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Form **990-EZ**

# 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 of donor advised funds 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**
Department of the Treasury  
Internal Revenue Service
**A** For the 2008 calendar year, or tax year beginning September 1, 2008, and ending August 31, 2009
**B** Check if applicable:

- ☐ 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 24 Harry B. Dorst

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
401 North Main

City or town, state or country, and ZIP + 4  
McPherson Kansas 67460
**D** Employer identification number

48 : 0518252

**E** Telephone number

(620) 241-0332

**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 ☐ Accrual  
Other (specify) ► Modified Cash
**I** Website: ►
**J** Organization type (check only one) — ☒ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ 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 ► \$ 454,011
**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	69,150
	2	Program service revenue including government fees and contracts	2	17,547
	3	Membership dues and assessments	3	10,522
	4	Investment income	4	339
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>69,150</u> of contributions reported on line 1)	6a	196,824
6b	Less: direct expenses other than fundraising expenses	6b	160,514	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,310	
7a	Gross sales of inventory, less returns and allowances	7a	153,770	
7b	Less: cost of goods sold	7b	117,157	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	36,613	
8	Other revenue (describe ► <u>Bulletin advertising, etc</u> )	8	5,859	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	176,340	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	27,275
	15	Printing, publications, postage, and shipping	15	3,994
	16	Other expenses (describe ► <u>Statement No. 1</u> )	16	115,499
17	<b>Total expenses.</b> Add lines 10 through 16.	17	146,768	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	29,572
	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	157,425
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20.	21	186,997

**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	73,571	86,957
23 Land and buildings	123,436	135,393
24 Other assets (describe ► <u>Statement No. 2</u> )	9,850	9,975
25 <b>Total assets</b>	206,857	232,325
26 <b>Total liabilities</b> (describe ► <u>Statement No. 2</u> )	49,432	45,328
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	157,425	186,997

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

Cat No 106421

Form 990-EZ (2008)

Form 8868 Attached

SCANNED FEB 24 2010

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

### Expenses

What is the organization's primary exempt purpose? See lines 28, 29, 30 and 31

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

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

28 Membership Newsletter Promoting Legion Programs Patriotism  
etc., with a circularization of approximately 900

(Grants \$ 0- ) If this amount includes foreign grants, check here ☐

28a 3994

29 ...Sponsorship of summer baseball program for approximately  
30 sixteen and seventeen year old boys

(Grants \$ 0 ) If this amount includes foreign grants, check here ☐

29a	16 994
-----	--------

30 Provide awards to youth for school accomplishments  
hospital equipment for the needy and sponsorship of  
boys state

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a	600
-----	-----

**31 Other program services (attach schedule)**

(Grants \$ 10 ) if this amount includes foreign grants, check here ☐

31a	51 288
-----	--------

**32 Total program service expenses (add lines 28a through 31a)**

32	72.876
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**Part IV.** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b> 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		<input checked="" type="checkbox"/>
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> -0-		
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ N/A		
<b>42a</b> The books are in care of ▶ Jim LaDuke Telephone no. ▶ (620) 241-0332 Located at ▶ 900 N. Main, McPherson, Kansas ZIP + 4 ▶ 67460		
<b>b</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)?		<input checked="" type="checkbox"/>
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.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>45</b> 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		<input checked="" type="checkbox"/>

Form 990-EZ (2008)

Form 990-EZ (2008)

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**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.

- 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 . . . . . 

	Yes	No
46		
47		
48		
49a		
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization(s) a section 527 organization? . . . . .
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is 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
NONE				
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 is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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.

**Sign Here** ▶ Jim LaDuke Date 1/26/2010  
 Signature of officer

**Paid Preparer's Use Only** ▶ Joseph E. Mines Date 1/26/2010 Check if self-employed ☐ Preparer's Identifying Number (See instructions) P01019334  
 Preparer's signature

Firm's name (or yours if self-employed), address and ZIP + 4 ▶ Joseph E. Mines, CPA EIN ▶  
926 N. Main, McPherson, KS 67460 Phone no ▶ (620) 241-5820

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

Form 990-EZ (2008)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

**Open To Public..  
Inspection:**

Name of the organization

American Legion 24 Harry B Dorst

Employer identification number

48:05/8252

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations      | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Email solicitations     | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations     | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.**

