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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492025000080

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

Number and street (or P O box, if mail is not delivered to street address) Room/suite
212 NORTH VERLINDEN AVENUE
ROOM/SUITE B

City or town, state or country, and ZIP + 4
LANSING, MI 48915

D Employer identification number
38-0297690

E Telephone number
(517) 267-8809

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [ ] Cash [x] Accrual
Other (specify) ▶

I Website: ▶ WWW MICHALAUX ORG

J Organization type (check only one)— [x] 501(c) (19) ◀(insert no) [ ] 4947(a)(1) or [ ] 527

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

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 610,733

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	89,369
	2	Program service revenue including government fees and contracts		2	194,019
	3	Membership dues and assessments		3	314,224
	4	Investment income		4	13,121
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ [ ]			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	610,733
Expenses	10	Grants and similar amounts paid (attach schedule)		10	66,201
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	103,475
	13	Professional fees and other payments to independent contractors		13	2,950
	14	Occupancy, rent, utilities, and maintenance		14	778
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)		16	382,641
	17	**Total expenses** (add lines 10 through 16) ▶		17	556,045
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	54,688
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	212,761
	20	Other changes in net assets or fund balances (attach explanation)		20	-13,172
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	254,277

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	398,093	22	424,788
23	Land and buildings	3,494	23	3,042
24	Other assets (describe ▶)	22,823	24	27,618
25	**Total assets**	424,410	25	455,448
26	**Total liabilities** (describe ▶)	211,649	26	201,171
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	212,761	27	254,277

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

What is the organization's primary exempt purpose?
TO ASSIST THE AMERICAN LEGION IN THE ACCOMPLISHMENTS OF ITS OBJECTIVES AND PURPOSES AND TO FULFILL THE PURPOSES OF THE AMERICAN LEGION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**		
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**		
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**		

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ DENISE CARTER Telephone no ▶ (517) 371-4720

Located at ▶ 212 N VERLINDEN LANSING, MI ZIP + 4 ▶ 48915

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization(s) a section 527 organization?	**49b**		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-01-25 — Date

DENISE CARTER TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ L SUSAN HAFNER	Date 2010-01-23	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCCARTNEY & COMPANY PC 2121 UNIVERSITY PARK DRIVE SUITE 1 OKEMOS, MI 48864			EIN ▶ Phone no ▶ (517) 347-5000

