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A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization American Legion Morgan Co Post 15		D Employer identification number 63-0259151
		Number and street (or P O box, if mail is not delivered to street address) PO Box 996		E Telephone number
		City or town, state or country, and ZIP + 4 Decatur, AL 356020996		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) ▶




I Website: _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(19) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 ▶ \$ 478,304



Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,547
	2	Program service revenue including government fees and contracts	2	31,756
	3	Membership dues and assessments	3	14,865
	4	Investment income	4	80,344
	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 <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ <u>1,547</u> of contributions reported on line 1) <input checked="" type="checkbox"/>	6a	319,250
	b	Less direct expenses other than fundraising expenses	6b	205,508
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	113,742
	7a	Gross sales of inventory, less returns and allowances	7a	24,858
	b	Less cost of goods sold	7b	22,112
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,746
	8	Other revenue (describe <input checked="" type="checkbox"/>) _____	8	5,684
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	250,684

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	72,835
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	47,676
	13	Professional fees and other payments to independent contractors	13	1,875
	14	Occupancy, rent, utilities, and maintenance	14	47,099
	15	Printing, publications, postage, and shipping	15	1,064
	16	Other expenses (describe  _____)	16	84,062
	17	Total expenses. Add lines 10 through 16 	17	254,611

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,927
	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	611,528
	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	607,601

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	49,715	22 48,754
23	Land and buildings	565,839	23 554,592
24	Other assets (describe )	1,781	24 5,748
25	Total assets	617,335	25 609,094
26	Total liabilities (describe )	5,807	26 1,493
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	611,528	27 607,601

Expenses

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

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

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

28a

28a

29a

29a

30a

30a

31a

31a

32

[illegible]

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	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	
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Homer Bean Finance Officer Telephone no ▶ (256) 353-5501 Hwy 31 South Located at ▶ Decatur, AL ZIP + 4 ▶ 35601		
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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	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		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations 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		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
				Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ 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 Morgan Co Post 15

Employer identification number
63-0259151

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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☒ Special fundraising events

d

☐ 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 activities?

☐ 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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	(b) Event #2	(c) Other Events	(d) Total Events
		Under 5000 (event type)	Threshold (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash 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 lines 3, column d, and line 10. ▶			

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	319,250		319,250
	2	Cash prizes	182,000		182,000
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses	23,508		23,508
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					205,508
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					113,742

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a 100 000 %	
b	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ Bob Strickland			
Address ▶ PO Box 996 Decatur, AL 35602			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
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 ▶ Bob Strickland			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ In charge of bingo games and records			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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	No
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 ▶ \$ 55,734		

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Name(s) shown on return American Legion Morgan Co Post 15	Business or activity to which this form relates FORM 990 - 1	Identifying number 63-0259151
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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	\$ 125,000
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	\$ 500,000
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	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 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 instructions)	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 15,538

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	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		900	7	HY	S/L	64
d 10-year property		4,517	10	HY	S/L	226
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	15,828
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs		(b) Date amortization begins	(c) Amortizable amount		(d) Code section	(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)									
43 A mortization of costs that began before your 2009 tax year						43			
44 Total. Add amounts in column (f) See the instructions for where to report						44			

