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Form **990** 

Department of the Treasury

\*\*\* FILED UNDER EXTENSION

**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)

OMB No 1545-0047

Inter	nal Reven	nue Service		The organization may have	re to use a copy of	f this return to sa	tisfy state report	ting requiren	nents	Open	to Public insp	ection
	For the	2008 calendar	r year,	or tax year beginning	7/01	, 200	8, and endir	ng 6/	30	,	2009	
В	Check if a	applicable						<del></del>	D Employe	r Identific	ation Number	
_		l Pi	ease use RS label	The American Le	egion Clu	b of Gett	vsburg		23-0	34401	15	
	$\vdash$		or print or type	PO Box 3386	5 <b>9-0</b> 014	2 01 000	.,02419		E Telephor			
	$\vdash$	, I	See	Gettysburg, PA	17325				'			
	$\vdash$		specific Instruc-	<b>j</b>					(/1/	) 334	4-4513	
	Tern	nination	tions									
	Ame	ended return							<b>G</b> Gross re		4,175,	
	Appl	lication pending   F	Name a	nd address of principal officer				H(a) Is this	a group return	for affiliat	es? Yes	X No
		S	ame $P$	s C Above					affiliates inclu		Yes	No
ī	Tax-e	exempt status	X 501	(c) (7 ) <b>◄</b> (insert	no) /	1947(a)(1) or	527	1 1110,	attach a list	see instru	ctions)	
J		site: ► N/A	<u> </u>	<u> </u>				H(c) Group	exemption nui	mher ►		
ĸ	-	of organization	Corpora	tion Trust X Associa	ation Other ►	1	_ Year of Forma				al domicile	
_	rt I	Summan	•	IIIOII   IIIUST   II   ASSOCIA	ition   Other		- Teal of Collia	don	114 3	ate or rega	ar domicile	
Га				janization's mission or r	most significar	at activities !	The Amer	ioon T	22:22	200+	202 3 2 2	
ç				<u>erans organizat</u>								
Jan				heir_families,_								
Je.				mosphere_for_or							i in need	
9		Check this box		if the organization disco			sposed of mo	ore than 2	.5% of its a	assets		7
œ				bers of the governing b			161		}	3		$\frac{7}{7}$
<u>e</u> 3				t voting members of the	governing bo	ody (Part VI, II	ne Ib)			4		43
Activities & Governance				yees (Part V, line 2a)	2004				-	5 6		$\frac{43}{70}$
<b>A</b> ct				eers (estimate if necess		O solumn (C)			-	7a		0.
•		-		usiness revenue from F			•		}	7 b		0.
	DIN	vet unirelated b	usiness	taxable income from F	orm 990-1, lin	e 34	-			- / b		
								P	rior Year		Current Ye	
<u>•</u>				ts (Part VIII, line 1h)					2,1			848.
Revenue				ue (Part VIII, line 2g)					39,2			165.
ě	l			art VIII, column (A), line		•			1,7			745.
Œ	<b>11</b> C	Other revenue (	(Part VI	II, column (A), lines 5, (	6d, 8c, 9c, 10c	c, and 11e)			709,0			496.
	12 T	Total revenue –	- add III	nes 8 through 11 (must	equal Part VII	I, column (A),	line 12)		752,1			254.
	<b>13</b> G	Grants and simi	ılar amo	ounts paid (Part IX, colu	ımn (A), lınes	1-3)			24,4	81.	12,	820.
	14 E	Benefits paid to	or for	members (Part IX, colu	mn (A), line 4)	)						
_	<b>15</b> S	Salaries, other	comper	sation, employee-bene	fits#(Part IX, c	olumn (A), lin	es 5-10)		249,4	28.	329,	119.
Expenses				g lees (Part X-column							•	
en o					176.1							
翌		otal lundraisin	g exper	nses (Part IX, column (I	)), line (25)	<del> </del>	···········	·	266.2		21.4	105
				x, Sumf &B 1,2e31 1				<u></u> -	366,3			185.
				nes 13-17 (must equal F		n (A), line 25)		_	640,2			124.
	19 F	Revenue less e	xpense	s \$ubtract line 18 from					111,9	02.	94,	130.
8				UGULIV,				Begii	nning of Y	ear	End of Ye	ar
Net Assets or Fund Balancos	<b>20</b> T	Total assets (Pa	art X, lı	ne 16)				1	1,347,7	61.	1,336,	752.
80	<b>21</b> T	Total liabilities (	(Part X	line 26)					474,5	70.	369,	431.
\$ E	<b>22</b> N	Vet assets or fi	ind hala	ances Subtract line 21 t	from line 20				873,1	91	967.	321.
Pa	rt II	Signature			TOTT IIIC 20				0,0,1	<u> </u>		<del></del>
											lades and balled it	
		true, correct, and	complete	I declare that I have examined to Declaration of preparer (other	than officer) is bas	ig accompanying si sed on all informati	on of which prep	arer has any	knowledge	my knowi	ledge and belier, it	. 15
c:			1 -	(1) / to	11.			1	2/1	7/10		
Sig	jii	Signature of	ny	v. O year	<del></del>				ate	7/0		
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_				> 0 + CB	1		Date		heck if elf-	(see	arer's identifying n instructions)	umber
Pa		Preparer's	K	ell Vio			, , ,	e	mployed >	$\sqcup$		
Pro	_	signature	Rob	<u>ert C Boehner P</u>	C CPA		1-12-	10		N/1	<u> </u>	
pa	rer's	Firm's name (or	Rob	ert C. Boehner,	PC CPA							
Us Or		vours foolf		York Street		_			in - N	/A		
U	ııy	address, and ZIP + 4		tysburg, PA 173	25-1931				_	(717)	334-722	7
Mar	the IP	1		with the preparer shown		instructions)		! <u>:</u> _		· · - · /	X Yes	No
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

