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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 6/1/2008 , and ending 5/31/2009

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 POST 42, CAMPBELL COUNTY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 68

City, town, or country | State | ZIP + 4
GILLETTE | WY | 82717-0068

D Employer identification number
83-0161967

E Telephone number
(307) 682-3232

F Group Exemption Number ▶ N/A

- ***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) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ NONE

J **Organization type** (check only one)— ☒ 501(c) (7) ◀ (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 ▶ $ 743,627

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	73,904
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	24,235
	4	Investment income		4	15,562
	5a	Gross amount from sale of assets other than inventory	5a 16,500		
	b	Less: cost or other basis and sales expenses	5b 15,342		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	1,158
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☒			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 355,005		
	b	Less: direct expenses other than fundraising expenses	6b 188,411		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	166,594
	7a	Gross sales of inventory, less returns and allowances	7a 258,421		
	b	Less: cost of goods sold	7b 131,252		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	127,169
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	408,622
Expenses	10	Grants and similar amounts paid (attach schedule)		10	16,593
	11	Benefits paid to or for members		11	14,880
	12	Salaries, other compensation, and employee benefits		12	87,439
	13	Professional fees and other payments to independent contractors		13	6,293
	14	Occupancy, rent, utilities, and maintenance		14	46,707
	15	Printing, publications, postage, and shipping		15	2,940
	16	Other expenses (describe ▶ See attached statement)		16	234,463
	17	**Total expenses.** Add lines 10 through 16 ▶		17	409,315
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-693
	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	364,123
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	363,430

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	186,499	22	181,869
23	Land and buildings	168,809	23	191,448
24	Other assets (describe ▶ See attached statement)	12,740	24	7,463
25	**Total assets**	368,048	25	380,780
26	**Total liabilities** (describe ▶ See attached statement)	3,925	26	17,350
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21).	364,123	27	363,430

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

Form **990-EZ** (2008)

(HTA)

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65 17

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

What is the organization's primary exempt purpose? SERVE AMERICAN VETERANS AND THEIR COMMUNI

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 GRANTS TO OTHER LOCAL AND STATEWIDE ORGANIZATIONS TO SUPPORT THEIR PROGRAMS FOR VETERANS AND FAMILIES (Grants $ 16,593) If this amount includes foreign grants, check here ▶ ☐	28a	0
29 STATE AND NATIONAL DUES PAID FOR MEMBERS (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	14,880
30 SPORTS AND ENTERTAINMENT FOR MEMBER (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	259,185
31 Other program services (attach schedule) (Grants $ 7,000) If this amount includes foreign grants, check here ▶ ☐	31a	0
32 **Total program service expenses.** (add lines 28a through 31a) ▶	32	274,065

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
Name BRYAN POWNALL Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title COMMANDER Hr/WK 4 00	0	0	0
Name MIKE STEINBRONN Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title 1ST VICE Hr/WK 3.00	0	0	0
Name GARY RYE Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title 2ND VICE Hr/WK 2.00	0	0	0
Name MIKE PAXTON Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title FINANCE Hr/WK 4.00	0	0	0
Name DONALD WALDRUP Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title EXEC Hr/WK 1.00	0	0	0
Name BILL MEAD Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title EXEC Hr/WK 1 00	0	0	0
Name PAUL WOESSNER Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title CHAPLAIN Hr/WK 1.00	0	0	0
Name BOB WRIGHT Str PO BOX 68 City GILLETTE ST WY ZIP 82717	Title SGT AT ARMS Hr/WK 1 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	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	40b		
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.	40e		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The books are in care of ▶ Name MARK PAXTON Telephone no. ▶ (307) 686-5274			
	Located at ▶ 189 COOK RD City GILLETTE ST WY ZIP + 4 ▶ 82716			
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)?	42b		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.?	42c		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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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		
49 a	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
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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 MACK PAXTON FINANCE OFFICER Date 1/14/10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Susan McKay	Date 1/6/2010	Check if self-employed ▶ [X]	Preparer's Identifying Number (See instructions) P00154856
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Susan McKay, CPA, LLC 509 S Kendrick Ave, 100, Gillette, WY 82716			EIN ▶ 82-0533136 Phone no ▶ (307) 682-5862

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
AMERICAN LEGION POST 42, CAMPBELL COUNTY

Employer identification number
83-0161967

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [ ] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

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? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 MAGIC SHOW (event type)	(b) Event #2 MIDWINTER (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	2,130	8,340	111,195	121,665
	2 Less: Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	2,130	8,340	111,195	121,665
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	500	500
	7 Other direct expenses	0	4,967	17,586	22,553
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(23,053)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				98,612

