

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SEAMINED MAR ! 1 2010

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

N1027 01/25/2010 4 54 PM OMB No 1545-0047 2008 Open to Public Inspection

A	For the 2008	calendar year, or tax year beginning 7/01/08	, and ending 6/30/	'09		
<u>B</u> _	Check if applicab	·			D Emple	oyer Identification number
╝	Address change	use IRS BONNIE SLOA	<u>N</u>			
	Name change	print or Doing Business As				·0719232
	Initial return	type. Number and street (or P O box if mail is not delivered to s	reet address)	Room/suite		none number
╕	Termination	Specific 1930 MCDONALID HAIVE				2-945-1944
╡	Amended return	tinstructions. City or town, state or country, and ZIP + 4 NEW ALBANY	IN 47150		G Gross reco	eipts\$ 871,523
룩		E Name and address of annual offices			H(a) is this	a group return for
	Application pend	ig I Hame and address of principal officer			affiliate	
					H(b) Are all	affiliates
					1	attach a list. (see instructions)
1	Tax-exempt s		(a)(1) or 527]	
	Website: 🕨				H(c) Group	exemption number
	Type of organiza			L Year of formation		M State of legal domicile
F	Part I	Summary				
		describe the organization's mission or most significant NTRIBUTIONS TO OTHER ORGANIZATION		O.E.		
Activities & Governance		MBERS OF ORGANIZATION	45 AND ACTIVITIES	OF		
Ē		EBERS OF ORGANIZATION				
<u>8</u>	2 Chec	this box > if the organization discontinued its op	erations or disposed of more th	nan 25% of its asse	ets	
Ğ		er of voting members of the governing body (Part VI, lin	•	20 % 0. 110 4000	3	1024
88	1	er of independent voting members of the governing bod	•		4	0
Ž	5 Total	number of employees (Part V, line 2a)			5	12
Act	6 Total	number of volunteers (estimate if necessary)			6	·
	7a Total	gross unrelated business revenue from Part VIII, line 12	, column (C)		7a	
	b Net u	related business taxable income from Form 990-T, line	34	Prior Ye	7b	Current Veer
	8 Contr	butions and grants (Part VIII, line 1h)			6,384	Current Year 8,355
PE P	9 Progr	am service revenue (Part VIII, line 2g)			3,574	23,755
Revenue	10 Inves	ment income (Part VIII, column (A), lines 3, 4, and 7d)			5,081	2,960
ĕ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		9,827	561,387
	12 Total	revenue—add lines 8 through 11 (must equal Part VIII,	column (A), line 12)		4,866	596,457
	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1-	3)	1	9,622	16,640
	14 Bene	its paid to or for members (Part X, column A) ine (1)			4 110	
898	15 Salar	es, other compensation, employee benefits (Part X, col		22	4,119	231,376
penses	16a Prote	sional fundraising fees (Part IX, column (A), line 11e)	10 SS			
낊	o.a.	undraising expenses (Part IX, colorn (中) [中 25] expenses (Part IX, column (A), nes 11a-11d, 11f-24f)	14 12	37	1,110	352,721
		expenses Add lines 13-17 (must equal Rark IX, column	1.621		4,851	600,737
	19 Reve	ue less expenses Subtract line 18 from line 12	37		9,985	-4,280
58	8			Beginning	of Year	End of Year
88	20 Total	assets (Part X, line 16)		79	8,706	795,392
Net Assets or	21 Total	labilities (Part X, line 26)		70	7,294	8,260
	art II	sets or fund balances Subtract line 21 from line 20 Signature Block			1,412	787,132
-	art II	Under penalties of perjury, I declare that I have examined this re	turn including accompaning cohod	ulos and statements	and to the he	ot of my knowledge
		and belief, (Distrate, correct, and complete Declaration of prepare	er (other than officer) is based on al	I information of which	preparer has	any knowledge
Sig	gn	I David H Froche	6		1/2/	4/10
	re	Signature of officer			Date	
		David A Noche JA				
		Type or print name and title				
D~	id	Preparer's \ Here ye come cpa	Date	Check self-	ıf	Preparer's identifying number (see instructions)
	eparer's	signature Marc J. McCormick, CPA		25/10 emplo	yed 🕨 🗀	P00382234
	eparer s e Only	Firm's name (or yours Rodefer Moss &			EIN	▶ 62-1690032
1		if self-employed), 301 E. Elm Stre			Phone	040 045 5000
	<u> </u>	address, and ZIP+4 New Albany, IN	47150		no 🕨	812-945-5236
-		cuss this return with the preparer shown above? (see in				Yes No
Σįν	COT Priva	cy Act and Paperwork Reduction Act Notice, see the	separate instructions.			Form 990 (2008)
						2