	1 <b>990</b> (200	8) The	<u>Americar</u>	n Legion	Club o	of Gettysburg			23-0	34401	.5		Page 2
Par	t III	Stateme	nt of Progr	am Servi	ce Accor	nplishments (see	instruct	ions)					
1			e organization'									-	
	See Sc	hedule	: 0										
		,			·								
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							<del></del>	<del></del>					
2				ny significai	nt program	services during the y	ear which v	were not listed on	the prior			_	
	Form 990	or <del>9</del> 90-E	Ζ?								Yes	X	No
	If 'Yes,' o	describe th	nese new servi	ices on Schi	edule O								
3	Did the o	rganizatio	n cease condu	uctina, or m	ake signific	ant changes in how i	t conducts.	any program ser	vices?		Yes	X	No
-		-	nese changes	-	-			any program con		ш		ت	
4			_			the organization's th		0.0000000000000000000000000000000000000		6-	ا ممنام	:01(a)	(2)
4	and 501	c)(4) orga	propulse aci	section 494	7(a)(1) trus	sts are required to re	ort the am	ount of grants an	d allocatio	ns to ot	hers 1	he tot	al
	expenses	s, and rev	enue, if any, fo	or each prog	gram servic	sts are required to reported		or grants an			,		
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4 a	(Code 📗		) (Expenses	\$		_ including grants of	\$	)(	Revenue	\$			)
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40	Code 📗		]) (Expenses	\$		including grants of	\$	)(	Revenue	\$			)
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						<u>-</u>							
40	Other pro		vices (Descrit										
	(Expense	es \$		ind	cluding gra	nts of \$		) (Revenue \$	}			)	
4	Total pro	ogram ser	vice expenses	\$ ▶		(Must equa	al P <u>art IX,</u> L	ıne 25, column (l	B) <u>)</u>				

	•		Yes	_No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	<u>X</u>
3	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		<u> </u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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		·
6	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 Schedule D, Part I	6_		Х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
	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	9		X
	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
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	12		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_X_
14	a Did the organization maintain an office, employees, or agents outside of the US?	14a		<u>X</u>
ı	b 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	14b		X
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	15		X
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_		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18		18		<u>X</u>
19		19	<u>X</u>	
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
21	<b>3</b> ,	21	Х	<del></del>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		_X_
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c 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		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		
١	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		- <u>-</u>
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	26		Х
	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	27		Х
BAA		Form	990 (	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a 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, Part IV	28a		_ X
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	<u>-</u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BA	4	Form	990 (	(2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 43 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2<sub>b</sub> Х 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 by Х За this return 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 authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** 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 5a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 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. a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 O 10b 5,850 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA Form 990 (2008) Form 990 (2008) The American Legion Club of Gettysburg 23-0344015 Page 6