Schedule G (Form 990 or 990-EZ) 2008

Page **2****Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .				
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( )
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .	119,036	63,988	13,800	196,824
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .	99,578	38,554	12,855	150,987
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .	9,527			9,527
	<b>6</b> Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 160,514 )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				36,310

<b>9</b> Enter the state(s) in which the organization operates gaming activities: <u>Kansas</u>	Yes	No
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	✓
<b>b</b> If "No," Explain: . . . . .		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	✓
<b>b</b> If "Yes," Explain: . . . . .		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	11	✓
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	✓

Schedule G (Form 990 or 990-EZ) 2008

Page 3

**13** Indicate the percentage of gaming activity operated in:

- |  |            |       |
|--|------------|-------|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | 100 % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | %     |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Jim LaDuke

Address ▶ 900 North Main St, McPherson, KS 67460

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ Jim LaDuke

Gaming manager compensation ▶ \$ -0-

Description of services provided ▶ \_\_\_\_\_

☒ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .
- b** 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

[The next page is 1235-69.]



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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **1**
- 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 Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b> File by the due date for filing your return. See instructions.	<b>Name of Exempt Organization</b> <u>American Legion 24 Harry B. Dorst</u>	<b>Employer identification number</b> <u>48 0518252</u>
	<b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <u>401 North Main</u>	
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</b> <u>McPherson, Kansas 67460</u>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► Jim LaDuke

Telephone No. ► (620) 241-0332 FAX No. ► ( )

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)         . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until April 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20          or
- ☒ tax year beginning September 1, 20 08, and ending August 31, 20 09.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$ <u>NONE</u>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$ <u>        </u>
<b>c</b> Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$ <u>NONE</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

American Legion 24 Harry B Dorst  
Attachment to Form 990EZ  
For the Year Ended August 31, 2009

Statement Number 1

Other Expenses, Part 1, Line 16 -

	<u>Part III</u>	<u>Part I</u>		
	<u>Program</u> <u>Services</u>	<u>Other</u> <u>Expenses</u>	<u>Printing &amp;</u> <u>Publications</u>	<u>Occupancy, rent</u> <u>Utilities, etc.</u>
Utilities				16,604
Repairs and maintenance				4,903
Insurance				5,768
Postage	840		840	
Printing and publications	3,154		3,154	
Accounting fees		855		
Supplies		7,450		
Telephone		2,020		
Interest		3,692		
Depreciation		14,695		
Licenses		603		
Advertising		1,325		
U.S. flags & emblems	2,207	2,207		
Chamber of Commerce		-		
McPherson County Council		360		
State memberships		10,195		
Miscellaneous		4,400		
School awards	400	400		
Toys for Kids	15,362	15,362		
Computer expenses		1,022		
POW memorial	15,543	15,543		
Boy's State	200	200		
Van expenses, miscellaneous	-	-		
Veterans & Memorial Day	493	493		
Dollar Night	17,683	17,683		
Youth baseball	16,994	16,994		
	<u>72,876</u>	<u>115,499</u>	<u>3,994</u>	<u>27,275</u>

American Legion 24 Harry B Dorst  
Attachment to Form 990  
For the Year Ended August 31, 2009

Statement Number 2

Other program services, Part III, Line 31a-

Veteran and Memorial Day activities	493
U.S. flag and emblem displays	2,207
Dollar Night	17,683
Toys for Kids	15,362
American Legion Rider	15,543
	<u>51,288</u>

Other assets, Part II, Line 24

	<u>Beginning of Year</u>	<u>End of Year</u>
Inventory	6,050	6,175
Bank of America Stock	3,800	3,800
	<u>9,850</u>	<u>9,975</u>

Land, Buildings and equipment, Part II, Line 23-

	<u>Cost or Other Basis</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	31,205	-0-	31,205
Building	63,900	54,315	9,585
Building improvements and equipment	282,610	188,007	94,603
Vehicle	-0-	-0-	-0-
	<u>377,715</u>	<u>242,322</u>	<u>135,393</u>

Liabilities - Part II, Line 26 -

	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts payable	2,791	2,647
Installment note with Peoples Bank and Trust Company, McPherson, Kansas	46,641	42,681
	<u>49,432</u>	<u>45,328</u>