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POST272

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008
Open to Public Inspection

<u>A</u>	For the 2008 of	alendar year, or tax year beginning 8/01/08, and ending 7/31/	09		
В	Check if applicable	Please C Name of organization American Legion 272		D Empl	oyer identification number
\sqcup	Address change	use IRS Robert Hoke Post			
П	Name change	print or Doing Business As		23-	-2026144
\equiv	-	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number
님	Initial return	See 505 North Mountain Road		717	7-545-6721
Ш	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross rec	eipts 90,652
	Amended return	tions. Harrisburg PA 17112-2369			
\Box	Application pending	F Name and address of principal officer		H(a) is this	a group return for
ш	r ippiroduori porium	Carl Shuey		affilial	
		505 North Mountain Road		H(b) Are al	
		Harrisburg PA 17112		If "No	," attach a list (see instructions)
	Tax-exempt sta	us X 501(c) (19) ◄ (Insert no) 4947(a)(1) or 527		}	
J	Website: ▶	americanlegionpa272.org		H(c) Group	exemption number
ĸ	Type of organization	n Corporation Trust X Association Other ▶ L	Year of formation		M State of legal domicile PA
P	art I	ummary			
	1 Bnefly	lescribe the organization's mission or most significant activities.			
•	Vet	erans membership organization.	·	·	
Š		•	•		
Activities & Governance					
ŏ	2 Check	his box Fig. if the organization discontinued its operations or disposed of more the	an 25% of its asse	ets	•
<u>ن</u> مح	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	0
98	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		4	0
Ě		imber of employees (Part V, line 2a)		5	0
Cti		imber of volunteers (estimate if necessary)		6	9
٩		oss unrelated business revenue from Part VIII, line 12, column (C)		7a	
	b Net unr	elated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
Φ	8 Contrib	utions and grants (Part VIII, line 1h)		4,518	1,231
Revenue	9 Prograi	n service revenue (Part VIII, line 2g)		2,716	
ě	10 Investr	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,546	
Œ	11 Other n	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,443	
	12 Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,663	
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		3,128	
		paid to or for members (Part IX, column (A), line 4)	1:	9,797	22,938
S	15 Salarie	other compensation, employee benefits (Part IX, column (A), lines 5–10)			
xbeuses	16a Profess	ional fundraising fees (Part IX, column A) time (16)			
xpe	b Total fu	ndraising expenses (Part Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
ш	17 Other e	xpenses (Part IX, column (A), lines 11a-11d-11f-24f) penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,589	
	18 Total ex	penses. Add lines 13-17 must equal Part IX, column (A), jine 25)		6,514	37,052
	19 Revent	e less expenses Subtract line 18 from line 12		6,177	-100,002
Net Assets or Eind Balances	<u> </u>	L UGUEN, UT	Beginning of		End of Year
986	20 Total a	sets (Part X, line 16)		8,736	
e e	21 Total lia	bilities (Part X, line 26)		8,496	
		ets or fund balances Subtract line 21 from line 20	1,1/	0,240	1,070,239
	71	ignature Block			
Ę	=:	nder penalties of perjury, I declare that I have examined this return, including accompanying schedu of belief, it is trop, correct, and commete. Declaration of preparer (other than officer) is based on all	les and statements, a information of which i	and to the be preparer has	est of my knowledge s any knowledge
Sig				1 10	18/10
		A Cas (C) Shrung			<u> </u>
Hé		Signature of officer Carl Shuey Fina	nce Offic	Date	
•	ا ا		ince Office	SET	
	= /	Type or print name and title	· · ·		Preparer's identifying number
Pã	1레 '	eparer's Date	Check self-	IT	(see instructions)
	eparer's		27/10 employ	/ed ▶ L	P00050687
	•	m's name (or yours Sniegocki & Associates, PC		EIN	▶ 25-1822544
-5	C 0y	self-employed), P.O. Box 606		Phone	man
		dress, and ZIP+4 Palmyra, PA 17078		no 🏲	
		ss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No
DAA	For Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