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

JC	ction A.	Governing Body and Management			
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, or changes in Schedule O. See instructions		Yes	No
1	a Enter the	number of voting members of the governing body 1a 7			
	<b>b</b> Enter the	number of voting members that are independent 7			
2	2 Did any officer, d	fficer, director, trustee, or key employee have a family relationship or a business relationship with any other rector, trustee or key employee?	. 2		X
3	Did the o	ganization delegate control over management duties customarily performed by or under the direct supervision is, directors or trustees, or key employees to a management company or other person?	3		х
4		ganization make any significant changes to its organizational documents prior Form 990 was filed?	4		X
5		ganization become aware during the year of a material diversion of the organization's assets?	5		Х
		organization have members or stockholders?	6		X
		organization have members, stockholders, or other persons who may elect one or more members of the	7a		Х
	_	ecisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8		ganization contemporaneously document the meetings held or written actions undertaken during the year by			
		rning body?	- 8a		Х
	_	imittee with authority to act on behalf of the governing body?	8ь		X
9		organization have local chapters, branches, or affiliates?	9a		X
	<b>b</b> If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of such chapters, affiliates, thes to ensure their operations are consistent with those of the organization?	9 b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule. O	10		x
11	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the on's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	11		Х
Se	ction B.	Policies			
		г		Yes	No_
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	<b>b</b> Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests that could give rise s?			
	c Does the		12b	X	
	Scriedule	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O	12b 12c	X	
	Does the	organization have a written whistleblower policy?	12c		X
14	Does the	<b>F</b>	12c		X
	Does the Does the	organization have a written whistleblower policy?	12c		
	Does the Does the Did the persons, a The orga	organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision rization's CEO, Executive Director, or top management official?	12c		X
	Does the Does the Does the Did the persons, a The orga	organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? cers of key employees of the organization?	12c 13 14		Х
	Does the Does the Does the Did the persons, a The orga	organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision rization's CEO, Executive Director, or top management official?	12c 13 14		X
15	Does the Does Does Does Does Does Does Does Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? occess of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year?	12c 13 14		X
15	Does the Does the Does the Does the Did the persons, a The orga b Other off Describe a Did the oentity dui	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orcess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision nization's CEO, Executive Director, or top management official? cers of key employees of the organization? the process in Schedule O (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation niture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	12c 13 14 15a 15b		X X X
16	Does the Does the Does the Does the Did the persons, a The orga b Other off Describe a Did the oentity durin joint vestatus wi	organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision nization's CEO, Executive Director, or top management official? occess of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable and the year?  as the organization adopted a written policy or procedure requiring the organization to evaluate its participation	12c 13 14 15a 15b		X X X
15 16	Does the Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orcess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? orers of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year?  as the organization adopted a written policy or procedure requiring the organization to evaluate its participation inture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?  Disclosures	12c 13 14 15a 15b		X X X
16 Se 17	Does the Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official? organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? organization adopted a written policy or procedure requiring the organization to evaluate its participation inture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?  Disclosures  ates with which a copy of this Form 990 is required to be filed None  104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (501(c)(3)s only) av	12c 13 14 15a 15b 16a	x	X X X
16 Se 17	Does the Describe Describe Describe Does Did the openity during Joint vestatus with Ction C.  List the Section Company the Does Does Did the Does Did the Does Did the Does Did the Does Does Does Does Does Does Does Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orcess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? orcers of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year?  In the organization adopted a written policy or procedure requiring the organization to evaluate its participation inture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?  Disclosures  Takes with which a copy of this Form 990 is required to be filed None	12c 13 14 15a 15b 16a	x	X X X
16 Se 17	Does the Describe Describe Does Did the opentity during Joint vestatus with Ction C.  List the Sign Section Country Describe Does Does Does Does Does Does Does Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision organization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official?  the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year?  as the organization adopted a written policy or procedure requiring the organization to evaluate its participation niture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?  Disclosures  ates with which a copy of this Form 990 is required to be filed None  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avoid indicate how you make these available Check all that apply website  Another's website  X Upon request  In Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy.	12c 13 14 15a 15b 16a 16b	X e for p	X X X
16 16 17 18	Does the Describe Describe Describe Does the Doe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision inization's CEO, Executive Director, or top management official? ocers of key employees of the organization? the process in Schedule O (see instructions) riganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation inture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?  Disclosures  ates with which a copy of this Form 990 is required to be filed None  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avoid indicate how you make these available Check all that apply website  Another's website	12c 13 14 15a 15b 16a 16b	X e for pand fina	X X X

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Form 990 (2008)

# 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

- 1 a Complète 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) or 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