Form 990 (2008)

) (Revenue \$

600 , 737 (Must equal Part IX, Line 25, column (B))

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶ \$

including grants of \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			77
•	complete Schedule A	1		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
7	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		x
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		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	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		X
9	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
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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	11	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	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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	ا ۔ ا		•
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
10	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	46		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		X
18	Did the organization report more than \$15,000 on Part IX, column (X), line The fit Tes, "complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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	21		x
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		X
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		l	
	24b–24d and complete Schedule K If "No," go to question 25.	24a		X
b	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		l	
	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	, , , , , , , , , , , , , , , , , , ,		į	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	_	j	
00	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	_		••
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	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			~
	Substantial Contributor, or to a person related to such an individual? II TeS, Complete Schedule L, Paπ III	27	000	X

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Part IV Checklist of Required School 1990 **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:			
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,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	1		
	complete Schedule L, Part IV	28b		X
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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	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
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		<u> </u>

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 12 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 this return? X За 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 financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 5c 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 tax deductible? 6b 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 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с **d** If "Yes." indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? X 7h 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? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Governance, Management, and Disclosure (Sections A. B. and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1024 Enter the number of voting members of the governing body 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 X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8ь Does the organization have local chapters, branches, or affiliates? 9a 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 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **Section B. Policies** Yes No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official? 15a **b** Other officers or key employees of the organization? 15b 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > IN 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 X 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 3624 GREENFIELD DRIVE organization > JERRY PAYTON

812-945-1944

IN 47150

NEW ALBANY

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 <u>compensated employees</u>, and former such persons.

(A)	(B) Average	Poe.	ior /	(C	hat ap	אמא	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee	Institutional trustee	Officer		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ARMOND ABBOTT DIRECTOR		x				·	0	0	
GLEN MONTGONE DIRECTOR	RY	x					0	0	
JAMES PETERS DIRECTOR		x					0	0	
MAX SCHUTTE DIRECTOR		X			П		0	0	
RON HANGER COMMANDER	-			x			0	0	
JEFF CARROLL									
1ST VICE CLAY SMITH				X			0	0	
2ND VICE DAVID ROCHE J	R			X			0	0	
FINANCE OFCR JERRY PAYTON	_			X	 \vdash		0	O	
ADJUTANT		\vdash		X	H		O	0	
						_		· · ·	
			-						
	-								
				-					-
	· · · · · · · · · · · · · · · · · · ·								

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those in 1) who received more than \$100,000 in compensation from the organization Polymore Including those Including the Including th	orm 990 (2008) AMERICAN LEGION POST 28									35-0719232 Page												
Name and side Name and side	Pa	•		rustees,																		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No			Average hours per	<u> </u>	Institutional	heck	all t	_		Reportable compensation from the organization	Reportable compensation from related organizations	com fr org and	stimated nount of other pensation from the anization d related	on n i								
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶																						
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Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶									** • -													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶									·													
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶	1b	Total	L		1				<u> </u>				-									
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual steed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization of services rendered to the organization of services services services rendered to other organization. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. A	2		viduals (including those	ın 1a) w	/ho r	ece	ved	more	e tha	an \$100,000 in reportable o	compensation from the		12.									
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0	4	employee on line 1a For any individual list the organization and individual Did any person liste	1? If "Yes," complete Scl sted on line 1a, is the su d related organizations g d on line 1a receive or a	nedule J m of rep reater th	for sorta	suci ble \$150 ensa	o ind com 0,000	lividu pens 0? If	al atio "Yes n an	n and other compensation s," complete Schedule J fo y unrelated organization fo	from r such		3	X X								
Compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation 0					•	•																
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0	1		the organization	npensati	ed ir	ndep	end	ent c	ontr		·		(C	i) nsation								
compensation from the organization ▶0																						
/ V L	2			cluding	thos	e in	1) v	vho r	ecei	ved more than \$100,000 in				30 (2nos								

