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ENVELOPE: APR 08 2010  
POSTMARK DATE

Form **990-EZ**

# 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**

Department of the Treasury  
Internal Revenue Service

|                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                               |                                             |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------|
| <b>A</b> For the 2009 calendar year, or tax year beginning , and ending                                                                                                                                                                                                                       |                                                                   | <b>C</b> Name of organization<br><b>American Legion Post #103, State of Colorado</b>                          |                                             | <b>D</b> Employer identification number<br><b>74-2572934</b> |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>P.O. Box 281</b> |                                             | <b>E</b> Telephone number<br><b>(303) 771-8632</b>           |
|                                                                                                                                                                                                                                                                                               |                                                                   | City, town, or country State ZIP + 4<br><b>Littleton COLORADO 80160</b>                                       | <b>F</b> Group Exemption Number <b>0925</b> |                                                              |

**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) ▶

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

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one)— ☒ 501(c) ( 19 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**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 ▶ \$ **308,421**

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

|                                                                                                            |                                                                                                                                                                          |                |                |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Revenue                                                                                                    | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .                                                                                            | <b>1</b>       | <b>3,575</b>   |
|                                                                                                            | <b>2</b> Program service revenue including government fees and contracts . . . . .                                                                                       | <b>2</b>       | <b>8,975</b>   |
|                                                                                                            | <b>3</b> Membership dues and assessments . . . . .                                                                                                                       | <b>3</b>       | <b>14,330</b>  |
|                                                                                                            | <b>4</b> Investment income . . . . .                                                                                                                                     | <b>4</b>       | <b>1,771</b>   |
|                                                                                                            | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .                                                                                                | <b>5a</b>      | <b>0</b>       |
|                                                                                                            | <b>b</b> Less: cost or other basis and sales expenses . . . . .                                                                                                          | <b>5b</b>      | <b>0</b>       |
|                                                                                                            | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                               | <b>5c</b>      | <b>0</b>       |
|                                                                                                            | <b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/> . . . . . |                |                |
|                                                                                                            | <b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1) . . . . .                                                                         | <b>6a</b>      | <b>279,190</b> |
| <b>b</b> Less: direct expenses other than fundraising expenses . . . . .                                   | <b>6b</b>                                                                                                                                                                | <b>232,482</b> |                |
| <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . | <b>6c</b>                                                                                                                                                                | <b>46,708</b>  |                |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .                                  | <b>7a</b>                                                                                                                                                                |                |                |
| <b>b</b> Less: cost of goods sold . . . . .                                                                | <b>7b</b>                                                                                                                                                                |                |                |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .          | <b>7c</b>                                                                                                                                                                | <b>0</b>       |                |
| <b>8</b> Other revenue (describe ▶ <b>Recycling</b> ) . . . . .                                            | <b>8</b>                                                                                                                                                                 | <b>580</b>     |                |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                           | <b>9</b>                                                                                                                                                                 | <b>75,939</b>  |                |
| Expenses                                                                                                   | <b>10</b> Grants and similar amounts paid (attach schedule) . . . . .                                                                                                    | <b>10</b>      | <b>8,980</b>   |
|                                                                                                            | <b>11</b> Benefits paid to or for members . . . . .                                                                                                                      | <b>11</b>      | <b>0</b>       |
|                                                                                                            | <b>12</b> Salaries, other compensation, and employee benefits . . . . .                                                                                                  | <b>12</b>      | <b>0</b>       |
|                                                                                                            | <b>13</b> Professional fees and other payments to independent contractors . . . . .                                                                                      | <b>13</b>      | <b>0</b>       |
|                                                                                                            | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .                                                                                                          | <b>14</b>      | <b>0</b>       |
|                                                                                                            | <b>15</b> Printing, publications, postage, and shipping . . . . .                                                                                                        | <b>15</b>      | <b>1,826</b>   |
|                                                                                                            | <b>16</b> Other expenses (describe ▶ <b>See Attached Statement</b> ) . . . . .                                                                                           | <b>16</b>      | <b>31,033</b>  |
|                                                                                                            | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                       | <b>17</b>      | <b>41,839</b>  |
| Net Assets                                                                                                 | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                      | <b>18</b>      | <b>34,100</b>  |
|                                                                                                            | <b>19</b> 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) . . . . .     | <b>19</b>      | <b>91,528</b>  |
|                                                                                                            | <b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .                                                                                    | <b>20</b>      | <b>0</b>       |
|                                                                                                            | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                              | <b>21</b>      | <b>125,628</b> |