X Check this box if the organization did no	ot_compen	sate a	any d	offic	er, d	directo	or, tr	ustee, or key employe	ee	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		ition (	_		hat app	_	Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
James Sutton President	5			X				0.	0.	0.
Richard Kelly	<del>                                     </del>						-			<u> </u>
Vice President	2			Х				0.	0.	0.
Richard Baumgardner	]									
Secretary	2			<u>X</u>				0.	0.	0.
Oscar Colon	]									
Treasurer	2			Х		<u></u>		0.	0.	0.
William Little										
Board Member	1	Х						0.	0.	0.
Richard Keefer						1				
Board Member	1	Х			L			0.	0.	0.
Philip Fazenbaker										
Board Member	1	Х						0.	0.	0.
				1						
						-				
							<u> </u>			<del></del>
	<del> </del>				<u> </u>		1	-		
	1									
			-			<b>-</b>	$\vdash$	<del>                                     </del>		<u> </u>
	j									

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Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	ye	es,	and	d Highest Con	pensated Em	oloyee	s (coi	nt.)
(A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week							Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of ot opensation	her
	per week	lvidua	Institutional trustee	Officer	y emp	Highest compen employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	org	rom the ganization nd relate	n
		trust	nal tru		employee	compe					anization	
		ee	stee			insated						
											_	
·												
							-	<u> </u>				
						,						
										<del>                                     </del>		
	<del> </del>									<del> </del>		
								<u> </u>				
	<u> </u>	-								<u> </u>		
<ul><li>1b Total</li><li>2 Total number of individuals (including those in 1a)</li></ul>	ubo roo	20101	1	2.0	lhon	<b>C</b> 1/	00.0	0.	0.	the		0
organization • 0	WIIO TEC	eive	אוו ג	Ji e i	lilai	ιφιν	00,0	oo iii reportable c	ompensation nom			
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	ee, I	кеу	emp	loye	ee, o	or hi	ghest compensate	ed employee	3	-	Х
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to			npe	nsa	tion	and	oth	er compensation	from			
individual	nan ֆis	ט,טנ	<i>1</i> 0 ′	IT <b>T</b>	es	com	pieu	e Scriedule J for :	sucn	4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens	atio	n fro	om a h pe	any erso	unre n	elate	d organization fo	services	5	ļ	X
Section B. Independent Contractors	_				_					•		
1 Complete this table for your five highest compensa compensation from the organization	ted inde	pend	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	s							(B Description o	) of Services	Compe	C) ensatio	on
	- <u></u>											
					_							
						_						
2 Total number of independent contractors (including												

Pai	t VIII Statement of Revenue				<del></del>
	•	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				İ
2	c Fundraising events.				
FT S	d Related organizations 1 d				
اٍ≧ِۃ	e Government grants (contributions) 1 e				
SS	, , ,				
Ĕ	f All other contributions, gifts, grants, and similar amounts not included above 1 f 2,848.				-
					[
돌	g Noncash contribns included in lns 1a-1f \$				
3 9	h Total. Add lines 1a-1f	2,848.			
₩	Business Code				
Ē	2a Membership Dues & Assessments	22,104.	22,104.		
2	b Banquet Room Rent	5,850.	5,850.		
[ ]	c Banquet Income	43,211.	43,211.		
É	d				
Σ	e				
8	f All other program service revenue				<del></del>
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	71,165.			
-	g Total: Add lines 2a-2i	71,103.			
	Investment income (including dividends, interest and other similar amounts)	1,745.			1,745.
	·	1,745.			1,745.
1	Income from investment of tax-exempt bond proceeds  Revealting				-
	J Noyanies				<u> </u>
	(i) Real (ii) Personal				
	6a Gross Rents				j
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	·			
	<b>b</b> Less cost or other basis and sales expenses	:			
	c Gain or (loss)				
Ì	d Net gain or (loss)				
an a	8a Gross income from fundraising events (not including \$				
OTHER REVENUE	of contributions reported on line 1c)				
#	See Part IV, line 18 a 12,002.				
띨	b Less direct expenses b 3,992.				
5	c Net income or (loss) from fundraising events	8,010.	8,010.		<b></b>
		0,010.	0,010.		-
	9a Gross income from gaming activities See Part IV, line 19 a 3, 636, 975.				
	• • • • • • • • • • • • • • • • • • • •	FF0 17C	FF0 17C		
	c Net income or (loss) from gaming activities	558,176.	558,176.	<del></del>	<del> </del> -
	10a Gross sales of inventory, less returns and allowances a 439, 569.				:
	<b>b</b> Less cost of goods sold <b>b</b> 342,905.	00.001	0.5.654		<b>-</b>
	c Net income or (loss) from sales of inventory	96,664.	96,664.		<del> </del>
	Miscellaneous Revenue Business Code		95 515		ļ
	11a Miscellaneous	11,646.	11,646.		
	b				<u> </u>
	c				
	d All other revenue				<u></u>
	e Total. Add lines 11a-11d	11,646.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	750,254.	745,661.	0.	1,745.

