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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 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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning , and ending**

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 SINEPUXENT POST 166

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

~~2308 PHILADELPHIA AVE~~ P.O. Box 63

City or town, state or country, and ZIP + 4

OCEAN CITY MD 21842

D **Employer identification number**

52-0574803

E Telephone number

410-289-3166

F Group Exemption Number ▶ 0925

- **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) ▶

I **Website:** ▶ www.alpost166.org

J **Tax-exempt status** (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 337,337

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 8,047
	2	Program service revenue including government fees and contracts			2 55,692
	3	Membership dues and assessments	See Statement 1		3 22,086
	4	Investment income			4 3,268
	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)			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 29,633		
	b	Less direct expenses other than fundraising expenses	6b 1,828		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c 27,805
	7a	Gross sales of inventory, less returns and allowances	7a 155,717		
	b	Less cost of goods sold	7b 119,169		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 36,548
	8	Other revenue (describe ▶ See Statement 2)			8 62,894
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9 216,340
Expenses	10	Grants and similar amounts paid (attach schedule)	Stmt 3		10 25,508
	11	Benefits paid to or for members			11
	12	Salaries, other compensation, and employee benefits			12 101,206
	13	Professional fees and other payments to independent contractors			13 5,250
	14	Occupancy, rent, utilities, and maintenance			14 86,004
	15	Printing, publications, postage, and shipping			15 6,230
	16	Other expenses (describe ▶ See Statement 4)			16 48,937
	17	**Total expenses.** Add lines 10 through 16 ▶			17 273,135
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 -56,795
	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)			19 224,521
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21 167,726

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	189,013	22	140,940
23 Land and buildings	11,082	23	10,869
24 Other assets (describe ▶ See Statement 5)	30,204	24	23,649
25 **Total assets**	230,299	25	175,458
26 **Total liabilities** (describe ▶ See Statement 6)	5,778	26	7,732
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	224,521	27	167,726

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

ASSIST WAR VETERANS

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

28 ASSIST WAR VETERANS, SUPPORT YOUTH ACTIVITIES AND 501(c)(3) CHARITIES, AND SOCIAL ACITIVITIES FOR POST MEMBERS

(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
WILLIAM WOLF	OCEAN PINES	COMMANDER			
65 FALCONBRIDGE RD	MD 21811	15.00	0	0	0
GEORGE SPICER	OCEAN CITY	VICE COMMANDER			
8805 CARIBBEAN DR	MD 21842	5.00	0	0	0
JOHN GRANITE	OCEAN CITY	VICE COMMANDER			
10050 GOLF COURSE RD	MD 21842	20.00	0	0	0
FRANK HOOVER	OCEAN CITY	VICE COMMANDER			
804 EDGEWATER AVE	MD 21842	5.00	0	0	0
ROBERT FAULKNER	OCEAN CITY	JUDGE ADVOCATE			
13609 BARGE RD	MD 21842	2.00	0	0	0
SARGE GARLITZ	OCEAN CITY	ADJUTANT			
PO BOX 1287	MD 21843	30.00	0	0	0
STEVEN BARBOUR	OCEAN PINES	SERVICE OFFICER			
90 CHATHAM CT	MD 21811	15.00	0	0	0
JOSEPH SALAFIA	OCEAN PINES	TREASURER			
406 OCEAN PARKWAY	MD 21811	15.00	0	0	0
ERIC NILSSON	OCEAN PINES	HISTORIAN			
163 SEAFARER LN	MD 21811	20.00	0	0	0
WARREN DISBROW	OCEAN CITY	CHAPLAIN			
169 JAMESTOWN RD, UNIT 106	MD 21842	8.00	0	0	0
GLEN REELY	BERLIN	SGT-AT-ARMS			
2 EVERGREEN CT	MD 21811	5.00	0	0	0
CHARLES RUMMEL	OCEAN CITY	EX. COMM.			
106 CHANNEL BUOY RD	MD 21842	8.00	0	0	0
ELMER MUTH	BERLIN	EX. COMM.			
6 WATERS EDGE CT	MD 21811	5.00	0	0	0
NATE PEARSON	BERLIN	EX. COMM.			
2 GRAND PORT RD	MD 21811	12.00	0	0	0

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

			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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ NANCY MILLER Telephone no ▶ 410-289-3166

Located at ▶ 2308 PHILADELPHIA AVE OCEAN CITY, MD ZIP + 4 ▶ 21842

			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		X
	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		X
	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		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a section 527 organization?	49b		

50 Complete this table for the organization's 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				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over $100,000 ▶

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

Joseph A Salafia — Signature of officer — Date 03-23-10

JOSEPH A. SALAFIA — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's Identifying Number (See instr.)
	3/9/10		P00868902

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Howard Wimbrow, CPA, 35288 Honeysuckle Rd, Frankford, DE 19945-4518

EIN ▶ 26-3654310

Phone no ▶ 302-539-0829

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

AMERICAN LEGION SINEPUXENT POST 166

Employer identification number

52-0574803

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

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 SPRINGFEST (event type)	(b) Event #2 APPLE-PUMPKIN F (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	11,224	6,276		17,500
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	11,224	6,276		17,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	( )
	11 Net income summary Combine line 3, column (d), and line 10			▶	17,500

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities	MD		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	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		X

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a 100.00 %		
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 ▶ NANCY MILLER 2308 PHILADELPHIA AVE Address ▶ OCEAN CITY MD 21842			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
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 of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $			
	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?	17a		X
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 ▶ $			

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: AMERICAN LEGION SINEPUXENT POST 166

Identifying number: 52-0574803

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	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	

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

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 2008 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 2010 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 instr.)