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue		169,039	64,301	233,340
Direct Expenses	2 Cash prizes	1,500	139,070	11,800	152,370
	3 Non-cash prizes			11,999	11,999
	4 Rent/facility costs				0
	5 Other direct expenses			989	989
	6 Volunteer labor	☐ Yes ____% ☒ No	☐ Yes ____% ☒ No	☒ Yes 80.00% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(165,358)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				67,982

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: WY			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 90 00%		
b	An outside facility	13b 10.00%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ 0			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	73,904
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	73,904

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	562
2	Dividends and interest from securities	2	
3	Gross rents	3	15,000
4	Other investment income	4	
5	Total	5	15,562

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	0	0
Non-Public Securities	0	0
Other sales	16,500	15,342

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	INSURANCE FOR WRECKED BUS					5/8/2008	BOUGHT	7/8/2008	16,500	17,000			1,658	
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	SONS OF AMERICAN LEGI	DEPARTMENT OF WYOMING	X					
2	SONS OF AMERICAN LEGI	UNIVERISTY OF WYOMING	X					
3	SONS OF AMERICAN LEGI	UNKNOWN VETERAN						
4	SONS OF AMERICAN LEGI	WHSRA	X					
5	WINDRIDERS	SONS OF AMERICAN LEGION	X					
6	WINDRIDERS	LUREAN GARCIA						
7	WINDRIDERS	AMERICAN LEGION RIDERS	X					
8	WINDRIDERS	NATIONAL GUARD MEAL						
9	WINDRIDERS	2010 GRO WALL						
10	BINGO	WYOMING PIPE & DRUM	X					
11	POST	BOYS STATE	X					
12	CLUB	CRIME STOPPERS	X					
13	CLUB	COUNCIL OF COMMUNITY SE	X					
14	CLUB	UNKNOWN VETERANS						
15	CLUB	BREAST CANCER AWARENES	X					
16								
17								
18								
19								
20								

16,593 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
6,297								
500								
61								
320								
90								
500								
1,303								
1,120								
2,750								
1,000								
1,300								
275								
600								
220								
257								

Part I, Line 16 (990-EZ) - Other Expenses

234,463

1	Travel, Meals and Entertainment		
	a Travel	1a	1,300
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,746
5	Depreciation, depletion, etc	5	79,323
6	Equipment rental and maintenance	6	3,445
7	Interest	7	1,017
8	Supplies	8	15,848
9	Telephone	9	1,475
10	Unrelated business income taxes	10	0
11	PROGRAM RELATED COSTS	11	81,705
12	SCHOLARSHIPS	12	7,000
13	ADVERTISING	13	4,424
14	BAD DEBTS AND BANK FEES	14	1,207
15	CAB RIDES	15	877
16	INSURANCE	16	6,689
17	LICENSES, PERMITS, AND PROPERTY TAX	17	602
18	MUSIC & ENTERTAINMENT	18	12,942
19	PAYROLL TAXES	19	14,863
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		12,740	7,463
	Description	Beginning	End
1	INVENTORY	11,785	7,463
2	DUE TO CLUB	955	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		3,925	17,350
	Description	Beginning	End
1	PAYROLL LIABILITIES	3,044	2,989
2	SALES TAX PAYABLE	881	1,124
3	DUE TO DRILL TEAM		1,100
4	NOTE PAYABLE - BUILDING		12,137
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
YOUTH SCHOLARSHIPS	
(Grants and allocations $ 7,000) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
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(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 7,000 Total	0

Part II (Sch G (990/990EZ)) - Events

		121,665	0	121,665	0	0	500	22,553
	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	MAGIC SHOW	2,130		2,130				
2	MIDWINTER	8,340		8,340				4,967
3	SCOREBOARD FUNDRAISER	40,000		40,000				
4	BUILDING FUNDRAISER	31,670		31,670				4,602
5	CARNIVAL	12,549		12,549			500	1,010
6	TOURNAMENTS AND GAMES	11,790		11,790				541
7	COW DROP	11,420		11,420				5,146
8	300 CLUB ETC	3,766		3,766				6,287
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMERICAN LEGION POST 42, CAMPBELL C	990EZ	83-0161967

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	42,137
3	Threshold cost of section 179 property before reduction in limitation	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9		0
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		0
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	0	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property **)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	58,652
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,517

Part III MACRS Depreciation (Do not include listed property.**)** (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	13,461
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property		21,068	7 YRS	HY	200DB	3,010
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs	MM	S/L	
	i Nonresidential real property	9/12/2008	37,584	39 yrs	MM	S/L	683
					MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	79,323
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	