	merican Legion			3-2026144		Page 2
	atement of Program Ser	vice Accomplishm	i <mark>ents (</mark> see instruc	ctions)		
	be the organization's mission: membership org	anization				
veterans	mempersuip ord	anization.	•			
	•		•	•	•	••
	•	• • •	•		•	
2 Did the organi	zation undertake any significar	nt program services duri	ng the year which were	e not listed on		
	990 or 990-EZ?	•				Yes X No
	nbe these new services on Sch		in how it conducts and			
3 Did the organiservices?	zation cease conducting, or ma	ake significant changes	in now it conducts, an	y program		Yes X No
	ribe these changes on Schedul	e O.				
4 Describe the e	exempt purpose achievements	for each of the organiza	tion's three largest pro	ogram services by exper	ises.	
)(3) and 501(c)(4) organization				ants and	
allocations to	others, the total expenses, and	revenue, if any, for eac	h program service rep	orted.		
4a (Code) (Expenses \$	31,042 including	g grante of \$	778) (Re	avonuo ¢	25,005
	de a social clu			members of	svenue p	25,005
	d forces.				•	٠
			·			
					••	
	•					•
	•				•	•
•					• •	
4b (Code:) (Expenses \$	including	g grants of \$) (Re	evenue \$	
•		,		, ()	•	,
						•
•	•		•			••
	•	•	•			
	•		•	• •	•	• • • •
		•				
			•			
4c (Code:) (Expenses \$	ıncludınd	g grants of \$) (Re	evenue \$	<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					. ,
-					-	
•						
•				•		
			•	•		
	•	• • •	•	• •	•••	
•						
	(5	4- 0)				
4d Other program (Expenses \$	services (Describe in Schedu) (Revenue \$,
	n service expenses > \$	cluding grants of \$ 31,042	(Must equal Part IX) (Revenue \$ Line 25, column (B).)		
Juli program)	<u> </u>	,aut oquai i ait iX,			Form 990 (2008)

<u> P</u>	art IV Checklist of Required Schedules		r	
	In the experimental decembed in particip 504/aV/aV as 4047/aV/4V as the control of the control o		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			.
_	complete Schedule A	1 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<u> </u>	_^
3	candidates for public office? If "Yes," complete Schedule C, Part I	١,		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
•	Schedule C, Part II	۱.		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	-	
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	-		\vdash
v	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,	1		1
•	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, 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	<u> </u>		-
	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	· · · · · · · · · · · · · · · · · · ·	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	18	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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		Х
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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time duning the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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	27		X

Form 990 (2008) American Legion 272

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
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
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	i
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		į.
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			ı
	VI	37	l	X
		Form	990	(2009)

Form 990 (2008)

Pa	Rt V Statements Regarding Other IRS Filings and Tax Compliance			· · · · · · · · · · · · · · · · · · ·			
				_	Y	98	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		^				
	U.S Information Returns. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	е	ـ ا		ı	x
2-	gaming (gambling) winnings to prize winners?	[]	••	<u> </u>		-	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and an within the year several by this return.	2a	0	į.			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113 :		20	+	\top	
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv					
-	this return?	,		3a	1	ľ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			. 3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin						
	account)?			4a			X
b	If "Yes," enter the name of the foreign country.		••	·	Т		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank					
	and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a			<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b	_	_	X
Ç	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?			<u> 5c</u>	_	4	••
	Did the organization solicit any contributions that were not tax deductible?			6a	-	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
-	gifts were not tax deductible?			6b	+	+	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than		į			
a	\$75?	triari		7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	+	\top	==
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				T	
	required to file Form 8282?			7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Т	\top	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ı				
	benefit contract?			7e	1.		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f	\bot		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	╄	4	<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			İ		
_	required?			. 7h	-		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	soring					
9	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			8	+	+	
а	Did the organization make any taxable distributions under section 4966?			9a	1	ı	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	•	. <u>9a</u>		+	
10	Section 501(c)(7) organizations. Enter	•	•		+	+	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1		
	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			128	4		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1_		

Form 990 (2008) American Legion 272 23-2026144 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No Yes 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. Enter the number of voting members of the governing body Ó Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship wth 2 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 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 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? 8b X 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 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies Yes No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? 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 Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a X 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **None** 17 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the 505 N Mountain Road

PA 17112

Harrisburg

organization > Carl Shuey

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

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

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

 | X | Check this box if the organization did not compensate any officer director trustee or key employee.