Pa	nt V	III Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
22.23	1a	Federated campaigns	1a			revenue		512, 513, or 514
Program Service Revenue Contributions, giffs, grants	h	Membership dues	1b			:		
œE	٦	Fundraising events	1c					
F	d	Related organizations	1d					
S,E	"	Government grants (contributions)	1e					
5.5		All other contributions, gifts, grants,	16					
Per	•	and similar amounts not included above	e 1f	8,355				
풀	_			6,333				
Šě	9	Noncash contributions included in lines	12-11 \$	_	0 255			
_	n	Total. Add lines 1a-1f		P	8,355			
Š	_ ا			Busn. Code	02 755			02 755
8	2a	MEMBERSHIP DUES			23,755			23,755
8	Ь							
Ξ̈́	C							
တ္တ	4							
듄	е							
ğ	f	All other program service re	venue					
<u>-</u>	<u> </u>	Total. Add lines 2a-2f			23,755			
	3	Investment income (including	ng dividends,	, interest, and				
	l	other similar amounts)			2,960			2,960
	4	Income from investment of	tax-exempt t	oond proceeds >	 -			
	5	Royalties	 	•				
		(ı) Rea		(ii) Personal				
	6a	Gross Rents	7,080					
	b	Less rental exps						
	C	Rental inc or (loss)	7,080					
	d 7a	Net rental income or (loss)		•	7,080		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,080
	'a	Gross amount from (i) Securi	ities	(II) Other				
		other than inventory						
	ь	Less cost or other						
		basis & sales exps					-	
	С	Gain or (loss)					-	
	d	Net gain or (loss)	_	<u> </u>				
	8a	Gross income from fundraising e	events					
2		(not including \$						
A		of contributions reported on line	1c).					
8		See Part IV, line 18	a					
Other Revenue	ь	Less direct expenses	b					
ŏ	С	Net income or (loss) from fu	ındraisın <u>g ev</u>	vents ▶				
	9a	Gross income from gaming activ	rities				:	
		See Part IV, line 19	a					
	b	Less. direct expenses	b					
	С	Net income or (loss) from ga	amıng ac <u>tıvıt</u>	ties 🕨				
	10a	Gross sales of inventory, les	ss					
		returns and allowances	a	417,332				
	ь	Less cost of goods sold	b	275,066				
	C	Net income or (loss) from sa	ales of inven	tory >	142,266			142,266
		Miscellaneous Rever		Busn. Code				
	11a	BINGO			376,525			376,525
	ь	MISCELLANEOUS INCOM	Œ		24,446			24,446
	С	MEMBERSHIP ACTIVITY			11,070			11,070
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	412,041			
	12	Total Revenue. Add lines 1	h, 2g, 3, 4, 5	5, 6d, 7d, 8c.				
		9c, 10c, and 11e			596,457	0	0	588,102

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.	Total expenses	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	16,640	16,640		
3	Grants and other assistance to governments,		<u> </u>		<u> </u>
	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	184,376	184,376	<u> </u>	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	31,843	31,843		
10	Payroll taxes	15,157	15,157		
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
C	Accounting				
đ	Lobbying				
θ	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,876	4,876	· _	
13	Office expenses	8,083	8,083		
14	Information technology	420	420		
15	Royalties	40.455	40 40-	·	
16	Occupancy	42,475	42,475		
17	Travel	9,500	9,500		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 200	2 200	·	
19	Conferences, conventions, and meetings	3,300	3,300		
20	Interest				
21	Payments to affiliates	25 707	25 707		
22	Depreciation, depletion, and amortization	25,797 15,450	25,797 15,450	-	
23	Insurance	13,430	13,430	······································	
24	Other expenses Itemize expenses not		!		
-7	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below.)		!		
а	REPAIRS AND MAINT-BUILDIN	69,178	69,178		
b	MEMBER ACTIVITY EXPENSE	54,827	54,827		
c	BINGO LICENSE	32,750	32,750		
d	SALES TAX EXPENSE	30,410	30,410		
8	DUES EXPENSE	23,795	23,795	 	
f	All other expenses	31,860	31,860		<u> </u>
25	Total functional expenses. Add lines 1 through 24f		600,737		
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		1		
	fundraising solicitation		1		