TY 2009 Grants and Similar Amounts Paid Schedule

Name: American Legion Morgan Co Post 15

EIN: 63-0259151

Item No.	1
Class of Activity	Promote and support area athletic p
Donee's Name	Various local Baseball and Softball
Donee's Address	Various Leagues Decatur, AL 35601
Amount (FMV)	590
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Promote and support area athletic p
Donee's Name	Danville Quarterback Club and Baske
Donee's Address	Danville Road Danville, AL 35619
Amount (FMV)	700
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Promote and support area athletic p
Donee's Name	United Way Golf
Donee's Address	240 Johnston Street SE Decatur, AL 35601
Amount (FMV)	220
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Promote and support area athletic p
Donee's Name	River City Bowling League
Donee's Address	3117 Hwy 31 S Decatur, AL 35601
Amount (FMV)	288
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Support Veterans and promote Americ
Donee's Name	Us Community Response
Donee's Address	814 Rigel Drive SW Decatur, AL 35603
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Promote and support area athletic p
Donee's Name	Morgan County Sports
Donee's Address	PO Box 996 Decatur, AL 35602
Amount (FMV)	560
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Support Area Veterans and American
Donee's Name	Andrea Williamson
Donee's Address	Hwy 31 South Decatur, AL 35601
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Support Area Veterans and American
Donee's Name	Decatur Fire Fighter
Donee's Address	4119 Old Hwy 31 Decatur, AL 35601
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Support Area Veterans and American
Donee's Name	Falkville High School
Donee's Address	43 CLARK DRIVE Falkville, AL 35622
Amount (FMV)	720
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Support Area Veterans and American
Donee's Name	Austinville Elementary
Donee's Address	2320 Clara Ave SW Decatur, AL 35601
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Support Area Charities
Donee's Name	Ala Sheriffs Youth Ranches
Donee's Address	2680 BELL ROAD Montgomery, AL 36124
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	Support Area Charities
Donee's Name	Kiwanis Club
Donee's Address	2401 Country Club Road Decatur, AL 35601
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	Support Area Charities
Donee's Name	American Cancer Society
Donee's Address	3000 BOB WALLACE AVE SW Huntsville, AL 35805
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	Support Area Charities
Donee's Name	Ala Jubilee
Donee's Address	2901 Pt Mallard Drive SE Decatur, AL 35602
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	Support Area Charities
Donee's Name	Auburn University
Donee's Address	1790 Lee Road 72 Auburn, AL 36830
Amount (FMV)	1,750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	Support Area Charities
Donee's Name	Boys Scouts of America
Donee's Address	2211 Drake Ave SW Huntsville, AL 35805
Amount (FMV)	125
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	Support Area Charities
Donee's Name	Blue Star Mothers of Morgan County
Donee's Address	PO BOX 712 Hartselle, AL 35640
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	Support Area Charities
Donee's Name	United Way
Donee's Address	240 Johnston Street SE Decatur, AL 35601
Amount (FMV)	220
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	Support Area Charities
Donee's Name	Community Action
Donee's Address	1909 Central Pkwy SW Decatur, AL 35601
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	Support Area Charities
Donee's Name	Sparkman School
Donee's Address	72 Plainview Street Hartselle, AL 35640
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	Support Area Charities
Donee's Name	Community for Free Health
Donee's Address	1602 Church Street SE Decatur, AL 35602
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	Support Area Charities
Donee's Name	George Washington University
Donee's Address	21211 STreet NW Washington, DC 20052
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	Support Area Charities
Donee's Name	Lions Club
Donee's Address	PO Box 1411 Decatur, AL 35602
Amount (FMV)	435
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	Support Area Charities
Donee's Name	Hartselle Baseball
Donee's Address	Sparkman Street SW Hartselle, AL 35640
Amount (FMV)	280
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	Support Area Charities
Donee's Name	Calhoun Community College and Found
Donee's Address	HWY 31 Decatur, AL 35601
Amount (FMV)	4,750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	Support Area Charities
Donee's Name	Knights of Colombus
Donee's Address	3053 Leeman Ferry Road SW Huntsville, AL 35801
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	Support Area Charities
Donee's Name	Morgan County Humane Society
Donee's Address	1300 Antioch Road Decatur, AL 35601
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	Support Area Charities
Donee's Name	Shriners Hospital
Donee's Address	2900 Rocky Rt D Tampa, FL 33607
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	Support Area Charities
Donee's Name	Professional Medical Institute of G
Donee's Address	4336 Covington Hwy Suite 202 Decatur, GA 30035
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	Support Area Charities
Donee's Name	Fraternal Order of Police
Donee's Address	Hwy 31 South Decatur, AL 35601
Amount (FMV)	1,150
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	Support Area Charities and American
Donee's Name	National WWII Museaum
Donee's Address	945 Magazine Street New Orleans, LA 70130
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	Support Area Charities and American
Donee's Name	Decatur Chamber of Commerce
Donee's Address	515 6th Ave NE Decatur, AL 35601
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	Support Area Charities
Donee's Name	Mental Health Assoc
Donee's Address	207 Commerce Circle SW Decatur, AL 35601
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	Support Area Charities
Donee's Name	NAMI
Donee's Address	701 Andrew Jackson Way NE Huntsville, AL 35801
Amount (FMV)	650
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	Support Area Charities
Donee's Name	Morgan County Enviromental Services
Donee's Address	1316 Industrial Drive Hartselle, AL 35640
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	Support Area Charities amd American
Donee's Name	Brewer ROTC
Donee's Address	59 Eva Road Somerville, AL 35670
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	Support Area Charities
Donee's Name	Foundation for Mental Health
Donee's Address	10 Executive Drive Farmington, CT 06032
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	Support Area Charities
Donee's Name	Tennessee Valley Outreach
Donee's Address	2117 Old Moulton Road Decatur, AL 35601
Amount (FMV)	950
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	Support Area Charities
Donee's Name	Hospice of the Valley
Donee's Address	240 Johnston Street SE Decatur, AL 35601
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	Support Area Charities
Donee's Name	Morgan County Mental Health
Donee's Address	PO Box 1502 Decatur, AL 35602
