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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2008 Open to Public

			The organization may have to use a copy of this retain to satisfy state	reporting requir	Cincilia	nispection
<u> </u>	For the 2008	calendar y	ear, or tax year beginning 7/01/08, and ending 6/30/09	9		
В	Check if applicable		C Name of organization		D Emple	yer identification number
	Address change	use IRS	AMERICAN LEGION POST 19			
П	Name change	label or print or	Doing Business As		03-	-0301106
Ħ	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
Ш	Initial return	See	PO BOX 292			-453-2951
	Termination _	Specific	City or town, state or country, and ZIP + 4	1	G Gross rece	2 2 2 2 2
\sqcap	Amended return	Instruc- tions.	BRISTOL VT 05443	ŀ	G Gross rece	elpis 3727003
Ħ					LI/a\ Is the	
Ш	Application pendir	'9 I	e and address of principal officer NALD LAROSE			a group return for
			AME AS C ABOVE"		affiliate H(b) Are all	affiliates H H
		ء ا	AME AS C ABOVE"		includ	ed? Yes No
. 	_	. 32			if "No,	attach a list. (see instructions)
<u> </u>	Tax-exempt st		501(c) (19) ◀ (insert no) 4947(a)(1) or 527			
	Website:					exemption number > 0925
_	Type of organizat			ear of formation 15	985	M State of legal domicile VT
	1	<u>Summa</u>				
	1		he organization's mission or most significant activities:			
æ	VE:	TERANS	' ORGANIZATION			
an						
era						
Activities & Governance	2 Check	this box	If the organization discontinued its operations or disposed of more than 2	25% of its asset	s.	
∞5	3 Number	er of voting	members of the governing body (Part VI, line 1a)	=n	3	8
98	4 Numbe	er of indep	endent voting members of the governing body (Part VI, line 1b)		4	8
¥	5 Total r	number of	employees (Part V, line 2a)	10 RS-0SC	5	9
Ę	6 Total r	number of	employees (Part V, line 2a) volunteers (estimate if necessary) AUG 16 20	110 : [옷]	6	5
•			ated business revenue from Part VIII, line 12, column (Q)	(2)	7a	
			siness taxable income from Form 990-T, line 34		7b	0
-				Prior Yea		Current Year
Ф	8 Contril	butions an	d grants (Part VIII, line 1h)	28	,118	10,326
Revenue	9 Progra	ım service	revenue (Part VIII, line 2g)	11	.,555	5,769
9	10 Investi	ment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)	33	,964	206
œ	11 Other	revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,806	143,477
	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,443	159,778
			ar amounts paid (Part IX, column (A), lines 1-3)		,235	
			or for members (Part IX, column (A), line 4)		,	
"	1 45 0.1.		ompensation, employee benefits (Part IX, column (A), lines 5–10)	77	,586	98,611
Expenses	16a Profes		draising fees (Part IX, column (A), line 11e)		,,,,,	
90	h Total f		expenses (Part IX, column (D), line 25)			
X	17 Other	_	(Part IX, column (A), lines 11a-11d, 11f-24f)	110	,063	72,046
	1	-	Add lines 13-17 (must equal Part IX, column (A), line 25)		,884	170,657
	1		penses Subtract line 18 from line 12		,559	-10,879
5 8	3 Keven	ue iess ex	penses Subtract line 18 from line 12	Beginning of		End of Year
ets	20 Total a	ssets (Pa	t X, line 16)	1,245		1,185,667
AB	21 Total I	•	art X, line 26)		,396	6,637
Net Assets or Fund Balances	22 Net as	,	d balances. Subtract line 21 from line 20	1,241		1,179,030
			re Block			
			ties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, ar	nd to the be:	st of my knowledge
	6	and belief, i	s true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which p	reparer has	any knowledge
Sig	an II		Thren K. Dannaldy		18	סון סון
He		Signatu	re of officer	~	Date	/
		54	even K. Barsalou Finance C	Hicer	54.0	
		Type or	print name and title	13.00		
		Dranes -	Date	Check if	:	Preparer's identifying number
Pa	179	Preparer's signature	l'alle	self-		(see instructions)
Pre	eparer's		Migadi & Migadi	employe	T -	P00482034
	e Only	Firm's name	A B A B C A3		EIN	▶ 20-3662593
		f self-emplo address, and			Phone	000 200 6205
N.A.~			sturn with the preparer shown above? (see instructions)		no 🕨	802-388-6307
1121	. mn IH > MCC	THE THIC PA	mulli wall the preparer chown above? Icoe (betaletions)			I I Van I I Na