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

Additional Data

Software ID:
Software Version:
EIN: 38-0297690
Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)	
28 VETERANS' AFFAIRS - HOSPITAL AND REHABILITATION ACTIVITIES APPROXIMATELY 44,500 MEMBERS BENEFIT FROM THIS SERVICE (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 EDUCATION AND SCHOLARSHIPS - 35 PEOPLE BENEFIT FROM THIS SERVICE (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 MEMBER SERVICES - INCLUDING DEPARTMENT COMMUNICATION, FALL CONFERENCE, AND OTHER ACTIVITIES APPROXIMATELY 32,250 MEMBERS BENEFIT FROM THIS SERVICE (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
PUBLICATION OF AUXILIARE MAGAZINE APPROXIMATELY 32,250 MEMBERS BENEFIT FROM THIS PUBLICATION (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DENISE CARTER 607 N HAYFORD LANSING, MI 48912	SECRY/TREAS 45	35,256	5,905	
SUZANNE KNAPP 22625 ARCARDIA ST CLAIR SHORES, MI 48082	PRESIDENT 10	0		9,000
CARRIE BOWERMAN 795 N STEWART CHARLOTTE, MI 48813	HISTORIAN 2	0		
DEBORAH MESKILL 2036 MCDONALD MT PLEASANT, MI 48858	NATL EXEC 2	0		
JANICE KINTZ 1421 CAPITOL LINCOLN PARK, MI 48146	2ND VP 2	0		
JUDY LYNCH W3040 ROAD 23 STEPHENSON, MI 49887	1ST VP 2	0		
SUE HOUTTEKIER 114 S MONROE BLISSFIELD, MI 49228	CHAPLAIN 2	0		
BERNA REINEWALD 32028 MT VERNON ROCKWOOD, MI 48173	DISTR PRES 2	0		
LORETTA GESTWITE 9383 PARKHURST HWY ADDISON, MI 49220	DISTR PRES 2	0		
SANDRA VANDLEN 555 N STEWART ROAD CHARLOTTE, MI 48813	DISTR PRES 2	0		
JANETTE BROCKWAY 36555 60TH AVENUE PAW PAW, MI 49079	DISTR PRES 2	0		
GLORIA WILLIAMS 4600 CARRICK AVE SE KENTWOOD, MI 49508	DISTR PRES 2	0		
MAZIE WILLIAMS 1072 E MARENGO FLINT, MI 48505	DISTR PRES 2	0		
KATHY SPIEKERMAN 3490 LOOMIS UNIONVILLE, MI 48767	DISTR PRES 2	0		
BONNIE HOLT 598 PILGRIM DR E SAGINAW, MI 48638	DISTR PRES 2	0		
KATHY KAILUNAS 6837 E CARRIGAN DRIVE NEWAYGO, MI 49337	DISTR PRES 2	0		
ELAINE KEYSER 405 W DEAN BAY CITY, MI 48706	DISTR PRES 2	0		
JANICE HAFEMAN N13996 J-1 ROAD CARNEY, MI 49812	DISTR PRES 2	0		
CAROL SAUNDERS 8905 WORMER REDFORD, MI 48239	DISTR PRES 2	0		
ROSEMARY TRUSKOWSKI 43092 AVON CANTON, MI 48187	DISTR PRES 2	0		
JANICE ROLLIN 11260 LINDA KAY DR GOODRICH, MI 48438	DISTR PRES 2	0		
PEGGY CROZIER 1790 BC-E5 ROAD BOYNE CITY, MI 49712	DISTR PRES 2	0		
BETTY CLINE 5638 GRISWOLD SMITHS CREEK, MI 48074	PAST PRES 1	0		
BRENDA DEES 188 MIDDLE ROAD HIGHLAND, MI 48357	PAST PRES 1	0		
CATHERINE BOGART 131 CENTER CREST BLVD DAVENPORT, FL 33837	PAST PRES 1	0		
DONNA FUELLING 24646 MCDONALD DEARBORN HEIGHTS, MI 48125	PAST PRES 1	0		
DOROTHY STEWERT 1000 W CENTURY 342 BISMARCK, ND 58503	PAST PRES 1	0		
EDNA SCHUITEMA 2121 BURTON STREET ZEELAND, MI 49464	PAST PRES 1	0		
HELEN CURRIE 23981 JAMESTOWN COURT FARMINGTON, MI 48335	PAST PRES 1	0		
IMOGENE COWGILL 4285 ROBERTS WAY LAKE WORTH, FL 33463	PAST PRES 1	0		
IVY LEE REINHARDT 381 NEWTON LAKE ORION, MI 48362	PAST PRES 1	0		
JACKLYN SKINNER 339 TULIP DRIVE SCHOOLCRAFT, MI 49087	PAST PRES 1	0		
JANE SCHULTZ 3308 SOUTHWOOD DR FLINT, MI 48504	PAST PRES 1	0		
JUDY GREGORY 7475 WALSH ROAD DEXTER, MI 48130	PAST PRES 1	0		
KAY MISHLER 906 E STURGIS 8 ST JOHNS, MI 48879	PAST PRES 1	0		
LAURETTE RIDDLE 5285 E H AVENUE KALAMAZOO, MI 49048	PAST PRES 1	0		
MARGARET ROHRER 605 W PORTAGE AVE 17 SAULT STE MARIE, MI 49783	PAST PRES 1	0		
MARILYN POPP 165 OPDYKE 166 AUBURN HILLS, MI 48326	PAST PRES 1	0		
MARY GOLLER-KILTS 386 E MUSKEGON CEDAR SPRINGS, MI 49319	PAST PRES 1	0		
PATRICIA E LAINE 428 CHERRY CREEK ROAD MARQUETTE, MI 49855	PAST PRES 1	0		
PHYLLIS LORY 2497 NORWOOD TRENTON, MI 48183	PAST PRES 1	0		
PHYLLIS VAN HILL 22129 SAMUEL TAYLOR, MI 48180	PAST PRES 1	0		
PIC WEBSTER 6069 POINTVIEW COURT NEWAYGO, MI 49337	PAST PRES 1	0		
PRISCILLA KELSEY 8330 E JEFFERSON 601 DETROIT, MI 48214	PAST PRES 1	0		
RUTH GOTT 5671 W BEELER ROAD LAKE CITY, MI 49651	PAST PRES 1	0		
SANDRA KNAPP 130 CROCKER BLVD MT CLEMENS, MI 48043	PAST PRES 1	0		
NORMA WOJACK 81 W CLARKE AVENUE COLDWATER, MI 49036	PAST PRES 1	0		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492025000080