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 1 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	11,620.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,200.			
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	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	_		
7	Other salaries and wages.	299,885.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,234.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	485.			
c	Accounting	11,750.			
c	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion	23,266.			
13	Office expenses	67,297.			
14	Information technology				
15	Royalties				
16	Occupancy	72,598.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,403.	<u>-</u>		
	Insurance	26,286.			
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)				
	Repairs & Maintenance	35,223.			
	Entertainment Expense	12,877.			
C	Tips	11,646.			
	Dues & Subscriptions	11,168.			
e	Miscellaneous_09	3,055.			
f	All other expenses	3,131.			
	Total functional expenses Add lines 1 through 24f	656,124.			
26	Joint Costs. Check here   ☐ 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				
BAA					Form 990 (2008)

Га	ILV	Daiance Sheet				,	· <del></del>
					<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing			90,242.	1	112,715.
	2	Savings and temporary cash investments			63,209.	2	64,955.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		İ		4	
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	rs, trus	itees, key employees,		5	
	6	Receivables from other disqualified persons (as define		der section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp			<del>*. · · · · · · · · · · · · · · · · · · ·</del>	6	
A S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use		Ì	16,494.	8	10,761.
Š	9	Prepaid expenses and deferred charges		Ì		9	
	10 a	Land, buildings, and equipment cost basis	10 a	1,284,785.			
		Less accumulated depreciation Complete Part VI of	-				
		Schedule D	10 ь	136,464.	1,177,816.	10 c	1,148,321.
	11	Investments — publicly-traded securities		<b>,</b>	, ,	11	, ,
	12	Investments – other securities See Part IV, line 11				12	<del></del>
	13	Investments – program-related See Part IV, line 11		Ì		13	
	14	Intangible assets		Ì		14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	Ì	1,347,761.	16	1,336,752.
	17	Accounts payable and accrued expenses			23,073.	17	12,813.
	18	Grants payable			<del></del>	18	
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities		į		20	
À	21	Escrow account liability Complete Part IV of Schedul	le D			21	
LIABILITIES	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons	key employees, Complete Part II			
į		of Schedule L				22_	
Š	23	Secured mortgages and notes payable to unrelated the	nird pa	rties	441,130.	23	351,216.
	24	Unsecured notes and loans payable			<u></u>	24	
	25	Other liabilities Complete Part X of Schedule D			10,367.	25	5,402.
	26	Total liabilities. Add lines 17 through 25.			474,570.	26	369,431.
N E T		Organizations that follow SFAS 117, check here	aı	nd complete lines			
		27 through 29 and lines 33 and 34.			<del></del>		
ASSETS	ı	Unrestricted net assets				27	
Ĭ	l	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	X and complete			
DZD		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		,		30	<del></del>
Ā	31	Paid-in or capital surplus, or land, building, and equip		ľ	072 101	31	067 221
Ā	32	Retained earnings, endowment, accumulated income,	, or oti	ner tunas	873,191.	32	967,321.
BALAZCES	33	Total helphage and not acceptable and helphage.			873,191.	33	967,321. 1,336,752.
	34 irt X	Total liabilities and net assets/fund balances  Financial Statements and Reporting			1,347,761.	34	1,330,732.
1 6	III	Financial Statements and Reporting					Yes No
1	Δα	counting method used to prepare the Form 990	Cash	X Accrual	Other		Yes No
		ere the organization's financial statements compiled or					2a X
-		ere the organization's financial statements complied or ere the organization's financial statements audited by a		<del>-</del>	accountant.		2b X
		-		•	ty for oversight of the a	udit	