**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 |
|--------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .                                                     |  | <b>90,232</b>         | <b>125,628</b>  |
| <b>23</b> Land and buildings . . . . .                                                                 |  | <b>0</b>              | <b>0</b>        |
| <b>24</b> Other assets (describe ▶ <b>Pre-Paid Expense</b> ) . . . . .                                 |  | <b>1,296</b>          | <b>0</b>        |
| <b>25</b> <b>Total assets</b> . . . . .                                                                |  | <b>91,528</b>         | <b>125,628</b>  |
| <b>26</b> <b>Total liabilities</b> (describe ▶ ) . . . . .                                             |  | <b>0</b>              | <b>0</b>        |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . |  | <b>91,528</b>         | <b>125,628</b>  |

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

Form **990-EZ** (2009)

(HTA)

NE 25

## Expenses

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

|    |                                                                                                                         |     |        |
|----|-------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 28 | Service Office                                                                                                          |     |        |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                    | 28a | 8,981  |
| 29 | All Veterans Honor Guard provides Graveside Services for Deceased Veterans                                              |     |        |
|    | (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                  | 29a | 1,290  |
| 30 | Programs for Youth, the Elderly, and needy Veteran's Families: Legion Baseball, Boys State, Meals on Wheels, Family Aid |     |        |
|    | (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                  | 30a | 8300   |
| 31 | Other program services (attach schedule)                                                                                |     |        |
|    | (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                  | 31a | 3,370  |
| 32 | Total program service expenses. (add lines 28a through 31a) . . . . . ►                                                 | 32  | 13,641 |

[illegible]

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

|                                                                                                                                                                                                                                                                                                                                                                                                              | 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.                                                                                                                                                                                                                                                          |            | X  |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.                                                                                                                                                                                                                                                                                  |            | X  |
| <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 why the organization did not report the income on Form 990-T                                                                                                                                                  |            |    |
| <b>a</b> 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?                                                                                                                                                                                                                                    | X          |    |
| <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                    | X          |    |
| <b>36</b> 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.                                                                                                                                                                                                                 |            | X  |
| <b>37 a</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?                                                                                                                                                                                                                                                                                                                                              |            | X  |
| <b>38 a</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 outstanding at the end of the period covered by this return?                                                                                                                                                                       |            | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0                                                                                                                                                                                                                                                                                                            |            |    |
| <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>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>                                                                                                                                                                                |            |    |
| <b>b</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. | <b>40b</b> |    |
| <b>c</b> 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. <input type="text"/>                                                                                                                                                                                               |            |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>                                                                                                                                                                                                                                                                 |            |    |
| <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.                                                                                                                                                                                                                                           | <b>40e</b> | X  |
| <b>41</b> List the states with which a copy of this return is filed. <input checked="" type="checkbox"/> COLORADO                                                                                                                                                                                                                                                                                            |            |    |
| <b>42 a</b> The organization's books are in care of <input checked="" type="checkbox"/> Harry Giglio Telephone no. <input checked="" type="checkbox"/> (303) 771-8632                                                                                                                                                                                                                                        |            |    |
| Located at <input checked="" type="checkbox"/> 7815 S Kearny Ct City Centennial ST CO ZIP + 4 <input checked="" type="checkbox"/> 80112-2443                                                                                                                                                                                                                                                                 |            |    |
| <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)?                                                                                                                                                            | <b>42b</b> | X  |
| If "Yes," enter the name of the foreign country: <input type="text"/>                                                                                                                                                                                                                                                                                                                                        |            |    |
| 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.?                                                                                                                                                                                                                                                                                                  | <b>42c</b> | X  |
| If "Yes," enter the name of the foreign country: <input type="text"/>                                                                                                                                                                                                                                                                                                                                        |            |    |
| <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 <input checked="" type="checkbox"/> <b>43</b> N/A                                                                                                                                   |            |    |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                | <b>44</b>  | X  |
| <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.                                                                                                                                                                                                                         | <b>45</b>  | 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.

- 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**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48**
- 49 a** 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"

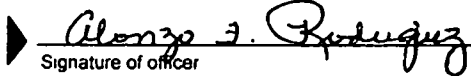
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| Name <u>None</u> Str _____                                     | Title _____                                              |                  |                                                                     |                                          |
| City _____ ST _____ ZIP _____                                  | Hr/WK _____ 00                                           | 0                | 0                                                                   | 0                                        |
| Name _____ Str _____                                           | Title _____                                              |                  |                                                                     |                                          |
| City _____ ST _____ ZIP _____                                  | Hr/WK _____ 00                                           | 0                | 0                                                                   | 0                                        |
| Name _____ Str _____                                           | Title _____                                              |                  |                                                                     |                                          |
| City _____ ST _____ ZIP _____                                  | Hr/WK _____ 00                                           | 0                | 0                                                                   | 0                                        |
| Name _____ Str _____                                           | Title _____                                              |                  |                                                                     |                                          |
| City _____ ST _____ ZIP _____                                  | Hr/WK _____ 00                                           | 0                | 0                                                                   | 0                                        |
| Name _____ Str _____                                           | Title _____                                              |                  |                                                                     |                                          |
| City _____ ST _____ ZIP _____                                  | Hr/WK _____ 00                                           | 0                | 0                                                                   | 0                                        |