Part III	Statement of Program	Service Acco	omplishments (see ii	nstructions)			
	y describe the organization's miss						
VETE	RANS' ORGANIZATI	ON					
	• •		•				
•			• •				
0 0 14			<u> </u>				
	he organization undertake any sign	nificant program se	rvices during the year whic	th were not listed or	1	\Box	₽
	rior Form 990 or 990-EZ? es," describe these new services o	Cabadula O		••		∐ Ye	s KA NO
	ne organization cease conducting,		t changes in how it conduc	ts any program			
service	- -	or make significar	it changes in now it conduc	us, any program		□ v _a	s 🗓 No
	es," describe these changes on Sc	hedule O	•• ••		•••	□ '\$	3 25 110
	nbe the exempt purpose achieven		e organization's three large	est program service	s by expenses.		
	on 501(c)(3) and 501(c)(4) organiz						
	ations to others, the total expenses				· ·		
	·						
4a (Code	•• •• ••		including grants of \$.) (Revenue \$)
	ERSHIPS CONSISTS				CNICS,		
	ERS, DANCES, PAR	-	· · · · · · · · · · · · · · · · · · ·	OTHER SOC	[AL		
EVEN	TTS FOR MEMBERS A	ND THEIR	FAMILIES.				
							•
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-	•		•		•		
	•		•				•
		• •			•		
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4b (Code	e) (Expenses \$		including grants of \$) (Revenue \$)
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4c (Code	e:) (Expenses \$		including grants of \$) (Revenue \$)
						•	
		•		•••			
	•	••		•	•		
•		•					••
		• •		•			
	•		• •			•	•
			•				
4d Other	program services. (Describe in S	chedule O)			- ·		
	enses \$30,207		s of \$) (Revenue	\$	_)_	
				art IX, Line 25, colu			
							990 (2008)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G. Part I 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

				age
P	art IV Checklist of Required Schedules (continued)		T	
28	During the tay year did any passes who is a surrest of second of the during the tay to the day.		Yes	No
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		ł	
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	ļ		
	Part IV	. 28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-		Į
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	.		
	Schedule R, Part V, line 2	35		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.	\vdash	
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI.	37		x
	The state of the s	1 37	لـــــا	

Form **990** (2008)