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
AMERICAN LEGION AUXILIARY DEPARTMENT OF MICHIGAN	INDIRECT DEPRECIATION	38-0297690

Part I **Election To Expense Certain Property Under Section 179**

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

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

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

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	778

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

Section A

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

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

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	778
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Compensation Explanation

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Person Name	Explanation
DENISE CARTER	
SUZANNE KNAPP	
CARRIE BOWERMAN	
DEBORAH MESKILL	
JANICE KINTZ	
JUDY LYNCH	

Person Name	Explanation
SUE HOUTTEKIER	
BERNA REINEWALD	
LORETTA GESTWITE	
SANDRA VANDLEN	
JANETTE BROCKWAY	
GLORIA WILLIAMS	

Person Name	Explanation
MAZIE WILLIAMS	
KATHY SPIEKERMAN	
BONNIE HOLT	
KATHY KAILUNAS	
ELAINE KEYSER	
JANICE HAFEMAN	

Person Name	Explanation
CAROL SAUNDERS	
ROSEMARY TRUSKOWSKI	
JANICE ROLLIN	
PEGGY CROZIER	
BETTY CLINE	
BRENDA DEES	

Person Name	Explanation
CATHERINE BOGART	
DONNA FUELLING	
DOROTHY STEWERT	
EDNA SCHUITEMA	
HELEN CURRIE	
IMOGENE COWGILL	

Person Name	Explanation
IVY LEE REINHARDT	
JACKLYN SKINNER	
JANE SCHULTZ	
JUDY GREGORY	
KAY MISHLER	
LAURETTE RIDDLE	

Person Name	Explanation
MARGARET ROHRER	
MARILYN POPP	
MARY GOLLERKILTS	
PATRICIA E LAINE	
PHYLLIS LORY	
PHYLLIS VAN HILL	

Person Name	Explanation
PIC WEBSTER	
PRISCILLA KELSEY	
RUTH GOTT	
SANDRA KNAPP	
NORMA WOJACK	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Grants and Similar Amounts Paid Schedule

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Item No.	1
Class of Activity	
Donee's Name	SCHOLARSHIPS
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	AMERICAN LEGION DEPT OF MICHIGAN
Donee's Address	212 N VERLINDEN AVENUE LANSING, MI 48915
Amount (FMV)	
Purpose of Payment to Affiliate	JOINT NEWSLETTER
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Other Assets Schedule

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	9,925	1,643
INVENTORIES FOR SALE OR USE	11,004	24,328
PREPAID EXPENSES AND DEFERRED CHARGES	1,894	1,647
	22,823	27,618

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Other Changes in Net Assets Schedule

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	-13,172

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Other Expenses Schedule

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Description	Amount
EXPENSES	
NATIONAL CONVENTION	16,587
OTHER CONF. AND CONVENTIONS	18,841
INTEREST	13
GIRLS STATE	119,175
POPPY FUND	74,418
DEPT. OFFICE EXPENSES	33,344
REHABILITATION HOSPITAL	58,262
PRES, SECRETARY & COMM. E	13,273
REHABILITATION COMMITTEE	8,112
CONTRIBUTIONS	7,609
NATIONAL REHABILITATION	4,525
UNIT SUPPLIES	8,237
UNIT BONDING	1,619
JR. PRESIDENT'S PROJECT	2,724
FUNDRAISER EXPENSES	1,140
DEPT. PRESIDENT'S PROJECT	9,433
MEMBERSHIP EXPENSES	1,056
AMORTIZATION	519
MISCELLANEOUS	3,754

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492025000080

TY 2008 Other Liabilities Schedule

Name: AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN

EIN: 38-0297690

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	110,753	102,538
GRANTS PAYABLE	500	
DEFERRED REVENUE	97,039	93,727
AGENCY FUNDS	248	25
CURRENT PORTION OF CAPITAL LEASE	522	
OTHER CURRENT LIABILITIES	2,587	4,881
	211,649	201,171