"/>)		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<u>151193</u>
6b	Less: direct expenses other than fundraising expenses	6b	<u>162574</u>	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u><11381></u>	
7a	Gross sales of inventory, less returns and allowances	7a	<u>142376</u>	
7b	Less: cost of goods sold	7b	<u>86685</u>	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>95691</u>	
8	Other revenue (describe ▶ _____)	8	<u>---</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	<u>94810</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>---</u>
	11	Benefits paid to or for members	11	<u>---</u>
	12	Salaries, other compensation, and employee benefits	12	<u>50748</u>
	13	Professional fees and other payments to independent contractors	13	<u>1703</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>24605</u>
	15	Printing, publications, postage, and shipping	15	<u>---</u>
	16	Other expenses (describe ▶ <u>SEE ATTACHED</u>)	16	<u>34647</u>
17	Total expenses. Add lines 10 through 16	17	<u>111703</u>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u><16893></u>
	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	<u>164815</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>---</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>147922</u>

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	<u>19284</u>	<u>17344</u>
23	Land and buildings	<u>98832</u>	<u>96919</u>
24	Other assets (describe ▶ <u>INV & EXCHANGE</u>)	<u>46699</u>	<u>33659</u>
25	Total assets	<u>164815</u>	<u>147922</u>
26	Total liabilities (describe ▶ _____)	<u>---</u>	<u>---</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>164815</u>	<u>147922</u>

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

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

What is the organization's primary exempt purpose? *REC For VETERANS - PUBLIC SERVICE*
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

28	28a	N/A
(Grants \$ <i>NONE</i>) If this amount includes foreign grants, check here <input type="checkbox"/>		
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (attach schedule)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	32	N/A

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
<i>DAVID DE ORDIO 120 Norman Ave Syracuse N.Y.</i>	<i>Commander</i>	<i>-0-</i>	<i>-0-</i>	<i>618</i>
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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.		
35a	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
35b	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. ▶ <u>37a</u>		
37b	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
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a	39a		
39b	39b		
39	Section 501(c)(7) organizations. Enter:		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	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
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	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 ▶ _____		
42a	The books are in care of ▶ <u>AMERICAN LEGION POST 1468</u> Telephone no. ▶ <u>(97) 492-2040</u> Located at ▶ <u>U.S. ARMY ST. Syracuse N.Y.</u> ZIP + 4 ▶ <u>13207-2842</u>		
42b	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
42c	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.		X
43	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____		
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 ▶ <u>43</u>		
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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
N/A				
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
N/A		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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: *David De Orsio* Date: *1/12/10*

Type or print name and title: *DAVID DE ORSIO Commander*

Paid Preparer's Use Only

Preparer's signature: *Jon D. [Signature]* Date: *1/5/10* Check if self-employed:

Firm's name (or yours if self-employed): *TREMISLEY* Preparer's Identifying Number (See instructions): *113-24-2092*

address, and ZIP + 4: *415 DEVONSHIRE Lane VENICE FL 33592* EIN: *16-1014639* Phone no: *(941) 476-4147*

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

STAPLES

	Initials	Date
Prepared By		
Approved By		

1 AMERICAN LEGION POST 1968
2 15-053089 5/31/09

3 LINE 16 Pgs 1

4	INSURANCE	10560
5	CABLE	846
6	SALES TAX	8827
7	Licence permits	1419
8	SUPPLYS	2438
9	Dues & Sub	35
10	BR Chgs.	359
11	ADV.	250
12	Project	1500
13	Depreciation	8413
14		<u>34647</u>

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STAPLES

	Initials	Date
Prepared By		
Approved By		

1 AMERICAN REGION POST 1468
 2 15-0553089 5/31/09

1	2	3	4	5	
		COST	PAID	LIFE	
				Current	
3	BUILDINGS	100461	72360	50	2009
4	ADDITIONS	91267	90426	35	2608
5	Imp	1978	1824	35	57
6	Imp	433	372	35	12
7	Imp	1050	900	35	30
8	F&F	1073	1073	—	—
9	F&F	972	972	—	—
10	BLACKTOP	7500	7500	—	—
11	Imp	1700	1700	—	—
12	HOT PAVING	7750	7750	—	—
13	Imp	1728	1728	—	—
14	Van Equip	4044	4044	—	—
15	VAN EQUIP	42132	42132	—	—
17	Add'l Worksheet	129561	53536		3697
18		391649	286317		8413
20	Less Prior	-286317			
21	Less Current	-8413			
22	Book Value	96919			

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
 - 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 <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization AMERICAN LEGION 1468 VALLEY POST	Employer identification number 15 253089
	Number, street, and room or suite no. If a P.O. box, see instructions. 110 ACADEMY ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, N.Y. 13207-2842	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ AMERICAN LEGION POST 1468

Telephone No. ▶ (315) 492-2040 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 Jan 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20.....or
- ▶ tax year beginning 06/01, 2008, and ending 5/31, 2009.

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	\$
3b 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	\$
3c 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	\$ <u>0</u>

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

- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	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):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> 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.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____ and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 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 ▶ _____ Title ▶ _____ Date ▶ _____