<u>Ра</u>	art V Statements Regarding Other IRS Filings and Tax Compliance						
						Yes	No
1a	and the state of t	1 1					ĺ
	U.S. Information Returns. Enter -0- if not applicable	<u> 1a</u>			4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			4		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortabl	е		1.		٠,
20	gaming (gambling) winnings to prize winners?	ı 1			1c		X
2a			0				
h	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		┨╻		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returning the sum of lines 1a and 2a is greater than 250 ways as the assumed to a file throughout the same of lines 1a and 2a is greater than 250 ways as the same of the lines at the same of lines at t	ns?		•	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by					ĺ
u	this return?	цыу			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• • •	• • • • •	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	 Suthorii	hv	•	100		
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		.,		1		l
	account)?	ao.a.			4a		x
b	If "Yes," enter the name of the foreign country.	••		•	<u> </u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	Bank					
	and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	•		5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?		-		5c		
6a	Did the organization solicit any contributions that were not tax deductible?				6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					ı
_	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).					İ	ı
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more to \$75?	than			_	ł	7.5
h	• • • • • • • • • • • • • • • • • • • •			•	7a		X
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				7b		
·	required to file Form 8282?	5			7c		x
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d [1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe				1		
	benefit contract?				7e	I	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?			7f		х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			••	7g		x
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as					
	required?				7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	ion				ľ	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons	sonng					
	organization, have excess business holdings at any time during the year?			•	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					1	
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter.	المما					
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			1 I		
11	Section 501(c)(12) organizations. Enter:	IND				1	
· . а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		_	
		_	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the		l	
	circumstances, processes, or changes in Schedule O. See instructions.		ļ	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		l	
	any other officer, director, trustee, or key employee?	. 2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		ļ	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	. 4	<u> </u>	х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	<u>x</u>
6	Does the organization have members or stockholders?	6		x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	<u> </u>	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		i	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	. 9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	- {		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u>x</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	. 12b		<u>x</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		x
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	ŀ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		<u> </u>
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: NANCY PALERMO-LEE 2313 MONKTON ROAD	· -=	• •	.
B	RISTOL VT 05443 8	02-45	<u>3 – 4</u>	<u> 315</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the			e an	y off	icer,	direc	ctor,	trustee, or key employee.		
(A) Name and Title	(B) Average hours per		_	chec	C) k all t	that a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RONALD LARO		1	Г						· - · · · · · · · · · · · · · · · · · · ·	
COMMANDER	2			X			L	0	0	0
ALAN SMITH										
ADJUTANT	25		<u>L</u>	X			L	0	0	0
TIM HEFFERN		1								
FINANCE	5	\bot	<u> </u>	X		Щ		0	0	0
BRADLEY BED		1								
SERVICE	1	_	ļ	X			_	0	0	0
STEPHEN SMIT										
HISTORIAN	2	┷		X	<u> </u>	Щ		0	0	0
PHILIP DEREI			ĺ		Ì					
CHAPLAIN	1	+	ļ	X	_	Ш	_	0	0	0
DENNY COTA										_
2ST VP CHERYL BALL	20	+	-	X		Н	—	0	0	0
SGT AT ARMS	2	-		$ _{\mathbf{x}}$						•
PHILIP LABOR		+	-	^		Н		0	0	0
1ST VP	2		l ,	x				o	o	•
151 41		-		4					0	0
										· · ·
								-		
					-					

		A. Officers, Directors, Tru					yees	s, ar	nd Highest Compensated					age
	(A)	(B)			(C)	hat a		(D)	(E)		(F		
	Name and title	Average hours per week	or director	_	Officer	Key employee	Highest compensated employee			Reportable compensation from related organizations (W-2/1099-MISC)	c i	Estimamou oth omper from organizand response	nt of er isation the zation lated	
												-		
			<u> </u>											
			ļ											
			H											_
_	· ·													
												_		
	<u> </u>		H											
•														
<u>1b</u>	Total .	·												
2 —	Total number of indi- organization ▶ 0	viduals (including those in	1a) v	who i	rece	ved	more	e tha	an \$100,000 in reportable c	ompensation from the				
3	employee on line 1a	? If "Yes," complete Sched	dute .	J for	such	ınd	ıvıdu	al	yee, or highest compensat			3	Yes	No X
4									n and other compensation s," complete Schedule J for			4		x
5	services rendered to	the organization? If "Yes,							y unrelated organization for such person	•		5		x
<u>Sec</u>	Complete this table t	for your five highest comp	ensal	ted II	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of				
	compensation from t	the organization. (A) Name and business address							Descript	(B) ion of services	\Box	Co	(C) mpensal	ion
														_
						_								
									 -					
									-					_
2	Total number of inde compensation from t	•	ding	thos	e in	1) w	no re	eceiv	ved more than \$100,000 in			0		