	rev	Yes' to 2a or 2b, does the organization have a commiti riew, or compilation of its financial statements and sele	ection	of an independent acco	untant?	uurt,	2c
3	a As	a result of a federal award, was the organization requi	red to	undergo an audit or au	idits as set forth in the	Single	
		dit Act and OMB Circular A-133?	الصييريس	~?			3a X 3b
ВА		Yes,' did the organization undergo the required audit o	audit	5'			Form <b>990</b> (2008)
							34 (2000)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number The American Legion Club of Gettysburg 23-0344015 Part I 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 Aggregate contributions to (during year) 2 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?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV. 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 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 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 easement 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)(i) and 170(h)(4)(B)(ii)? 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 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, 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 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 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 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 The Part III Organizations Mainta	American I	Legion Club	of Get Historica	tysburg	23-034 Other Similar Ass		Page <b>2</b> nued)
3 Using the organization's accession							
that apply)		_ C		•			
a Public exhibition		<b>—</b>		change programs			
<b>b</b> Scholarly research		e [	Other				
c Preservation for future gener							
4 Provide a description of the orga Part XIV						se in	
5 During the year, did the organiza assets to be sold to raise funds r						Yes	No
[Part IV] Trust, Escrow and Cu IV, line 9, or reported	istodial Arra an amount	<b>angements</b> Co on Form 990,	mplete i Part X, I	f organization ai line 21.	nswered 'Yes' to F	orm 990,	Part
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiar	, or other interm	ediary for o	contributions or othe	r assets not	Yes	□No
•	on Dort VIV o	ad aanaalata tha f	allaa. ka	.le.l.	l	162	
<b>b</b> If 'Yes,' explain the arrangement	ili Pari XIV ai	ia complete the i	ollowing ta	ible			
						Amount	
c Beginning balance					1 c	•	
d Additions during the year					1 d		
<ul> <li>Distributions during the year</li> </ul>					1 e		
f Ending balance					1f]		
2a Did the organization include an a	amount on Fori	m 990, Part X, Iir	ne 21?			Yes	No
b If 'Yes,' explain the arrangement	in Part XIV						
Part V Endowment Funds Co	mplete if or	ganization ans	swered '\	es' to Form 990	), Part IV, line 10.		
	(a) Current y	rear (b) Pr	ior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Investment earnings or losses						+	
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses					-	<del> </del>	
g End of year balance	-	——————————————————————————————————————				<del>                                     </del>	
<ul><li>2 Provide the estimated percentag</li></ul>	o of the year o	nd balansa bald			<del></del>	J	
			as				
a Board designated or quasi-endov							
<b>b</b> Permanent endowment ►							
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not organization by	ın the possess	ion of the organiz	zation that	are held and admin	stered for the	Ye:	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations l	isted as required	on Schedu	ıle R?		3b	
4 Describe in Part XIV the intended	_	•					
Part VI Investments-Land, B					line 10.	_	
Description of investment		(a) Cost or other (investment)	basis (b	Cost or other basis (other)	(c) Depreciation	(d) Book	Value
1a Land				243,627.		2.4	3,627.
<b>b</b> Buildings	F			974,197.	91,026.		3,171.
c Leasehold improvements	<u> </u>	·	<del></del>	1,250.	25.		1,225.
•		<u> </u>	<del></del>	37,204.	26,295.	1	0,909.
d Equipment	}						
e Other		000 5 11		28,507.	19,118.	1 1 4	9,389.
Total. Add lines 1a-1e (Column (d) sh	ould equal For	m 990, Part X, co	olumn (B),	iine IU(c) )	<u>_</u>		18,321.
BAA					Sched	ule <b>D</b> (Form	990) 2008