**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 |
|------------------------------------------------------------------------------|---------------------|------------------|
| Name <u>None</u> Str _____                                                   |                     |                  |
| City _____ ST _____ ZIP _____                                                |                     |                  |
| Name _____ Str _____                                                         |                     |                  |
| City _____ ST _____ ZIP _____                                                |                     |                  |
| Name _____ Str _____                                                         |                     |                  |
| City _____ ST _____ ZIP _____                                                |                     |                  |
| Name _____ Str _____                                                         |                     |                  |
| City _____ ST _____ ZIP _____                                                |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

|                                 |                                                                                                                                                                                                                                                                                                                       |                      |                           |                                                  |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|--------------------------------------------------|
| <b>Sign Here</b>                | 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. |                      |                           |                                                  |
|                                 | <br>Signature of officer                                                                                                                                                                                                           |                      | Date <u>April 7, 2010</u> |                                                  |
| <b>Paid Preparer's Use Only</b> | Commander<br>Type or print name and title                                                                                                                                                                                                                                                                             |                      |                           |                                                  |
|                                 | Preparer's signature                                                                                                                                                                                                                                                                                                  | SELF-PREPARED RETURN | Date                      | Check if self-employed <input type="checkbox"/>  |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         |                      | EIN                       | Preparer's identifying number (See instructions) |
|                                 |                                                                                                                                                                                                                                                                                                                       |                      | Phone no                  |                                                  |

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

Department of the Treasury  
Internal Revenue Service

**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.**

2009

**Open To Public Inspection**

**American Legion Post #103, State of Colorado**

74-2572934

**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<br>or entity (fundraiser) | (II) Activity | (III) Did fundraiser have<br>custody or control of<br>contributions? |    | (IV) Gross receipts<br>from activity | (V) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (I) | (VI) Amount paid to<br>(or retained by)<br>organization |
|--------------------------------------------------|---------------|----------------------------------------------------------------------|----|--------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
|                                                  |               | Yes                                                                  | No |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
|                                                  |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| Total .....                                      |               |                                                                      |    |                                      | 0                                                                         | 0                                                       |

- 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 | (b) Event #2 | (c) Other events | (d) Total events              |
|-----------------|--------------------------------------------------------------------------|--------------|--------------|------------------|-------------------------------|
|                 |                                                                          | (event type) | (event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1 Gross receipts . . . . .                                               | 0            | 0            | 0                | 0                             |
|                 | 2 Less: Charitable contributions . . . . .                               | 0            | 0            | 0                | 0                             |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                           | 0            | 0            | 0                | 0                             |
| Direct Expenses | 4 Cash prizes . . . . .                                                  | 0            | 0            | 0                | 0                             |
|                 | 5 Noncash prizes . . . . .                                               | 0            | 0            | 0                | 0                             |
|                 | 6 Rent/facility costs . . . . .                                          | 0            | 0            | 0                | 0                             |
|                 | 7 Food and beverages . . . . .                                           | 0            | 0            | 0                | 0                             |
|                 | 8 Entertainment . . . . .                                                | 0            | 0            | 0                | 0                             |
|                 | 9 Other direct expenses . . . . .                                        | 0            | 0            | 0                | 0                             |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |              |              |                  | 0                             |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |              |              |                  | 0                             |

**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 . . . . .                                                   | 127,528                                                                        | 151,662                                                                        | 0                                                                             | 279,190                                         |
|                 | 2 Cash prizes . . . . .                                                     | 75,937                                                                         | 107,108                                                                        | 0                                                                             | 183,045                                         |
| Direct Expenses | 3 Noncash prizes . . . . .                                                  | 0                                                                              | 0                                                                              | 0                                                                             | 0                                               |
|                 | 4 Rent/facility costs . . . . .                                             | 7,750                                                                          | 11,625                                                                         |                                                                               | 19,375                                          |
|                 | 5 Other direct expenses . . . . .                                           | 10,715                                                                         | 19,347                                                                         |                                                                               | 30,062                                          |
|                 | 6 Volunteer labor . . . . .                                                 | <input checked="" type="checkbox"/> Yes 100.00%<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input checked="" type="checkbox"/> No |                                                 |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |                                                                                |                                                                                |                                                                               | 232,482                                         |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |                                                                                |                                                                                |                                                                               | 46,708                                          |

9 Enter the state(s) in which the organization operates gaming activities. Colorado

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," explain . . . . .