<u> Pa</u>	<u>art V</u>	III Statement of Rev	venue						
						(A) Total revenue	(B) Related or	(C)	(D) Revenue
						Total Teveriue	exempt	Unrelated business	excluded from tax
							function	revenue	under sections
S S	10	Endersted compound	40		-		revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	ıa	Federated campaigns	1a						
μõ	þ	Membership dues .	1b						
ts,	С	Fundraising events	1c						
ig je	d	Related organizations	1d						
ξŒ	e	Government grants (contributions)	1e						
io S	f	All other contributions, gifts, grants,							
\$£	1	and similar amounts not included above	1f		10,326				
E O	١ ـ	Name of a setable transport of the setable transport			10,310				
ğĕ	9		1a-1f \$		_	44 44			
	h	Total. Add lines 1a-1f			<u> </u>	10,326			
릙					Busn. Code				
Ķ	2a	SAL-GEN-DUES MEMBE	RS			5,769	5,769		
æ	b								
<u>.ප</u>	ြင								
ē	يّا	•	•			·			
n S	d	•	•	• • •	 -				
Ta I	e	•							
ဥ်	f	All other program service rev	enue .						
<u> </u>	9	Total. Add lines 2a-2f			▶	5,769			
	3	Investment income (including	g dividen	ds, intere	st, and				
		other similar amounts)		·		206			206
	4	Income from investment of ta	av.avamı	at band a	rocoods				
			ax-exemi	pt bond p	loceeus				
	5	Royalties							
		(ı) Real		(ii) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)			$\overline{}$				
		Gross amount from (i) Securit	105	(n)	Other				
		sales of assets		("/					
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss) .			•				
	8a	Gross income from fundraising ev	ents [
ø	- Ou	(not including \$	701110						
חני									
9 V6		of contributions reported on line 1	c)						
ď		See Part IV, line 18	a						
Other Revenu		Less: direct expenses	b						
ŏ	С	Net income or (loss) from fur	ndraising	events	<u> </u>				
	9a	Gross income from gaming activit	ties.						
		See Part IV, line 19	а		222,450				
	h	Less direct expenses	ь		43,554				
		•	L		1	178,896	178,896		
		Net income or (loss) from ga		ivities	•	1/0,030	1/0,090		
	10a	Gross sales of inventory, less	s						
		returns and allowances	a		133,854				
	b	Less: cost of goods sold	b		169,273				
	С	Net income or (loss) from sal	les of inv	entory	▶	-35,419	-35,419		
		Miscellaneous Reveni		-	Busn. Code		- 1		
	11a								
		•			 				
	ь				 				
ļ	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d	-		▶ [
	12	Total Revenue. Add lines 1h	, 2g, 3, 4	l, 5, 6d, 7	d, 8c,				
		9c, 10c, and 11e			▶ !	159,778	149,246	0	206
-									

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

				- (- // (- // - // -	\- /·
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees	_			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,641	88,641	<u> </u>	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	0.070	0.070		
10	Payroll taxes	9,970	9,970		
11	Fees for services (non-employees)				
a	Management				
	Legal	6,500	-	6,500	
	Accounting Lobbying	0,500		6,500	
u	Professional fundraising services See Part IV, line 17	<u> </u>			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	29,849	29,849		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,128	2,128		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,522	13,522		
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below) GEN-INSURANCE	11,646	11 646		
a b	CONTRACT LABOR	1,485	11,646 1,485		
	GEN-ADVERTISING	1,454	1,454		
c d	GEN-LICENSES	1,425	1,425		
e	STEW-CABLE TV	1,052	1,052		
_	All other expenses	2,985	1,743	1,242	
25	Total functional expenses. Add lines 1 through 24f		162,915	7,742	
26	Joint Costs. Check here I if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation .				