Page 11

	 -		· · ·		(A)		(B		
					Beginning of year		End of		
	1	Cash—non-interest bearing			50,962	1			<u>008</u>
	2	Savings and temporary cash investments		L	42,187	2	1	<u>63,</u>	<u>592</u>
	3	Pledges and grants receivable, net		<u> </u>		3			
	4	Accounts receivable, net		L		4			
	5	Receivables from current and former officers, directors, to	trustees, ke	y					
		employees, or other related parties Complete Part II of S	Schedule L	ļ		5	<u> </u>	********	
	6	Receivables from other disqualified persons (as defined in	under secti	on					
		4958(f)(1)) and persons described in section 4958(c)(3)(E	B) Complet	te					
		Part II of Schedule L		L	· ·	6			
8	7	Notes and loans receivable, net		Ĺ		7			
Assets	8	Inventories for sale or use		L		8			
Ą	9	Prepaid expenses and deferred charges		į		9			
	10a	Land, buildings, and equipment cost basis	10a	1,012,410					
	Ь	Less accumulated depreciation Complete					1		
	1	Part VI of Schedule D	10b	448,618	705,557	10c	5	<u>63,</u>	<u> 792</u>
	11	Investments—publicly traded securities		Ĺ		11		_	
	12	Investments—other securities. See Part IV, line 11		Ĺ		12			
	13	Investments—program-related See Part IV, line 11		<u>L</u>		13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11		L		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	.)		798,706	16	7	<u>95,</u>	
	17	Accounts payable and accrued expenses		L	7,294	17		<u>8,</u>	<u> 260</u>
	18	Grants payable				18			
	19	Deferred revenue		Ĺ		19	<u> </u>		
	20	Tax-exempt bond liabilities				20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D)	Ļ		21	<u> </u>		
Ħ	22	Payables to current and former officers, directors, trustee	es, key						
lab		employees, highest compensated employees, and disqua	alıfied						
_		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				24			
	25	Other liabilities Complete Part X of Schedule D		1		25	ļ <u> </u>		
	26	Total liabilities. Add lines 17 through 25	 		7,294	26		8,	<u> 260</u>
ınces		Organizations that follow SFAS 117, check here ▶ 🗶	and						
Ĕ		complete lines 27 through 29, and lines 33 and 34.			701 410		_	^=	4 0 0
Ē	27	Unrestricted net assets		_	791,412	27		87,	132
	28	Temporarily restricted net assets				28	<u> </u>		
Fund Bala	29	Permanently restricted net assets	, m	<u> </u> -		29	 		
Ē		Organizations that do not follow SFAS 117, check here	e► ∐						
9	20	and complete lines 30 through 34.				•			
智	30	Capital stock or trust principal, or current funds	£.,	-		30	 		
88	31	Paid-in or capital surplus, or land, building, or equipment		<u> </u>		31			
Ę	32	Retained earnings, endowment, accumulated income, or	otner tuna:	s -	791,412	32 33	7	87,	1 22
Net Assets	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		-	798,706	34		95,	
	art X			<u></u>	130,100	34	<u> </u>	9 5,	<u>392</u>
	u14 /	i manolal otatements and iteporting						Yes	N-
1	Acc	counting method used to prepare the Form 990 🕱 Ca	ash 🗍	Accrual Oth	her			163	No
		re the organization's financial statements compiled or revi					2a	x	ĺ
		re the organization's financial statements audited by an in	-	•			2b		X
		Yes" to lines 2a or 2b, does the organization have a comm	•		for oversight of		25	\vdash	 -
		e audit, review, or compilation of its financial statements ar		•	•		2c	l	1
3		a result of a federal award, was the organization required		•				<u> </u>	$\overline{}$
		Single Audit Act and OMB Circular A-133?		,			3a	1	1
_ t		Yes," did the organization undergo the required audit or au	udits?				3b	<u> </u>	
								990	(2008)