Check this box if the c	(B)			(6	C)			(D)	(E)	(F)
Name and Trtle	Average hours per week	ndividual trustee	Institutional trustee			a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bradley K La	uver									
Commander			<u> </u>	X	_			0	0	
Carl Shuey									_	
Sr Vice Comm Robert A Sax	 	<u> </u>	-	X	-	 	-	0	0	
Finance Off	ton			x				0	o	
Mike A Epoca		 - 	 	^			_		<u> </u>	
Adjutant				x				l o	o	
Richard J Fo	lsom								-	
Jr Vice Comm				X				0	0	
٠										
						ı				

P	art VII Section A	A. Officers, Directors, Tru	stee	s, Ke	y E	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)			
,	(A) · Name and title	(B) Average	-	_	chec	_	that a		1 Nopolable	(E) Reportable	1	(F) mated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	o compo froi organ and	ount of ther ensation m the nization related nizations	
			_	-									
	•												
											<u> </u>		
1b	Total							•					
2	Total number of indicorganization ▶ 0	viduals (including those in	1a) v	who r	ecei	ved	more	tha	an \$100,000 in reportable c	ompensation from the			
3	employee on line 1a	? If "Yes," complete Sched	lule J	J for	such	ınd	ıvıdu	al	yee, or highest compensat n and other compensation		3	Yes	No X
5	the organization and individual Did any person listed	related organizations great d on line 1a receive or acci	iter tl rue c	han (omp	\$150 ensa	,000 ation	? If '	Yes any	s," complete Schedule J for y unrelated organization for	such	4		х
Sec	ction B. Independent										5		X
1	Complete this table to compensation from t	he organization	nsat	ed ir	ndep	ende	ent c	ontra	actors that received more t			(C)	
		(A) Name and business address							Descript	(B) ion of services		(C) Compensa	ation
	·					-							
							-						
, 2	Total number of inde	pendent contractors (inclu	ding	thos	e in	1) w	ho re	ceiv	red more than \$100,000 in				
AA	compensation from t								-			ր ա 990	(2008)

Total revenue	Pa	ırt V					. — -	rages
Table					(A) Total revenue	(B) Related or	(C)	
The Redorated campaigns 1a						exempt	business	excluded from tax
Manufacturing of the common		······					revenue	
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F 990 (2000)			9c, 10c, and 11e	<u> </u>	-62,950	-64,181		

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).

				oto columnia (D), (O), and	<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		, =		
-	the U.S See Part IV. line 22	778	778		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the		•		
	U.S. See Part IV, lines 15 and 16				
	•	22,938	22,938		
4	Benefits paid to or for members Compensation of current officers, directors,	22,930	22,930	<u></u>	
5	trustees, and key employees			i	
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
	Pension plan contributions (include section 401(k)				
8	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				<u>. </u>
a	Management				
	Legal				
c	Accounting	1,025		1,025	
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses .	4,652		4,652	
14	Information technology .				
15	Royalties				
16	Occupancy	25.0	255		
17	Travel	357	357		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
	Conferences, conventions, and meetings			-	
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	3,817	3,817		
23	Insurance		3,017		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Legion Decoration	2,798	2,798		
b	Commanders Expenses	509	254	255	
С	Licenses & Permits	100	100		
đ	Bank Fees	78		78	
6		-			
f ar	All other expenses	37,052	31,042	6,010	
<u>25</u> 26	Joint Costs. Check here If following	31,032	31,042	0,010	
20	SOP 98-2. Complete this line only if the		ļ		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
				·	

