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DLN: 93493061012902

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

benefit trust or private foundation) Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011 A For the 2010 D Employer identification number C Name of organization
THE AMERICAN LEGION DEPARTMENT OF OHIO B Check if applicable Address change CHARITIES INC 02-0692968 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (740) 362-7478 60 BIG RUN ROAD Terminated **G** Gross receipts \$ 3,044,602 City or town, state or country, and ZIP + 4 DELAWARE, OH 430158007 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes ROGER HIGHT 60 BIG RUN ROAD **H(b)** Are all affiliates included? DELAWARE, OH 43015 If "No," attach a list (see instructions) **H(c)** Group exemption number ► **▽** 501(c)(3) **┌** Tax-exempt status Website: ► N/A K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► M State of legal domicile OH L Year of formation 2003 Part I Summary 1 Briefly describe the organization's mission or most significant activities TO SUPPORT THE CHARITABLE PROGRAMS OF THE AMERICAN LEGION, DEPARTMENT OF OHIO Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 39 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 39 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . Total number of volunteers (estimate if necessary) 6 39 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,187,765 2,885,247 Rayenue Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 66.540 127,355 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,254,305 3,012,602 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3.173.856 2.917.646 O 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 59,755 98,200 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,233,611 3,015,846 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 20,694 -3,244 Net Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 88,679 79,052 21 Total liabilities (Part X, line 26) . 22,066 15.683 Net assets or fund balances Subtract line 21 from line 20 66,613 63,369 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Iere | ***** Signature of officer ROGER HIGHT ADJUTANT Type or print name and title | | | 2012-02-22 Date | |
|------------------|--|---------------------------------------|------|------------------------------|------------|
| | Print/Type preparer's name GRETA RZYMEK CPA | Preparer's signature GRETA RZYMEK CPA | Date | Check if self- employed ▶ | PTIN |
| Paid Preparer | Firm's name FREA & ASSOCIATES INC CPA'S | | | | Firm's EIN |
| Ise Only | Firm's address 5775 PERIMETER DRIVE - SU DUBLIN, OH 430173224 | Phone no (614) 889-8725 | | | |
| lay the IR | RS discuss this return with the preparer | shown above? (see instructions) . | | | ✓ Yes |

| LOIL | 1990 (2010) | | | | Page Z |
|-----------|----------------------|----------------------------|--|----------------------------------|---------------|
| Pai | | | ce Accomplishments onse to any question in this Part | III | |
| 1 | | ne organization's mission | <u> </u> | | <u> </u> |
| _ то : | | _ | F THE AMERICAN LEGION, DEI | PARTMENT OF OHIO | |
| | | | | | |
| 2 | | on undertake any significa | ant program services during the y | ear which were not listed on | 「Yes ▼ No |
| | | these new services on Sc | | | 1 es |
| 3 | | on cease conducting, or r | nake significant changes in how it | conducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe t | these changes on Schedu | ıle O | | |
| 4 | Section 501(c)(3) | and 501(c)(4) organizat | s for each of the organization's th ions and section 4947(a)(1) trus nd revenue, if any, for each progra | ts are required to report the an | |
| | (Code |) (Expenses \$ | 2,945,862 including grants of \$ | 2,917,646) (Revenue \$ |) |
| | | Y, TESTING FOR PUBLIC SAFE | VITIES THAT ARE DESCRIBED IN IRC SEC IY, FOSTERING NATIONAL OR INTERNAT | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Other program se | ervices (Describe in Sch | edule O) | | |
| | (Expenses \$ | | uding grants of \$ |) (Revenue \$ |) |
| 4e | Total program sei | rvice expenses►\$ | 2,945,862 | | |

| Part IV | Checklist | of Red | uired | Schedule | S |
|---------|-----------|--------|-------|----------|---|
| | | | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f z}$ | 2 | Yes | |
| 3 | 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 | 3 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | | Νο |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | Νο |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Νο |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Νο |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | Νο |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | Yes | |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | Νο |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | Νο |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization 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 | 25b | | Νo |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νo |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | Νο |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | Νo |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Tyes V No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Yes | _ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| Part V | Statements | Regarding | Other TRS | Filings a | and Tax | Compliance |
|--------|-----------------|--------------|-------------|-----------|---------|-------------|
| | ota to illoilto | itegai ailig | Othio: 2110 | 95 4 | | Compilation |

| Form | 990 (2010) | | | Page 5 |
|----------|--|------------|-----|--|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| L | Ia 3 | 3 | | |
| D | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| _ | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | 2 | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | <u> </u> |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | No |
| Ь | If "Yes," enter the name of the foreign country 🕨 | _ | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No. |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | | |
| · | The storme 3a of 3b, and the organization meronin 3000-1 | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| L | organization solicit any contributions that were not tax deductible? | | | |
| b | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | No |
| L | services provided to the payor? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| · | file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| _ | contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νο |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | 7g | | |
| h | required? | / y | | |
| | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 17- | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 124 | | |
| | year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| _ | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | 13c | - <u></u> | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| _Se | ection A. Governing Body and Management | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| | | | | |
| 4- | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νο |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | | |
| | | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Νo |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Νo |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Νo |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Νo |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed OH | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | |