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 28 BONNIE SLOAN 35-0719232 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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) 3 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. Part II 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 Preservation of certified historic structure Protection of natural habitat 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d 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 **\D**_ 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)(i) and section 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, 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 Assets included in Form 990, Part X

		LEGION POST			719232		Page 2
Pa	★ III Organizations Maintaining					sets (conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	the following that are a	significant use of its	s collection		
а	Public exhibition	d Loa	an or exchange progra	ms			
b	Scholarly research	e 📙 Oth	ner			_	
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain ho	ow they further the orga	anization's exempt p	urpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to	or receive donations of a to be maintained as part	ort, historical treasures, of the organization's c	or other similar		Yes	☐ No
Pa	rt IV Trust, Escrow and Custoo	lial Arrangements	. Complete if orga	anization answe	red "Yes" to	Form 990	,
	Part IV, line 9, or reported	an amount on For	m 990, Part X, line	e 21.			
1a	Is the organization an agent, trustee, custodi	ian or other intermedian	for contributions or of	ther assets not		_	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the follow	ving table [.]				
						Amou	nt
C	Beginning balance				1c		
d	Additions during the year				1d		
0	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21	?			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Comp	lete if organization	answered "Yes"	to Form 990, Pa	art IV, line 1	0.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years	back (e) Fo	ur years back
1a	Beginning of year balance						
b	Contributions						
C	Investment earnings or losses						
d	Grants or scholarships						
θ	Other expenditures for facilities					1	
	and programs						
f	Administrative expenses						·····
9	End of year balance	 		<u> </u>	<u> </u>	L	
2	Provide the estimated percentage of the year	r end balance held as					
а	Board designated or quasi-endowment	%					
b							
	Term endowment ▶ %						
3a	Are there endowment funds not in the posse	ssion of the organization	n that are held and adr	ninistered for the			
	organization by						Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations	- 15-4- d	No. 10. 10. 10.			3a(ii	
	If "Yes" to 3a(ii), are the related organizations					3b	
	Describe in Part XIV the intended uses of the			O Dort V line 1			
Fa	rt VI Investments—Land, Build						
	Description of investment	(a) Cost or other bas (investment)	is (b) Cost or ot basis (other	, , ,	epreciation	(d) Boo	k value
4-	Lond	(, (00 450
	Land			,450 ,749	291,756		<u>.09,450</u>
	Buildings			,872	12,257		83,993 57 615
	Leasehold improvements Equipment			7,339	144,605		57,615
	Other	<u> </u>		,,,,,,	, ous		12,734
	I. Add lines 1a-1e (Column (d) should equal F	Torm 990 Part X colum	n (B) line 10(c))	L			63,792
. va	a rigo inies Ta-Te (Column (d) should equal t	Jim Joo, I art A, Colum	(D), inic 10(c) /		<u> </u>		03,132

Schedule D (Form 990) 2008 AMERICAN LEGION POST	28	35-0719232	Page 3
Part VII Investments—Other Securities. See Form 9		=	
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)	(2, 222	Cost or end-of-year	
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 9		<u> </u>	
		(-) (-)	tual at a
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	ar market value
			· · · · · · · · · · · · · · · · · · ·
			· · -
			
	1		1
			
Total (Column (h) should agual Form 000 Part V and (P) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.	<u>l</u>		<u></u>
(a) Description			(h) Deek velve
(a) Description		*****	(b) Book value
			
			<u>.</u>
			
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line	25	·	
(a) Description of liability	(b) Amount	, , , , , , , , , , , , , , , , , , ,	
Federal income taxes	(0)	1	
r ederal income taxes	1	-	
		4	
		4	
		1	
		1	
]	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	.	1	
		raanization's liability for	
In Part XIV, provide the text of the footnote to the organization's financial s	tatements that reports the or	ganization's liability for	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 AMERICAN LEGION POST 28		35-071923	2	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial 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 Statemer	nts W	ith Revenue per Re	turn	
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	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
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	4a			
b	Other (Describe in Part XIV)	4b			
C	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 Stateme	ents \	With Expenses per F	Retur	n
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			
C	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
_	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	í i		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
_	Add lines 4a and 4b			4c	<u>-</u>
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) **T XIV Supplemental Information			5_	<u> </u>
	rt XIV Supplemental Information Detector this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9,	00.10	and 4. Dart IV. Junea 1h		
and 2	b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a	anu 40			
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Sched	iule D	(For	m 990) 2008	3 2	AM	ER.	IC	AN	L	EG	IO	N	PO	ST	2	8							35	5-0	71	.92	232	2					P	age	5
Par	iule D		Supp	lem	enta	al In	for	ma	tio	n (c	ontii	nuec	i)																							_
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN LEGION POST 28