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis b Less accumulated depreciation Complete Part VI of Schedule D 10b 395,695 1,881,305 10c 1,814, 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets		an /	Balance Sneet						
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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

	e of the organization		Employer identification number	
A	merican Legion 272			
R	obert Hoke Post		23-2026144	
Pa	Organizations Maintaining Donor Advised Furthe organization answered "Yes" to Form 990,		r Accounts. Complete if	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes	No
6	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 o	r donor advisor or other	<u>_</u>	
	impermissible private benefit?		Yes	No
Pa	art II Conservation Easements. Complete if the organization	anization answered "Yes" to Fo	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically	important land area	
	Protection of natural habitat	Preservation of certified histori	ic structure	
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified conservation of	contribution in the form of a conservation	on easement	
	on the last day of the tax year.			
			Held at the End of the	Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06	2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organi:	zation during	
	the taxable year			
4	Number of states where property subject to conservation easement is I	ocated >		
5	Does the organization have a written policy regarding the penodic mon	tonng, inspection, violations, and		
	enforcement of the conservation easements it holds?		Yes 📙	No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	· · ·		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e	easements during the year $ riangleright$ \$ $_$ $_$		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıi)?		∐ Yes	No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense statem	nent, and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	t describes	
_	the organization's accounting for conservation easements.			
Pa	organizations Maintaining Collections of Art,		r Similar Assets.	
	Complete if the organization answered "Yes" to	FOITH 990, FAILTY, life 6.		
1a	If the organization elected, as permitted under SFAS 116, not to report			
	art, historical treasures, or other similar assets held for public exhibition		e of public service,	
	provide, in Part XIV, the text of the footnote to its financial statements t	nat describes these items		
4.	If the accession to should be accessed as a constant of the co		akad a af a ak	
b	If the organization elected, as permitted under SFAS 116, to report in it			
	historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	oublic service,	
	provide the following amounts relating to these items:		.	
	(i) Revenues included in Form 990, Part VIII, line 1		[5	
_	(ii) Assets included in Form 990, Part X		· *	
2	If the organization received or held works of art, historical treasures, or		provide the	
	following amounts required to be reported under SFAS 116 relating to t	nese items	. .	
	Revenues included in Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		• \$	

Sche	dule D (Form 990) 2008 American	Legion 272		23-2	<u> 2026144</u>	Page 2
Pe	et III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Othe	er Similar Ass	
3	Using the organization's accession and othe items (check all that apply):					
а	Public exhibition	d \prod Loan o	or exchange progran	ne		
b	Scholarly research	e Other	a excitatige program			
c	Preservation for future generations	€ ☐ Ottlei		· -		_
4	Provide a description of the organization's or	ollections and explain how t	hey further the orga	nization's exempt	purpose in	
5	Part XIV During the year, did the organization solicit of	r receive donations of art, I	nistorical treasures,	or other similar		
	assets to be sold to raise funds rather than to				1 43 4 11 4	Yes No
Pa	Trust, Escrow and Custoo	_			ered "Yes" to	Form 990,
	Part IV, line 9, or reported					
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	r contributions or oth	ner assets not		
	included on Form 990, Part X?					∐ Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	ı table			
						Amount
С	Beginning balance				_1c	
d	Additions during the year				1d	
е	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	ert V Endowment Funds. Comp	lete if organization ar	nswered "Yes" t	o Form 990, F	Part IV, line 1	0.
		(a) Current year	(b) Prior year	(c) Two years back		
1a	Beginning of year balance		·			
	Contributions					
c	Investment earnings or losses					
	Grants or scholarships					
	Other expenditures for facilities					
Ū	and programs					
•	Administrative expenses				···	
	End of year balance					
_	•	r and halanaa hald aas				
2	Provide the estimated percentage of the year Board designated or quasi-endowment					
		%				
	Permanent endowment ▶ % Term endowment ▶ %					
	Are there endowment funds not in the posses	ann of the argenture the		involuted for the		
Ja	·	ssion of the organization th	at are neiu and adm	inistered for the		Yes No
	organization by: (i) unrelated organizations					
	• •			•		3a(i)
L	(ii) related organizations If "Yes" to 3a(II), are the related organizations	hatad as required as Cabi	eduto DO		-	3a(ii)
						3b
	Describe in Part XIV the intended uses of the int VI Investments—Land, Build			O Port V line	10	
га	Description of investment	(a) Cost or other basis	*			(d) Dealeratus
	Description of investment	(investment)	(b) Cost or oth basis (other)	''	Depreciation	(d) Book value
4	Lond	(, 350116111)		,463		A16 A63
	Land		1,542		254 104	416,463
	Buildings		1,542	, , , , , ,	254,104	1,288,627
	Leasehold improvements		250	,898	1/1 501	100 207
	Equipment . Other		230	, 0 3 0	141,591	109,307
	. Add lines 1a-1e (Column (d) should equal F	Form 990 Part Y column (6	1 Ine 10(c))	<u></u>		1,814,397
Juai	. r.co loo la lo (ocidiiii (a) bilodia equal i	July 200, Fait A, Widilli (I	-,, io (io(io))			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