	art /	K Balance Sneet					,		
					(A)		(B	•	
_	Γ.	Out and the state of			Beginning of year	<u> </u>	End of		~~
	1	Cash—non-interest bearing		-	4,073		 	3,	
	2	Savings and temporary cash investments		-	88,674		 	72,	122
	3	Pledges and grants receivable, net				3	├		
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors,		-			ļ		
		employees, or other related parties Complete Part II of				5			
	6	Receivables from other disqualified persons (as defined							
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Com	plete					
		Part II of Schedule L				6			
ts	7	Notes and loans receivable, net			50	7			50
Assets	8	Inventones for sale or use				8	<u> </u>		
Ą	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost basis	10a	429,477					
	ь	Less. accumulated depreciation. Complete							
		Part VI of Schedule D	10b	94,543	499,029	10c	3:	34,9	3 34
	11	Investments—publicly traded securities			653,228			05,	
	12	Investments—other securities. See Part IV, line 11			· · · ·	12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets		•••		14			
	15	Other assets See Part IV, line 11		F		15	1(59,5	523
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	F	1,245,054		1,18		
	17	Accounts payable and accrued expenses				17		, , ,	
	18	Grants payable				18			
	19	Deferred revenue		••••		19			
	20	Tax-exempt bond liabilities		• • •		20			
Ś	21	Escrow account liability. Complete Part IV of Schedule D		-	 .				
ij	22	Payables to current and former officers, directors, trustee		· · · · · ·		21			
Liabilities	**		•						
<u>.</u>		employees, highest compensated employees, and disqu	ailleu						
_	22	persons. Complete Part II of Schedule L.		· ···		22			
	23	Secured mortgages and notes payable to unrelated third	parties	· · ·		23			
	24	Unsecured notes and loans payable			2 206	24			- 2 - 7
	25	Other liabilities. Complete Part X of Schedule D		-	3,396			6,6	
·	26	Total liabilities. Add lines 17 through 25			3,396	26		6,6	337
nces		Organizations that follow SFAS 117, check here ▶	and	1					
a		complete lines 27 through 29, and lines 33 and 34.							
3a	27	Unrestricted net assets				27			
Fund Bala	28	Temporanly restricted net assets		<u> </u> _		28			
Ĕ	29	Permanently restricted net assets	مين	, <u> </u>		29			
Œ		Organizations that do not follow SFAS 117, check her	e► 🔀						
ō		and complete lines 30 through 34.							
ts	30	Capital stock or trust principal, or current funds				30			
ŠŠ	31	Paid-in or capital surplus, or land, building, or equipment	fund			31			
ğ	32	Retained earnings, endowment, accumulated income, or	other fu	unds	1,241,658		1,17		
Net Assets	33	Total net assets or fund balances			1,241,658	33	1,17	79,0	<u>)30</u>
	34	Total liabilities and net assets/fund balances			1,245,054	34	1,18	<u> 35, 6</u>	<u> 567</u>
<u>P</u>	art X	I Financial Statements and Reporting							
								Yes	No
1	Acc	counting method used to prepare the Form 990 X C	ash [Accrual Oth	er			Ī	
28	ı We	re the organization's financial statements compiled or rev	iewed by	y an independent accounta	ant?		2a		X
b	We	re the organization's financial statements audited by an in	depend	ent accountant?			2b		X
c		es" to lines 2a or 2b, does the organization have a comm	-		or oversight of				
		audit, review, or compilation of its financial statements a			_		2c		
3a		a result of a federal award, was the organization required			• •				
		Single Audit Act and OMB Circular A-133?		-			3a		
b		Yes," did the organization undergo the required audit or au	udits?	•		٠	3b		
					·			000	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN LEGION POST 19 03-0301106 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ****_ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	edule D (Form 990) 2008 AMERICAN					03-03				Page 2
Pa	art III Organizations Maintainin								(conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, chec	k any of the	following that are a	a significa	nt use of its	collect	uon		
а	Public exhibition	d	Loan	or exchange progra	ms					
b	Scholarly research	е	Other	0 , 0						
C	Preservation for future generations		_	 -		· -				
4	Provide a description of the organization's or Part XIV.	ollections and e	xplain how	they further the orga	anization'	s exempt pu	urpose i	in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to	r receive donat o be maintained	ons of art, as part of	historical treasures, the organization's o	or other	sımılar ?		П	Yes	☐ No
Pa	art IV Trust, Escrow and Custo	dial Arrange	ments.	Complete if org	anizatio		red "Y	es" to For	m 990,	
	Part IV, line 9, or reported									
1a	Is the organization an agent, trustee, custodi	an or other inte	rmediary fo	r contributions or of	her asset	ts not				
	included on Form 990, Part X?							. ⊔	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete t	he following	g table:			_			
							L		Amoun	<u>t </u>
	Beginning balance						. [1c		
	Additions during the year						L	1d		
e	Distributions during the year						L	1e		
f	Ending balance						L	1f		
2a	Did the organization include an amount on Fe	orm 990, Part X	(, line 21?					. 🔲	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									
Pa	urt V Endowment Funds. Comp	lete if orgar	ization a	nswered "Yes"	to Forn	n 990, Pa	art IV,	line 10.	_	
		(a) Curren	t year	(b) Pnor year	(c) Two	years back	(d) Thr	ee years back	(e) Four	years back
1a	Beginning of year balance								_	
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities						-			
	and programs									
f	Administrative expenses	-								
g	End of year balance									•
2	Provide the estimated percentage of the year	end balance h	eld as:							
а	Board designated or quasi-endowment > _	%	ı							
b	Permanent endowment ▶ %									
	Term endowment ▶ %									
3a	Are there endowment funds not in the posses	ssion of the org	anization th	at are held and adn	nınıstered	I for the				
	organization by.	_								Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as requi	red on Scho	edule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's	endowmen	t funds	•					
Pa	rt VI Investments—Land, Build				0, Part	X, line 1	0.			
	Description of investment	(a) Cost or (invest	other basis	(b) Cost or other basis (other	her		oreciation	1	(d) Book	value
1a	Land			<u> </u>	,523				16	9,523
	Buildings			1	,					.,,,,,,,
	Leasehold improvements			1						
	Equipment			 						
	Other			429	,477		94,	543	22	4,934
	. Add lines 1a-1e. (Column (d) should equal F	om 990 Part	C column /		, 4 , 1		J=1			4,457
		J 000, 1 alt /	<u>.,</u>	-,,c ro(o).,			<u></u>		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>