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Schedule D (Form 990) 2008 The American Legi	on Club of Gettysh	ourg 23-0344015 Page
Part VII Investments-Other Securities See F	orm 990, Part X, line 1.	2 N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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		13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
	<del>-</del>	Cost or end-of-year market value
	<del>                                     </del>	
· · · · · · · · · · · · · · · · · · ·		
	<del> </del>	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13)		
Part IX Other Assets (See Form 990, Part X,	1	
	escription	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, c		<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part	t X, line 25)	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability		<b>P</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes	t X, line 25) (b) Amount	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits	t X, line 25) (b) Amount 525.	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits	t X, line 25) (b) Amount 525.	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Banquet Room Deposits  Payroll Taxes Payable	t X, line 25) (b) Amount 525. 3,854.	<b>▶</b>

Schedule <b>D</b> (Form 990) 2008 The American Legion Club of Ge	ettysburg	23-0344015	Page 4
Part XI Reconciliation of Change in Net Assets from Form 99		nents N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	<del></del>		
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4-8			
10 Excess or (deficit) for the year per financial statements. Combine lines 3			
Part XII   Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return N/A	
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	1 1		
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	<u>2b</u>		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	10)	4c	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, I			
Part XIII   Reconciliation of Expenses per Audited Financial Sta	atements with Expen	ises per keturii N/A	
<ul><li>1 Total expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25</li></ul>			
a Donated services and use of facilities	20		
<b>b</b> Prior year adjustments	2a 2b		
c Losses reported on Form 990, Part IX, line 25	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	Zu	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investments expenses not included on Form 990, Part VIII, line 7b.	4a		
<b>b</b> Other (Describe in Part XIV)	4b	<del></del>	
c Add lines 4a and 4b	40	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I,	line 18.)	5	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, ar line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	nd 9, Part III, lines 1a and and 4b	4, Part IV, lines 1b and 2b,	Part V,
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TEEA3304L 12/23/08

Schedule **D** (Form 990) 2008

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# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

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.

Open to Public

Department of the Ti Internal Revenue Se		empleted by org d by organizati	ganization ons that e	is that ans inter more	swer 'Yes' to Form 990, than \$15,000 on Form	Part IV, lines 17, 18, 990-EZ, line 6a.	Open to Public Inspection
Name of the organiz	ation					Employer identification	ation number
The Ameri	can Legion Club	of Gettys	burg			23-034401	5
	draising Activities.			nızatıon	answered 'Yes' to	Form 990, Part IV	line 17.
1 Indicate v	whether the organization	raised funds th	rough any	of the foll	lowing activities Check	all that apply	
Mail s	solicitations				Solicitation of non-	government grants	
Email	l solicitations				Solicitation of gove	rnment grants	
Phone	e solicitations				Special fundraising	events	
In-pe	rson solicitations						
2a Did the or employee	rganization have written o es listed in Form 990, Pai	or oral agreement VII) or entity	ent with ar	ny individu	ial (including officers, d	rectors, trustees or key services?	Yes X No
<b>b</b> If 'Yes.' lı	st the ten highest paid in ated at least \$5,000 by th	idividuals or en	tities (fund	draisers) p	oursuant to agreements	under which the fundra	
		T T	T			(v) Amount paid to	
	me of individual tity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	`(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
				Ì			
			-				
			ļ <u>-</u>				
			<del>                                     </del>				
			-	<del>                                     </del>			
	<del></del>	<del> </del>	<del> </del>				_
				<del> </del>			
		· <del></del>	-l <u></u>	1		-	
Total				<b>•</b>			0.
	atao in ilibiah tha araasia	etian in regista					
or licensi	ates in which the organiz ng	ation is registe	red or lice	insed to st	oncit funds of has been	notined it is exempt in	in registration
				. <b></b> .			
				<b></b>			
	<b>.</b>						
			<b></b>				
				. <b></b>			

	dule t II	G (Form 990 or 990-EZ) 2008 The Ame Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, lii	ne 18, or		age <b>2</b> 0.
			(a) Event #1 Golf Tournamen	<b>(b)</b> Event #2	(c) Other Events	(d) Total (Add col ( col	Even	ts
			(event type)	(event type)	(total number)	COI	(c))	
WE>E2	1	Gross receipts	5,959.				5,9	59.
E	2	Less Charitable contributions						
_	3	Gross revenue (line 1 minus line 2)	5,959.				5,9	59.
_	4	Cash prizes						
)—EEC	5	Non-cash prizes						
E	6	Rent/facility costs	2,883.				2,8	<u>83.</u>
D-RECT EXPESSES	7	Other direct expenses	393.				3	93.
S S	8	Direct expense summary Add lines 4- th Net income summary Combine lines 3 a			<b>&gt;</b>			76. 83.
Par	tIII		ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or rep	ported mo		
mczm <mx< td=""><td></td><td></td><td>(a) Bingo</td><td>(b) Pull tabs/Instant bingo/progressive bingo</td><td>(c) Other gaming</td><td>(d) Total (Add col ( col</td><td>a) thro</td><td>ng ough</td></mx<>			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col ( col	a) thro	ng ough
Ë	1	Gross revenue	92,138.	3,544,837.		3,6	36,9	75.
_	2	Cash prizes	61,578.	2,892,221.		2,9	53,7	99.
EXPENSE	3	Non-cash prizes		1,787.			1,7	87.
C S T E S	4	Rent/facility costs	2,300.				2,3	00.
	5	Other direct expenses	15,609.	105,304.		1	20,9	13.
	6	Volunteer labor	X Yes 100 % No	Yes0 % X No	Yes0 % No			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	3,0	78,7	99.
	8	Net gaming income summary Combine I	ines 1 and 7 in column	(d)	<u> </u>	5	58,1	
а	ls th	er the state(s) in which the organization or ne organization licensed to operate gaming lo,' Explain				9a	YES X	NO
	lf 'Y	e any of the organization's gaming license 'es,' Explain cense was revoked one time		•	e tax year?	10a	Х	