Schedule D (Form 990) 2008 American Legion 272		23-2026144	Page :
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market va	lue
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			····
	·		
			
		<u> </u>	
T-1-1 (O-1 (h) -h 1-1			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	O Dort V line 42		
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuation	l
		Cost or end-of-year market va	
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) E	Book value
			
			
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		4	
· · · · · · · · · · · · · · · · · · ·			
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)		1	
In Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the or	ganization's liability for	
uncertain tax positions under FIN 48.	<u> </u>	<u> </u>	

Sche	dule D (Form 990) 2008 American Legion 272	23-202614	14	Page 4
Pa	st XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities	·	5	
6	Investment expenses	·	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4-8	·	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		_2e	
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		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	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	4	
	Prior year adjustments	2b		
	Losses reported on Form 990, Part IX, line 25	2c	4	
	Other (Describe in Part XIV)	2d	1 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	1	
b	Other (Describe in Part XIV)	4b	-	
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	<u> </u>
	rt XIV Supplemental Information			
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, and			
and 2	b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b.		
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Page 5	23-2026144	272	Legion	American	orm 990) 2008	Schedule D (F
	"		(continued)	American tal Information	Supplemen	Part XIV
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

American Legion 272

Employer identification number

Robert Hoke Post					23-20261	
Part I Fundraising Activities. Complete	if the organizat	tion a	nsw	ered "Yes" to Fo	rm 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds through	any of the followin	g activ	ities.	Check all that apply		
a Mail solicitations	e Solicitation	n of no	n-gov	remment grants		
b Email solicitations	f Solicitation	n of go	vernn	nent grants		
c Phone solicitations	g Special fui	ndraisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) pursu i. Form 990-EZ filer	ant to	agree not re	ments under which the quired to complete the	ne fundraiser is is table.	
(i) Name of individual or entity (fundraiser)	(II) Activity	custo	have dy or	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						:
		+				
	· · ·					
		-			-	
		 	-			
		ļ			<u> </u>	
		+-				
		ļ				
Total						
 List all states in which the organization is registered or registration or licensing. 	licensed to solicit f	unds c	or has	been notified it is exe	empt from	
• •					•	
• • • • • •			•			
	• •		•	•		
	•	-				
		••				•
•				•		
						- 1