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	Support Area Charities
Donee's Name	Lakeshore Foundation
Donee's Address	4000 Ridgeway Drive Birmingham, AL 35209
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	Support Area Charities
Donee's Name	Meals on Wheels
Donee's Address	1909 Central Parkway SW Decatur, AL 35601
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	Support Area Charities
Donee's Name	Saint Anns School
Donee's Address	3910 SPRING AVE SW A Decatur, AL 35603
Amount (FMV)	650
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	Support Area Charities
Donee's Name	DAV Chapter 11
Donee's Address	PO Box 2925 Decatur, AL 35602
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	Support Area Charities
Donee's Name	MDA
Donee's Address	400 MERIAIAN STREET SUITE 104 Huntsville, AL 35801
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	Support Area Charities
Donee's Name	Miss Point Mallard Pageant
Donee's Address	2901 PT MALLARD DRIVE SE Decatur, AL 35602
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	Support Area Charities
Donee's Name	Morgan Co Sheriff
Donee's Address	Lee Street Decatur, AL 35603
Amount (FMV)	3,350
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	Support Area Charities
Donee's Name	PACT
Donee's Address	245 JACKSON STREET SE Decatur, AL 35601
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	Support Area Charities
Donee's Name	Rebuilding Together
Donee's Address	701 Oak Street NE Decatur, AL 35601
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	Support Area Charities
Donee's Name	National Treasure
Donee's Address	PO Box 996 Decatur, AL 35602
Amount (FMV)	640
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	Support Area Charities
Donee's Name	UAH
Donee's Address	301 Sparkman Drive NW Huntsville, AL 35899
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	52
Class of Activity	Support Area Charities
Donee's Name	Toys for Tots
Donee's Address	PO Box 227 Quantico, VA 22134
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	53
Class of Activity	Support Area Charities
Donee's Name	Music City Drum
Donee's Address	1727 Elm Hill Pike Nashville, TN 37210
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	54
Class of Activity	Support Area Charities
Donee's Name	University of Alabama
Donee's Address	739 University Blvd Tuscaloosa, AL 35487
Amount (FMV)	2,350
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	55
Class of Activity	Support Area Charities
Donee's Name	UAB
Donee's Address	1075 13TH STREET SOUTH Birmingham, AL 35205
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	56
Class of Activity	Support Area Charities
Donee's Name	University of North Alabama
Donee's Address	Box 5044 Florence, AL 35632
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	57
Class of Activity	Support Area Charities
Donee's Name	American Heart Assoc
Donee's Address	1019 Old Monrovia Road 242 Huntsville, AL 35806
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	58
Class of Activity	Support Area Charities
Donee's Name	Various Individuals and Vets
Donee's Address	Various Needy Individuals and Vets Decatur, AL 35601
Amount (FMV)	6,337
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	59
Class of Activity	Support Area Charities and American
Donee's Name	US Naval Academy Scholarship & Athl
Donee's Address	25 Maryland Ave Annapolis, MD 21401
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	60
Class of Activity	Support Area Charities and American
Donee's Name	USO
Donee's Address	PO Box 96860 Washington, DC 20090
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	61
Class of Activity	Support Area Charities and American
Donee's Name	Alabama American Legion
Donee's Address	PO Box 1069 Montgomery, AL 36101
Amount (FMV)	17,350
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	62
Class of Activity	Support Area Charities and American
Donee's Name	Missouri State Univ
Donee's Address	901 South National Ave Springfield, MO 65897
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	63
Class of Activity	Support Area Charities
Donee's Name	Lexi House
Donee's Address	PO Box 1652 Decatur, AL 35602
Amount (FMV)	1,700
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	64
Class of Activity	Support Area Charities and American
Donee's Name	Combined Patriotic Org
Donee's Address	1602 Church Street Decatur, AL 35602
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	65
Class of Activity	Support Area Charities and American
Donee's Name	University of Montevallo
Donee's Address	Records Office Station 6040 Montevallo, AL 35115
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	66
Class of Activity	Support Area Charities and American
Donee's Name	WWII Honor Flight
Donee's Address	300 E Auburn Ave Springfield, OH 45505
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	67
Class of Activity	Support Area Charities and American
Donee's Name	Elks Lodge 655
Donee's Address	2625 Centron Drive SW Decatur, AL 35603
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	68
Class of Activity	Support Area Charities
Donee's Name	University of Belmont
Donee's Address	1900 Belmont Blvd Nashville, TN 37212
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	69
Class of Activity	Support Area Charities
Donee's Name	Milestones Ministries
Donee's Address	1212 Florence Street Hartselle, AL 35640
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	70
Class of Activity	Support Area Charities and American
Donee's Name	Mississippi State University
Donee's Address	Mississippi State University Mississippi State, MS 39762
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	71
Class of Activity	Support Area Charities and American
Donee's Name	Spirit of America
Donee's Address	PO Box 1776 Decatur, AL 35602
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	72
Class of Activity	Support Area Charities
Donee's Name	Valley Grove Baptist
Donee's Address	6631 CR 81 Danville, AL 35619
Amount (FMV)	240
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	73
Class of Activity	Support Area Charities and American
Donee's Name	East End United Methodist
Donee's Address	1806 Beech Street SE Decatur, AL 35601
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	74
Class of Activity	Support Area Charities
Donee's Name	North Alabama Crusades
Donee's Address	1400 Evangel Drive Huntsville, AL 35816
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	75
Class of Activity	Support Area Charities
Donee's Name	DHA
Donee's Address	Somerville Road Decatur, AL 35601
Amount (FMV)	440
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	76
Class of Activity	Support Area Charities
Donee's Name	Decatur General Foundation
Donee's Address	PO Box 2239 Decatur, AL 35609
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	77
Class of Activity	Support Area Charities
Donee's Name	Friends of the Regional Hospital
Donee's Address	PO Box 2239 Decatur, AL 35602
Amount (FMV)	440
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	78
Class of Activity	Support Veterans and Americanism
Donee's Name	Tutt Fann Veterans Home
Donee's Address	2701 Meridian Street Huntsville, AL 35801
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: American Legion Morgan Co Post 15