11 Does the organization operate gaming activities with nonmembers?

11

12

Х

		YES	NO
3 Indicate the percentage of gaming activity operated in			
a The organization's facility 13a 100.0%			
b An outside facility 13b %			
4 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name - Kymberlee A Ketterman			
Address <u>2558 Old Route 30, Orrtanna, PA 17353</u>			
5a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		X
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$		i	
c If 'Yes,' enter name and address		ŀ	
Name			
Address -			
6 Gaming manager information			
Name ► Karen Baumgardner-Bingo Manager			
Gaming manager compensation ► \$			
Description of services provided   Volunteer who manages bingo games only			
☐ Director/officer ☐ Employee ☐ Independent contractor			
7 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	Х	
	<u> </u>	<del></del> →	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		i	

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

Open to Public Inspection

OMB No 1545 0047

ş Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form Employer identification number X Yes 23-0344015 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part | General Information on Grants and Assistance The American Legion Club of Gettysburg Name of the organization

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if addi	tional space is	needed				X
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed 23-0344015 The American Legion Club of Gettysburg Schedule I (Form 990) 2008 Part III

Page 2

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1,200. (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used (b) Number of recipients Need determined by committee. (a) Type of grant or assistance expense assistance Medical BAA

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

2008

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. Open to Public Inspection

Name of the organization Employer identification number 23-0344015 The American Legion Club of Gettysburg Part III, Line 17b
Distributions Required Under State Law 12,520. Total Form 990, Part III, Line 1 - Organization Mission The American Legion Post 202 is a non-profit veterans organization dedicated to our veterans, members, active military and their families, and the community. We are devoted to providing a comfortable atmosphere for our members and offering assistance to those in need. Form 990, Part VI, Line 10 - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Conflicts are monitored and enforced by committee as needed.

# Form **8868**

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you a	ire filing for an Automatic 3-Month	Extension, complete only Part I and check this box	► X			
• If you a	re filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (o	n page 2 of this form)			
Do not con	n <b>plete Part II unless</b> you have alrea	dy 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 corporati	on required to file Form 990-T and	requesting an automatic 6-month extension — check	this box and complete Part I only ▶			
All other co		, partnerships, REMICS, and trusts must use Form 7	004 to request an extension of time to file			
the addition Form 990-1	nal (not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-month au on required to file Form 990-T). However, you cannot on or (2) you file Forms 990-BL, 6069, or 8870, grou or completed and signed page 2 (Part II) of Form 886 or or Charities & Nonprofits	p returns, or a composite or consolidated			
	Name of Exempt Organization		Employer identification number			
Type or						
The American Legion Club of Gettysburg 23-0344015						
File by the Number, street, and room or suite number. If a P.O. box, see instructions						
due date for filing your PO Box 3386						
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Gettysburg, PA 17325						
Check type	of return to be filed (file a separate	e application for each return)				
_	_		Form 4720			
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069						
Form 990-PF Form 1041-A Form 8870						
Telepho  If the o  If this is check to the extension of the control of the contro	s for a Group Return, enter the organisms box If it is for part of the ension will cover lest an automatic 3-month (6 month 2/15, 2010, to file extension is for the organization's reconstruction calendar year 20 or	FAX No ►  or place of business in the United States, check this anization's four digit Group Exemption Number (GEN ane group, check this box ► and attach a list with a stor a corporation required to file Form 990-T) extend the exempt organization return for the organization of the exempt organization organizat	If this is for the whole group, the hames and EINs of all members insion of time hamed above			
		D-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any			
nonre	fundable credits. See instructions		3a \$ 0.			
<b>b</b> If this made	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated ta nt allowed as a credit	x payments 3b \$ 0.			
depos See i	sit with FTD coupon or, if required, instructions	Ba Include your payment with this form, or, if require by using EFTPS (Electronic Federal Tax Payment Sy	(stem) 3c \$ 0.			
Caution. If payment in	you are going to make an electron structions	c fund withdrawal with this Form 8868, see Form 84				
BAA For F	rivacy Act and Paperwork Reducti	on Act Notice, see instructions.	Form <b>8868</b> (Rev 4-2009)			