P,	art I	Fundraising E more than \$15													porte	ed
		more aran pre		(a) Event	rades	_ _	(b) Eve	ent #2		(c) 0 Ione	ther Even	ts	(d	l) Total I Id col (a	a) throu	
Revenue	1 2	Gross receipts Less: Chantable contributions		(Orom syp	32,43	32	(oroni	,,,,,,		(1011)					32,	432
	3	Gross revenue (line 1 minus line 2)			32,43	32			_				1	;	32,	432
	4	Cash prizes							_				<u> </u>			
enses	5	Non-cash prizes							+							
Direct Expenses	6	Rent/facility costs							_ -							
Öİs	7	Other direct expenses			12,16	55								:	12,	165
P	8 9 art l	Direct expense summary Net income summary Co Gaming. Com	ombin	ne lines 3 and	8 ın column	(d)	red "Yes"	to Form 9	90 Pa	rt IV	line 10	or re	norted		12,: 20,:	165 ₎ 267
× '		than \$15,000 c					100 100	10 1 01111 0	JO, 1 C			, 01 10	porteu		,	
Revenue		į		(a) Bing	0		(b) Pull tab bingo/progres			(c) Ot	her gamın	g 		otal gan		
æ	1	Gross revenue											-			
ses	2	Cash prizes														
Direct Expenses	3	Non-cash prizes														
Direc	4	Rent/facility costs				+										
	5	Other direct expenses								,						
	6	Volunteer labor		Yes No	% 		Yes No	%		Yes No		% 				
	7	Direct expense summary	. Add	lines 2 throug	jh 5 in colun	nn (d)						•	<u> </u>)
	8	Net gaming income sumi	mary	Combine lines	s 1 and 7 in	column	(d)					>			 1	
9 a b	ls t	ter the state(s) in which the he organization licensed to No," Explain:	_	•			•							9a	Yes	No
l0a b		· ere any of the organization Yes," Explain:	's gan	 ming licenses i	revoked, su	 spended	or terminate	d during the	tax yea		•	-	٠	10a		
1 2	ls t	es the organization operat	benet	ficiary or truste			mber of a pa	rtnership or c	other en	tity		٠		11		
	топ	ned to administer chantab	ne gar	ming?				- · · · · · · · · · · · · · · · · · · ·	-		Sched	lule G (Form 99	12 0 or 99	90-EZ)	2008

Sche	dule G (Form 990 or 990-EZ) 2008 American Legion 272	23-202614	4	P	age 3
•				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility .	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶ .				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address				
	Name ▶				
	Address ► .				
16	Gaming manager information:				
	Name ▶ .				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
-	retain the state gaming license?		17a		
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2008

j

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	nrelated Partne	rships		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by or	organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.	ered "Yes" to Form 990 rructions.), Part IV, line 33, 34, 35	, 36, or 37.	Open to Public Inspection
Name of the organization	American Legion 272 Robert Hoke Post				Employer identific 23-2026144	Employer Identification number 23-2026144
Part Identific	Identification of Disregarded Entities					
z	(A) Name, address, and EIN of disregarded entity	(B) Pnmary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
:						
:						
:						
Part II Identific	Identification of Related Tax-Exempt Organizations					
,	(A) Name, address, and ElN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
American Legion Post 27 505 North Mountain Road	on Post 272 Home Associtain Road		ć	10,100		
narrisburg		Restaurant	84	2700		
:						
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			Sche	Schedule R (Form 990) 2008

• Page 2

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 American Legion 272

Page 3

23-2026144

Schedule R (Form 990) 2008 American Legion 272

Part VI

23-2026144

Page 4

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) (B) (C) Name, address, and EIN of entity Primary activity Legal domicile A	(B) Primary activity	(C) Legal domicile	(D) Are all partners	rtuers	(E) Share of	(F) Disproportionate	tonate	(G) Code V—UBI	Gen Gen	(H) General or
		(state or foreign country)	section 501(c)(3) organizations?	n (3) ions?	end-of-year assets	allocati	ons?	amount in box 20 of Schedule K-1 (Form 1065)	mar par	managing partner?
			Yes	No		Yes	ę		Yes	N _O
								Schedule R (Form 990) 2008	orm 99	0) 2008

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.