Part VII Investments—Other Securities, See Form 990, Part X, line 12. (a) Description of secunty or category (including name of secunty) Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year markething in the control of the cost or end-of-year markething in the cost of the cost or end-of-year markething in the cost of the cost or end-of-year markething in the cost of the cost or end-of-year markething in the cost of the cost or end-of-year markething in the cost of the cost of the cost or end-of-year markething in the cost of the	
(including name of security) Cost or end-of-year marke Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	ou.
Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	t value
Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Other	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation	
(a) Description of investment type (b) Book value (c) Method of valuation	
Cost or end-of-year marke	n
	t value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part IX Other Assets. See Form 990, Part X, line 15.	
	b) Book value
LAND	169,523
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	169,523
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability (b) Amount	
Federal income taxes	
SOC SEC TAX WITHHOLDING 1,238	
FED WITHHOLDING 1,062	
MEALS/ROOMS TAX PAYABLE 966	
DAILY DRAWING PAYABLE 801	
VT INCOME TAX WITHHOLDING 617	
HALL/KITCHEN SEC. DEPOSIT 600	
ACCRUED SUTA 593	
SALES & USE TAX 344	
MED W/H PAY 290	
ACCRUED FUTA 126	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for	
uncertain tax positions under FIN 48	

	dule D (Form 990) 2008 AMERICAN LEGION POST 19 03-03011)6	Page <u>4</u>
_Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	_ 2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b	1	1
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		III
b	Other (Describe in Part XIV) 4b	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	1 i	
С	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) 4b	1 1	
С	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		.
	b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
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'Schedule D (I	Form 990)	2008	AM	ER]	[CAI	N L	ÆG	ION	P	OSI	1	.9					03	<u>-03</u>	011	L06					Page 5
Schedule D (I	Supp	leme	ntal l	nfor	mati	on (cont	nued)																	
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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

Open To Public Inspection

Name of the organization

Employer identification number

AMERICAN LEGION P	OST 19		<u></u>	03-03011	L06
Part I Fundraising Activities. Complete	if the organiza	tion ansv	wered "Yes" to Fo	rm 990, Part IV, li	ne 17.
Indicate whether the organization raised funds through	n any of the following	g activities	. Check all that apply.		
a Mail solicitations	e Solicitation	n of non-go	vernment grants		
b Email solicitations		_	ment grants		
c Phone solicitations		ndraising e			
d In-person solicitations	9 openia		70		
Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit					☐ Yes ☐ No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) pursu	ant to agre	ements under which th	e fundraiser ıs	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund raiser have custody or control of contibutions	from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	†	Yes No			
		++			
		++		<u> </u>	
		-		<u> </u>	
Total		•			
List all states in which the organization is registered or registration or licensing	r licensed to solicit t	unds or ha	s been notified it is exe	mpt from	
	•	•	•	•	•
		•			•
			· · · · · ·		
				•	
·	•	•			•
		•			