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: . . . . .

11 Does the organization operate gaming activities with nonmembers?

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?

|     | Yes | No |
|-----|-----|----|
| 9a  | X   |    |
| 10a |     | X  |
| 11  |     | X  |
| 12  |     | X  |

|                                                                                                                                        |                                                                                                                                                                                            | Yes        | No      |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>13</b>                                                                                                                              | Indicate the percentage of gaming activity operated in                                                                                                                                     |            |         |
| <b>a</b>                                                                                                                               | The organization's facility                                                                                                                                                                | <b>13a</b> | %       |
| <b>b</b>                                                                                                                               | An outside facility                                                                                                                                                                        | <b>13b</b> | 100.00% |
| <b>14</b>                                                                                                                              | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                          |            |         |
| Name ▶ Susan L. Wolf                                                                                                                   |                                                                                                                                                                                            |            |         |
| Address ▶ 437 E Jamison Ave, Littleton, Co 80122                                                                                       |                                                                                                                                                                                            |            |         |
| <b>15a</b>                                                                                                                             | Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                               | <b>15a</b> | X       |
| <b>b</b>                                                                                                                               | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$                                           |            |         |
| <b>c</b>                                                                                                                               | If "Yes," enter name and address of the third party                                                                                                                                        |            |         |
| Name ▶                                                                                                                                 |                                                                                                                                                                                            |            |         |
| Address ▶                                                                                                                              |                                                                                                                                                                                            |            |         |
| <b>16</b>                                                                                                                              | Gaming manager information:                                                                                                                                                                |            |         |
| Name ▶ Calvin Wilson                                                                                                                   |                                                                                                                                                                                            |            |         |
| Gaming manager compensation ▶ \$ 0                                                                                                     |                                                                                                                                                                                            |            |         |
| Description of services provided ▶ Manages the operation, pays bills, makes deposits, buys supplies                                    |                                                                                                                                                                                            |            |         |
| <input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor |                                                                                                                                                                                            |            |         |
| <b>17</b>                                                                                                                              | Mandatory distributions:                                                                                                                                                                   |            |         |
| <b>a</b>                                                                                                                               | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?                                                 | <b>17a</b> | X       |
| <b>b</b>                                                                                                                               | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0 |            |         |

FORM 990-EZ, Part I, Line 10,

Grants and Similar Amounts Paid

\$8980

Financial aid is given to needy veterans in conjunction with the County Veterans Service Office. The County Veterans Service Officer determines the amount and nature of assistance required.

**Part I, Line 16 (990-EZ) - Other Expenses**

31,033

|    |                                               |    |        |
|----|-----------------------------------------------|----|--------|
| 1  | Travel                                        | 1  | 0      |
| 2  | Meals and entertainment                       | 2  | 0      |
| 3  | Fundraising                                   | 3  | 0      |
| 4  | Amortization                                  | 4  | 0      |
| 5  | Conferences, conventions, and meetings        | 5  | 655    |
| 6  | Depreciation                                  | 6  | 0      |
| 7  | Depletion                                     | 7  |        |
| 8  | Equipment rental and maintenance              | 8  |        |
| 9  | Interest                                      | 9  |        |
| 10 | Supplies                                      | 10 |        |
| 11 | Telephone                                     | 11 | 0      |
| 12 | Unrelated business income taxes               | 12 | 0      |
| 13 | Dues Paid to State and National Organizations | 13 | 10,628 |
| 14 | Legion Baseball                               | 14 | 6,000  |
| 15 | Boys State                                    | 15 | 1,925  |
| 16 | Support for Families of Deployed Troops       | 16 | 3,370  |
| 17 | Contributions                                 | 17 | 2,065  |
| 18 | All Veterans Honor Guard                      | 18 | 1,290  |
| 19 | Family Functions                              | 19 | 1,426  |
| 20 | Oratorical Contest                            | 20 | 450    |
| 21 | Veterans Family Aid                           | 21 | 365    |
| 22 | Flags, Banners & Awards                       | 22 | 405    |
| 23 | Office Expense & Supplies                     | 23 | 440    |
| 24 | Uniform Hats                                  | 24 | 248    |
| 25 | Western Welcome Week                          | 25 | 120    |
| 26 | Storage Rent                                  | 26 | 1,296  |
| 27 | Income Tax Preparation for 2008               | 27 | 75     |
| 28 | Memorials                                     | 28 | 275    |

FORM 990-EZ Part 111, Line 31

Other Program Services

Aid to Families of Deployed Troops

\$3,370