Attac

OMB No. 1545-0172

Attachment Sequence No 67

Name(s) shown on return

American Legion 272

Robert Hoke Post

Identifying number 23-2026144

	ness or activity to which this form relates ndirect Depreciat:	ion				•		
~~~	Election To Expension Note: If you have a	se Certain Pro			ı complete	Part I		
1	Maximum amount See the instruc				<u> </u>	- Care II	1	250,000
2	Total cost of section 179 property	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2	
3	Threshold cost of section 179 prog		= "	nstructions)			3	800,000
4	Reduction in limitation. Subtract lir	•	•	•			4	330,333
5	Dollar limitation for tax year Subtract lin		•		ee instructions		5	
<u> </u>	(a) Description	•		(b) Cost (business use	<del></del>	c) Elected cos		
6	(-,			(-,	· · · · · · · · · · · · · · · · · · ·	-,	•	
	-							
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179 p		ts in column (c) line	es 6 and 7	L		8	
9	Tentative deduction Enter the sm						9	
10	Carryover of disallowed deduction			•	٠		10	
11	Business income limitation. Enter	•		s than zero) or line	5 (see instriic	tions)	11	
12	Section 179 expense deduction A		•	-	0 (300 11131140	donsy	12	
13	Carryover of disallowed deduction	•			13		1 12	
	e: Do not use Part II or Part III below				1 10 1			<u> </u>
	·/····				t include l	isted prop	ertv.)	(See instructions.)
14	Special depreciation allowance for						<u> </u>	(000
•	during the tax year (see instruction		<b>,</b> , , , , , , , , , , , , , , , , , ,	p = 1,5,7 p . a = 0 a			14	
15	Property subject to section 168(f)(	•					15	
16	Other depreciation (including ACR	•					16	3,817
	art III MACRS Depreciat		ude listed prope	ertv.) (See instr	uctions.)			
		<b>,</b>	Section					
 17	MACRS deductions for assets place	ced in service in tax	years beginning be	fore 2008			17	0
18	If you are electing to group any assets p				ccounts, check	here $\blacktriangleright$		<b></b>
		Assets Placed in Se					/stem	·····
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ent use	(e) Conventi	on (f) Me	thod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property	]						
g	25-year property			25 yrs.		S/L		
h	Residential rental			27 5 yrs.	MM_	S/L		
	property			27 5 yrs.	ММ	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				ММ	S/L		
	Section C-As	sets Placed in Serv	rice During 2008 Ta	x Year Using the	Alternative De	preciation S	Systen	n
20a	Class life					S/L		
b	12-year			12 yrs		S/L		-
	40-year			40 yrs	MM	S/L		
		Am 4! \						-
Pa	art IV Summary (See ins	tructions.)						
	Listed property. Enter amount from						21	
21		n line 28	lines 19 and 20 in c	olumn (g), and line	21.		21	
21	Listed property. Enter amount from	n line 28 ines 14 through 17, l					21	3,817
21	Listed property. Enter amount from Total. Add amounts from line 12, I	n line 28 ines 14 through 17, l lines of your return.	Partnerships and S					3,817
Pa 21 22 23	Listed property. Enter amount from Total. Add amounts from line 12, I Enter here and on the appropriate	n line 28 ines 14 through 17, l lines of your return. ed in service during t	Partnerships and S he current year,					3,817

Form **4562** 

Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

ed Property)
Attachme

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

Attachment Sequence No. 67

OMB No 1545-0172

American Legion 272 Identifying number Name(s) shown on return 23-2026144 Robert Hoke Post Business or activity to which this form relates Facility Rental 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. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 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 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 62,510 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 210 17 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 (b) Month and (c) Basis for depreciation (d) Recovery year placed in (business/investment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property period only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property е 15-year property 20-year property 25 yrs. S/L 25-year property S/L Residential rental 27 5 yrs. MM property MM S/L 27 5 yrs. MM S/L Nonresidential real 39 yrs. property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. b 12-year S/L c 40-year 40 vrs. MM Summary (See instructions.) Part IV 371 Listed property. Enter amount from line 28 21

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

63,091

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Page	_