Schedule G (Form 990 or 990-EZ) 2008

11

X

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sch	edule G (Form 990 or 990-EZ) 2008 AMERICAN LEGION POST 19	03-030	1106	F	Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				T
а	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name NANCY PALERMO-LEE				
	2313 MONKTON ROAD	•	·		
	Address BRISTOL	VT 05443			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		1!	ia	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 ▶ \$				
С	If "Yes," enter name and address:				ŀ
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to				
	retain the state gaming license?		17	a	x
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			Ĭ	
	in the organization's own exempt activities during the tax year ▶ \$				
		Schedule G (For	m 990 oı	990-EZ	2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN LEGION POST 19 03-0301106 Form 990, Part III, Line 4d - All Other Achievements GRANTS AND ALLOCATIONS MADE TO LOCAL NONPROFIT GROUPS AND WORTHY CAUSES, VOTED UPON BY MEMBERSHIP, SCHOLARSHIPS FOR LOCAL HIGH SCHOOL STUDENTS FOR COLLEGE, ETC.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

2008

Attachment Sequence No 67

Name(s) shown on return

AMERICAN LEGION POST 19

Identifying number

		M DEGION :	FOST TA				03-	030	TIOO	
	ness or activity to which this form relates	•		-						
	ndirect Depreciat: art I Election To Expen		norte Under C	action 170					<u> </u>	_
г	Note: If you have a				u com	alete P	art I			
1	Maximum amount. See the instruc				<u>u com</u>	JIELE F	ait i	1	250,00	n
2	Total cost of section 179 property				•		•	2	230/0	Ť
3	Threshold cost of section 179 prop	· · · · · · · · · · · · · · · · · · ·	•	instructions)			•	3	800,00	0
4	Reduction in limitation. Subtract lir	-	•	•			•	4		Ť
5	Dollar limitation for tax year Subtract lin	e 4 from line 1. If zero o	or less, enter -0- If ma	arried filing separately,	see instru	ctions		5		_
	(a) Description			(b) Cost (business us			lected cost		-	
6										
						_				
7	Listed property Enter the amount	from line 29		•	7					
8	Total elected cost of section 179 p			nes 6 and 7 _.				8		
9	Tentative deduction. Enter the small		-					9		
10	Carryover of disallowed deduction							10		
11	Business income limitation Enter				5 (see in	struction	ıs)	11		_
12	Section 179 expense deduction. A							12		_
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below				13					_
	art II Special Depreciati				at incl	udo liet	od pror	orbe	\ (Coo instructions	_
14	Special depreciation allowance for					ude iisi	ea prop	erty.) (See instructions.	1
	during the tax year (see instruction		ulei triair listeu pit	operty) placed in se	vice			44		
15	Property subject to section 168(f)(• •	•					14 15	 	_
16	Other depreciation (including ACR)	•	•	•••			• •	16		
	art III MACRS Depreciat		ude listed pror	erty) (See inst	ruction	<u> </u>	•	10		_
			Secti		<u></u>	<u>., </u>				-
17	MACRS deductions for assets place	ced in service in tax	vears beginning be	efore 2008				17	13,52	<u>-</u> 2
18	If you are electing to group any assets p				accounts, c	heck here	▶□			_
		ssets Placed in Se						stem		_
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investm only–see instruc	ent use	(e) Coi	nvention	(f) Me	hod	(g) Depreciation deduction	'n
19a	3-year property									_
b	5-year property									_
С	7-year property									_
d	10-year property								·	_
e	15-year property									
f_	20-year property		_							_
g	25-year property			25 yrs	ļ		S/L			_
h	Residential rental			27 5 yrs	м		S/L			_
	property			27 5 yrs.	-	M_	S/L			_
i	Nonresidential real property			39 yrs.	М		S/L			_
	<u> </u>	anta Diagond in Com-			<u>M</u>		S/L			_
20-		sets Placed in Serv	ice During 2008 I	ax Year Using the	Aiternati'	ve Depre		ystem	<u> </u>	_
20a	Class life			12 470	 		S/L			_
	12-year 40-year			12 yrs.	1		S/L		.	_
	art IV Summary (See ins	tructions)		40 yrs.	<u> </u> M	IVI	S/L			_
<u></u> 2	Listed property. Enter amount from				_			21	-	_
22	Total. Add amounts from line 12, li	• •	ines 19 and 20 יחו	column (a), and line	21	•		'	_	_
_	Enter here and on the appropriate							22	13,52	2
23	For assets shown above and place	· ·	•							_
	enter the portion of the basis attribu	=	•		23					
										_