BONNIE SLOAN

Grants and Other Assistance to Organizations, Governm

▶ Complete if the organ

OMB No 1545-0047

nents, and Individuals in the U.S.	2008	
nization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	Open to Public Inspection	
Employer identification number 355-071 9333		

						000	1/1/1		
- Tred	General Information on Grants and Assistance	Assistance							
	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?	ie amount of the g	rants or ass	istance, the grantees'	eligibility for the grant	s or assistance, and	70	Yes	£
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	itoring the use of	grant funds	in the United States					
Part	Grants and Other Assistance to Governments and Organizations In the United States. Complete if the organization answered "Yes" on Form 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	vernments an ecipient that re if additional s	d Organiceived means	izations in the Ur lore than \$5,000. needed	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,000 ace is needed	plete if the org no one recipie	anization ansv nt received mo	vered "Yes" on ore than \$5,000. Use	X
-	(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant sprant (b) Amount of non-cash (b) Wethod of valuation (box, FMV, appraisal, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									,
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Schedule I (Form 990) 2008

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

Page 2

Schedule I (Form 990) 2008 AMERICAN LEGION POST 28 35-0719232

Part III 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.

י מי מסמלם ויינים אינים ויינים ויינים מסמלים ויינים מסמלים ויינים מסמלים ויינים ויינים ויינים מסמלים ויינים					•
(a) Type of grant or assistance	(p) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Contribution	Ħ	950		Cash	
Contribution	1	100		Cash	
Contribution	1	50		Cash	
Contribution	-	2,550		Cash	•
Contribution	H	25		Cash	•
Contribution	H	50		Cash	
Contribution	+	400		Cash	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE I-1				L)	ć		OMB No 1545-0047
(Fоrm 990)		Continuation Sheet for Schedule I (Form 990)	eet tor Sched	iule i (rorm \$	(06)		2008
Department of the Treasury Internal Revenue Service		► Attach to Form Part II and	 Attach to Form 990 to list additional Information for Part II and Part III, Schedule I (Form 990). 	al Information for Form 990).			Open to Public inspection
	AMERICAN LEGION POST 28 BONNIE SLOAN	:				<u></u>	Employer identification number 35-0719232
Part I Continuati	Continuation of Grants and Other Assistance to Govern	to Governments	ments and Organizations in the U.S.	1	(Schedule I (Form 990)	, Part I	
	(a) Name and address of organization or government	(c) IRC Code section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
	1 1 1 1 1 1						
	1 1						
 Enter total number of Section 501(c)(3) at Enter total number of other organizations 	Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations	SL				A A	
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.					Schedule I-1 (Form 990) 2008

Schedule I-1 (Form 990) 2008 AMERICAN LEGION POST 28 Part II Continuation of Grants and Other Assistance to Individu	ION POST 28 er Assistance to Individ	35-0719232 Juals in the U.S. (Schedule I (.9232 dule I (Form 990), Part III.	()	. Page 2
ł I	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of on-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Contribution	1	200		Cash	
Contribution	1	250		Cash	Ę
Contribution	1	250		Cash	
Contribution	1	480		Cash	
Contribution	1	229		Cash	
Contribution	П	1,373		Cash	
Contribution	1	250		Cash	
Contribution	1	1,000		Cash	
Contribution	1	100		Cash	
Contribution	1	25		Cash	
Contribution	1	50		Cash	•
Contribution	П	100		Cash	
Contribution	1	200		Cash	
Contribution	H	100		Cash	
Contribution	T.	1,000		Cash	
Contribution	F	100		Cash	
Contribution	н	70		Cash	
Contribution	Ħ	1,000		Cash	
Contribution	1	250		Cash	
					Schedule I-1 (Form 990) 2008