Americ	an Legion 272	23-2026144	
Form 4562 (2008	)		Page
Part V		ude automobiles, certain other vehicles, cellular telephones,	certain computers, and

F (	aj ( *	property use Note: For any vi 24a, 24b, colum	ehicle for which	inment, re	ecreation of the state	n, or	amus	ement.	.) eductina	lease e	-			ompati	=15, a11		
Sec	tion A—D	epreciation and C				instruc	tions for				mobil	es.)					
<u>24a</u>	Do you ha	Oo you have evidence to support the business/investment us			claimed?	aimed? X Yes No 24			24b	24b If "Yes," is the evidence with				?	X Yes	N	
	(a) of property t vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost of bas	other		(e) sis for dep siness/inv use on	vestment	(f) Recover period	, i	(g) lethod/ nventic		(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special	depreciation allow	ance for qualifie	d listed prop	erty plac	ed in se	ervice dı	uring the	tax					-			
	year and	used more than !	50% in a qualifie	d business	use (see	instruc	tions)					25			<u> </u>		
26		used more than 5	<del></del>		ıse				<del>,</del>								
1	.987 E	ord 10 Pa			4 05	.	4 055				. /-	.		254			
		9/08/06	100.00%		1,85	<del>'</del>	1	.,857	5.0	J S	/L-			371			
			۰,														
27	Property	used 50% or less	s in a qualified bi	ISINASS IISA						1						-	
<u> </u>	rioperty	used 50 % of less	in a qualified be	33111033 030		Т				1					1		
			%							S/L	<u>.</u> -						
															1		
			%						<u> </u>	S/L	-				]		
28	Add am	ounts in column (h	), lines 25 throug	gh 27. Enter	here and	on line	e 21, pa	ge 1			L	28		371			
29	Add am	ounts in column (i)	, line 26. Enter h	nere and on	line 7, pa	ge 1								29			
_					tion B—I												
If you	iplete this i provided v	section for vehicle ehicles to your emplo	es used by a sole byees, first answer	the questions	partner, on Section	or other C to see	r "more e if you m	than 5% eet an exc	owner," o	or relate completin	d pers	son. section for	those vehi	cles	···		
30				(		)	(b)			(c)		(d)	(	(e)		(f)	
	_	ne year (do not ind	clude commuting	)	Vehicle 1 Vehicle 2			Vehi	cle 3	V	ehicle 4	le 4 Vehicle 5		Vehicle 6			
	•	miles)						<del> </del>				<del></del>	<b>_</b>	-			
31	Total commuting miles driven during the year  Total other personal (noncommuting) miles driven							<del>  </del>						<del>  -</del>			
32 33		ier personai (nonc les driven during ti	٠,	s anven			+								<del> </del> -	<del></del>	
33		through 32	ne year Add														
34	Was the vehicle available for personal				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use during off-duty hours?										L						
35	Was the	vehicle used prim	arily by a					1									
	more tha	an 5% owner or re	lated person?				<u> </u>										
36	Is anoth	er vehicle available	e for personal us	se?			<u> </u>		l				<u>.  </u>		L		
			Section C—Qu							-							
		questions to deter	-	•		pleting	Section	n B for ve	ehicles us	ed by e	mploy	ees who	are				
not	more than	5% owners or rela	ated persons (se	e instruction	1S).									<del></del>	Yes	No	
37	Do you i	maintain a written j	nolicy statement	that probibl	te all nere	ennal II	so of vo	hicles in	cludina d	ommut	ına hı	, vour em	nlovees	,	res	No	
38	•	naintain a written		-					-			-					
-	-	instructions for ve	-	-							, ,						
39		reat all use of veh	•	•						•							
40	Do you ;	provide more than	five vehicles to	your employ	ees, obta	ın infor	mation	from you	r employ	ees abo	ut						
	the use	of the vehicles, an	d retain the infor	mation rece	ived?												
41	-	neet the requirem	_					-								ļ	
		your answer to 37		11 is "Yes," o	lo not cor	nplete	Section	B for the	covered	vehicle	s.					L	
P	art VI	Amortization	1	<u> </u>		T		<del></del>				(6	<u>,                                    </u>				
	(a) (b Date amo			rtization Amortizable			(d) Code section		Amorti: peno	Amortization		(f) Amortization for this year					
42	Amortiza	ation of costs that	beains during vo	ur 2008 tav	vear (see	. Instru	ctions)					<u> </u>					
7.	7 41101020	2011 01 00010 0101	- sgs during yo	tax	, 501 1000			•				Ι					
						$\perp$											
43	Amortiza	tion of costs that	began before yo	ur 2008 tax	year .								43			313	
44	Total. A	dd amounts in colu	umn (f). See the	instructions	for where	e to ^l rep	ort						44		;	313	

POST272 American Legion 272

23-2026144 FYE: 7/31/2009

# **Federal Statements**

**Taxable Interest on Investments** 

Description	A	mount	Unrelated Business Code	Exclusion Code	Postal Code
Metro Bank	\$	110			
Total	<u></u>	110			