(9) (10)

Totals

8/03/2010 5 03 PM						
ms [*]	Oth	ner Notes aı	nd Loans Recei	vable		2008
90 / 990-1 1	For calendar year 2008, o	or tax year beginni	ng 7/01/08	, and ending 6/3	30/09	2008
e						ntification Numbe
MEDICAN I.ECT	ON DOCK 10				02 0201	106
MERICAN DEGI	ON POST 19				03-0301	1106
orm 990, Par	t X, Line 7 -	Additiona	l Information	on		
EMPLOYEE LO	ANS			Relationship to disqu	ialified persor	<u> </u>
						· · · · · · · · · · · · · · · · · · ·
						
	··········					
			-			-
Original amount		Matunty				Interest
borrowed	Date of loan	date	R	epayment terms	· <u> </u>	rate
						
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			Balance due at	Balance due at	Fair	market value
Considerati	on furnished by lender		beginning of year	end of year		(990-PF only)
			50	5	00	
					 	
						
						
	Original amount borrowed Secu	For calendar year 2008, e MERICAN LEGION POST 19 Orm 990, Part X, Line 7 - Name of borrower EMPLOYEE LOANS Original amount	Other Notes are For calendar year 2008, or tax year beginning MERICAN LEGION POST 19 Orm 990, Part X, Line 7 - Additional Name of borrower EMPLOYEE LOANS Original amount borrowed Date of loan Matunty date Security provided by borrower	Other Notes and Loans Receirge 90 / 990-PF For calendar year 2008, or tax year beginning 7/01/08 MERICAN LEGION POST 19 Orm 990, Part X, Line 7 - Additional Information Name of borrower EMPLOYEE LOANS Original amount borrowed Date of loan Maturity date R Security provided by borrower Security provided by borrower Balance due at	Other Notes and Loans Receivable For calendar year 2008, or tax year beginning 7/01/08, and ending 6/: MERICAN LEGION POST 19 Orm 990, Part X, Line 7 - Additional Information Name of borrower Relationship to disquere EMPLOYEE LOANS Original amount borrowed Date of loan Maturity date Repayment terms Security provided by borrower Purpose of its Consideration furnished by lender Balance due at beginning of year end of ye	Other Notes and Loans Receivable Por calendar year 2008, or tax year beginning 7/01/08 and ending 6/30/09 Employer ide 03-0303 Orm 990, Part X, Line 7 - Additional Information Name of borrower Relationship to disqualified persor EMPLOYEE LOANS Original amount borrowed Date of loan date Repayment terms Security provided by borrower Purpose of loan Security provided by borrower Purpose of loan Consideration furnished by lender Balance due at Bala

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1060 AMERICAN LEGION POST 19

*03-0301106

Federal Statements

FYE: 6/30/2009

8/3/2010 5:03 PM

Form 990 - Federal General Footnote

Description

As of 8/3/10 some bookkeeping record needed to complete this return were still unavailable to the Legion. The attached return is being filed without this information in order to meet the our filing requirement. Once this information becomes available we will amend this return in order to have a complete and accurate filing.

Year Ended: June 30, 2009 03-0301106

AMERICAN LEGION POST 19 PO BOX 292 BRISTOL, VT 05443

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.