EIN: 63-0259151

Description	Beginning of Year Amount	End of Year Amount
Meter Deposits	1,781	1,781
Inventory		3,131
Equipment Net of Depreciation		836

TY 2009 Other Expenses Schedule**Name:** American Legion Morgan Co Post 15**EIN:** 63-0259151

Description	Amount
Advertising	220
Office Expense	3,567
Bank Charges	299
Vehicle Expense	1,109
License and Fees	1,080
Membership Expenses	14,902
Taxes-Other	2,393
Contract Labor	6,695
Dues and Subscriptions	375
Bad Debt	398
Supplies	1,342
Post Activities	26,488
Prizes and Awards	675
Miscellaneous	2,325
Convention Expenses	5,879
Commanders Discretion	149
Repairs and Maintenance	338
Depreciation	15,828

TY 2009 Other Liabilities Schedule

Name: American Legion Morgan Co Post 15

EIN: 63-0259151

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	3,896	
Payroll Taxes Payable	1,911	1,493

TY 2009 Other Revenues Schedule

Name: American Legion Morgan Co Post 15

EIN: 63-0259151

Description	Amount
Miscellaneous Income	5,684

Additional Data

Software ID:
Software Version:
EIN: 63-0259151
Name: American Legion Morgan Co Post 15

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Pat Volonino 4201 Horseshoe Bend Road SE Decatur, AL 35603	Commander 50	0	0	4,178
Homer Bean 1418 East Elm Street Apt 6A Athens, AL 35611	Finance Officer 10	0	0	4,200
Frank Shaffer 1003 Ashenbury Park Decatur, AL 35603	Jr Vice Comman 8	0	0	2,991
Becky Burney 24 CR 589 Town Creek, AL 35672	Adjutant 30	0	0	2,405
Bob Strickland PO Box 996 Decatur, AL 356020996	First Vice Comm 25	0	0	4,400