Schedule 1-1 (Form 990) 2008 AMERICAN LEGION POST 28 Part II Continuation of Grants and Other Assistance to Individu	CON POST 28 er Assistance to Indivi	35-0719232 duals in the U.S. (Schedule I (I	35-0719232 als in the U.S. (Schedule I (Form 990), Part III.	()	. Page 2
I I	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Contribution		100		Cash	
Contribution	1	205		Cash	
Contribution	П	150		Cash	
Contribution	1	145		Cash	
Contribution	1	200		Cash	
Contribution	П	250		Cash	-
Contribution	н	300		Cash	
Contribution	Ŧ	100		Cash	
Contribution	T	1,028		Cash	
Contribution	1	125		Cash	
Contribution	1	100		Cash	•
Contribution	-1	125		Cash	
Contribution	П	50		Cash	
Contribution	П	1,300		Cash	
Contribution	1	50		Cash	
Contribution	1	10		Cash	
Contribution	1	950		Cash	
					Schedule I-1 (Form 990) 2008

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury

▶ 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.

2008
Open to Public Inspection

Internal Revenue Service
Name of the organization

AMERICAN LEGION POST 28 BONNIE SLOAN

Employer Identification number 35-0719232

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization has members that may elect one or more of the governing body.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Decisions of the governing body are subject to approval by the members.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Copies of the 990 are provided to the organization to review before it is filed. All questions are discussed with the CPA prior to filing the return.

4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

AMERICAN LEGION POST 28

OMB No 1545-0172

identifying number

35-0719232 BONNIE SLOAN Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 7 8 R Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 q Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 25,340 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 457 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (business/investment use (a) Classification of property year placed in (e) Convention (g) Depreciation deduction period only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental 27 5 yrs S/L MM property MM S/L 27 5 yrs ММ Nonresidential real 39 vrs. S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L MM 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 25,797 22 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

		- •						i	N1027 01/25/2010 4 54
. 00			Specia	al Ever	nts Schedule	•			
Form 99	90	For calendar year 2008, or	tax year beginr	ııng	7/01/08	_, and en	ding 6	/30/09	2008
		SION POST 28							lentification Number
BONNIE	SLOAN	** ***						35-071	.9232
Gross receipt	ts	(A) 3,675,960	(B)	0 _	(C)	0	Others	0	Total 3,675,960
Less contri	butions	0				0			0
Gross revenu	ie	3,675,960		<u> </u>		0			3,675,960
Less direct	expenses	3,299,435		0		0		0	3,299,435
Net income (I	loss)	376,525		<u> </u>		<u> </u>			376,525
Description	(A)	BINGO							
	(B)								
	(6)								
	(C)								
	Others	-							
					<u> </u>				
									
			<u>-</u>						
									
		-	<u>, </u>						

Application for Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

Automatic 3-Month Extension of Time. Only submit original (no copies need.).

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed 886

•	X

A corporation Part I only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and comple	(
	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex ome tax returns	tension o	of
one of the retu electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension or risk noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88 omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (see details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nong	8868 70, grou Part II) of	р
Type or print File by the	Name of Exempt Organization AMERICAN LEGION POST 28 BONNIE SLOAN		er identification number 719232
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions 1930 MCDONALD LANE		
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW ALBANY IN 47150		
Form 99 Form 99 Form 99 Form 99 The books Telephone If the orga If this is fo for the whole g	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A AMERICAN LEGION POST #28 No > 812-945-1944 FAX No > Initiation does not have an office or place of business in the United States, check this box	If this is	Form 4720 Form 5227 Form 6069 Form 8870
1 I reques until for the o	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 2/15/10, to file the exempt organization return for the organization named above. The extension ganization's return for calendar year or ax year beginning 7/01/08, and ending 6/30/09. Exercise than 12 months, check reason Initial return Final return Change in the calendar of the calendar year.		ting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, nonrefundable credits. See instructions	3a	\$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	- Ja	
	s made Include any prior year overpayment allowed as a credit	3b	\$
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
_ •	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		_
	See instructions are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	3c	\$
for payment in		9-EU	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.