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	6,247

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 2009	17	0
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 2009 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		615	7.0	HY	200DB	88
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 2009 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 instructions	22	6,335
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	

There are no amounts for Page 2

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	$ 22,086
Total	$ 22,086

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
RENTAL INCOME	$ 61,069
REFUNDS & OTHER	1,747
ATM COMMISSIONS	78
Total	$ 62,894

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
SEE ATTACHED				25,508				
Total				25,508				

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
DUES TO MD AMER LEGION	16,533
FLOWERS & GIFTS	118
INSURANCE	15,771
OFFICE EXPENSES	5,368
COLOR GUARD	1,208
MEMBERSHIP FUNCTIONS	9,939
Total	$ 48,937

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
FURNITURE & EQUIPMENT	$ 34,381	$ 34,996
Less Accumulated Depreciation	7,825	13,947
PARTNERSHIP INTEREST WITH 501(c)(3)s	3,648	2,600
	30,204	23,649

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 5,778	$ 7,732
	5,778	7,732

American Legion Post 166
Transaction Detail By Account
January through December 2009

Date	Name	Debit
620 · Donations to community		
1/3/2009	Home Depot	50 00
1/5/2009	John Granite	300 00
1/9/2009	Lions Club of OC	2,500 00
1/9/2009	Boy Scout Troop 261	500 00
1/9/2009	Cub Pack Troop 261	500 00
1/30/2009	Rita Langer	150 00
2/20/2009	Caitlin Chapman	350 00
2/27/2009	VOID	
2/28/2009	Art League of Ocean City	250 00
2/28/2009	Worcester County Commission on Aging	40 50
3/17/2009	VA Maryland Health Care System	1,000 00
3/28/2009	VOID	0 00
3/31/2009	Diakonia, Inc	318 00
3/31/2009	VA Maryland Health Care System	318 00
4/10/2009	Super Fresh	750 00
5/4/2009	Leukemia & Lymphoma Society of America	50 00
5/29/2009	Marine Corps League	100 00
5/29/2009	Ocean City Recreation and Parks	300 00
5/29/2009	VA Maryland Health Care System	610 00
5/31/2009	VA Maryland Health Care System	674 00
5/31/2009	Warren Disbrow	0 00
5/31/2009	Rolico, Inc	274 00
6/30/2009	Rolico, Inc	62 50
6/30/2009	Believe in Tomorrow Children's Foundation	358 75
6/30/2009	Heroes to Hometowns	400 00
7/24/2009	Towson University	2,000 00
7/24/2009	Salisbury State University	2,000 00
7/24/2009	Wor-Wic Community College	1,000 00
7/31/2009	Al Harmon College Scholarship Fund	250 00
7/31/2009	Worcester County Veterans Memorial	100 00
7/31/2009	Ocean City Recreation and Parks	300 00
7/31/2009	Ocean City Paramedics Foundation	250 00
7/31/2009	OCVFD	250 00
7/31/2009	The Salvation Army	350 00
7/31/2009	Gulf War Memorial	100 00
7/31/2009	VA Maryland Health Care System	570 00
7/31/2009	Maryland Therapeutic Riding	100 00
8/31/2009	Pocomoke VA Medical Center	500 00
8/31/2009	Perry Point VA Medical Center	500 00
8/31/2009	Heroes to Hometowns	500 00
8/31/2009	Worcester County Cricket Center	244 00
8/31/2009	American Legion Oratorical Program	100 00
9/28/2009	1st State Detachment MCL	100 00
9/30/2009	Al Harmon College Scholarship Fund	300 00
9/30/2009	The Cricket Center Inc	500 00
9/30/2009	Cambridge Clinic Veterans Administration	500 00
9/30/2009	Pocomoke VA Medical Center	500 00
9/30/2009	American Red Cross	413 50
10/31/2009	Heroes to Hometowns	500 00
10/31/2009	Eagle Chapter's Proud Warrior	277 00
10/31/2009	Worcester County Veterans Memorial	500 00
11/30/2009	Ocean City Recreation and Parks	300 00
11/30/2009	VA Maryland Health Care System	400 00
11/30/2009	Perry Point VA Medical Center	500 00
11/30/2009	ALA Dept of MD Inc	100 00
12/14/2009	VA Maryland Health Care System	200 00
12/31/2009	Four Steps Therapuetic Riding Program	400 00
12/31/2009	Town Of Ocean City	300 00
12/31/2009	Boy Scout Troop 261	150 00
12/31/2009	Boy Scout Troop 261	150 00
12/31/2009	Cub Pack Troop 261	150 00
12/31/2009		298 00
Total 620 Donations to community		25,508 25
TOTAL		**25,508.25**