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LEO NARD GUCWA 60 BIG RUN ROAD

DELAWARE, OH 43015 (740) 362-7478

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if neither the organ | | elated o | rgan | ızatı | on c | omper | sate | d any current office | er, director, or trust | ee |
|-------------------------------------|---|-----------------------------------|-----------------------|--------------------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours | Posi | | C) (che | cka | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| - | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| week (describe hours for alated organizations in Schedule O) Additional Data Table Additi | | (A) Name and Title | (B) Average hours per | l | () Ition (that a | | ′) | | | (D) Reportable compensation from the | (E) Reportable compensation from related | - 1 | (F) Estima mount o compens | ated fother |
|--|----------|--|--|-----------------------------------|-------------------------|---------|--------------|------------------------------|-------------|--|--|---------|-------------------------------------|---------------------|
| Sub-Total Total from continuation sheets to Part VII, Section A Total add lines 1b and 1c) Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule 3 for such individual is services rendered to the organization or grants to make the sum of reportable compensation from the organization and other compensation from the organization and related organization greater than \$150,000° If "Yes," complete Schedule 3 for such individual is services rendered to the organization? If "Yes," complete Schedule 3 for such individual is services rendered to the organization? If "Yes," complete Schedule 3 for such person | | | week (describe hours for related organizations in Schedule | Individual trustee or director | Institutional Trustee | Officei | Kej emplojee | Highest compensated employee | Former | organization (W- | organizations (W- 2/1099- | or | from t ganızatı relat | :he on and ed |
| Total from continuation sheets to Part VII, Section A | e A | ddıtıonal Data Table | - | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A | <u> </u> | Sub-Total | | | | | | | <u> </u> | | | | | |
| Total (add lines 1b and 1c) | | | | | | | | | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization № 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | > | 0 | 89,29 | 7 | | 25,348 |
| Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | Total number of individuals (in | cluding but not lin | nited to | thos | e lıs | | |) who | received more tha | n | | | |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | Did the organization list any f o | ormer officer, direc | tor or t | ruste | e, k | ey e | mploy | ee, c | r highest compens | ated employee | | Yes | No |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual | | | | | | | | | • and | | · · · | 3 | | Νo |
| Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) | | organization and related organ | | | | | | | | | | 4 | | Νο |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) | | | | | | | | | | | r individual for | 5 | | Νο |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) | Ç. | oction R. Independent Co | ntractors | | | | | | | | | | | |
| (A) (B) (C) | 36 | Complete this table for your fix | e highest comper | | ındep | ende | ent c | ontrac | tors | that received more | e than | | | |
| | | | (A) | | | | | | | Descr | | | | |
| | | | | | | | | | | | | | | |
| ı | | | | | | | | | | | | \perp | | |

| Part V | | Statement of | Pavanua | | | | | |
|--|------------|--|---|---------------|-----------------------------|--|---|---|
| vait v | | Statement of | Kevenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| <u>\$</u> \$ | 1a | Federated campai | gns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership dues | 1b | | | | | |
| ಕ್ಷ | С | Fundraising event | s 1c | | | | | |
| e ⊒ | d | Related organizati | | | | | | |
| ᅙᆖ | | Government grants (c | | | | | | |
| 동보 | е | | | 2 005 247 | | | | |
| Ĕ a | f | All other contributions, similar amounts not in | | 2,885,247 | | | | |
| <u>ē</u> € | g | Noncash contributions | ıncluded ın lines 1a-1f \$ | | | | | |
| 걸 | | | | | 2 005 247 | | | |
| कट | h | Total. Add lines 1 | a-1f | . • | 2,885,247 | | | |
| <u>a</u> | | | | Business Code | | | | |
| eu | 2a | | | | | | | |
| ₽e≺ | ь | | | | | | | |
| - - | с | | | | | | | |
| Si Si | d | | | | | | | |
| Σ, | е | | | | | | | |
| Program Service Revenue | f | All other program | service revenue | | | | | |
| ွိ | | | | | | | | |
| | g | | a-2f | | | | | |
| | 3 | | e (including dividends, inte | rest | | | | |
| | | | amounts) | | | | | |
| | 4 | | ent of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 - | Cross Bonts | (ı) Real | (II) Personal | | | | |
| | 6a b | Gross Rents Less rental | | | | | | |
| | | expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income | or (loss) | , , ► | | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | | | | | | |
| | | assets other than inventory | | | | | | |
| | ь | Less cost or | | | | | | |
| | | other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gaın or (loss) | | ▶ | | | | |
| | 8a | | n fundraising events | | | | | |
| Other Revenue | | (not including \$ | | | | | | |
| ₹ | | of contributions re | | | | | | |
| Re | | See Part IV, line 1 | | | | | | |
| <u>-</u> | ь | Less direct exper | anses b | | | | | |
| Ě | | | ss) from fundraising events | • | | | | |
| _ | | | n gaming activities See | | | | | |
| | | Part IV, line 19 | | 159,355 | | | | |
| | ь | Less direct | | | | | | |
| | | expenses | b | 32,000 | | | | |
| | С | Net income or (los | s) from gaming activities | | 127,355 | | | 127,355 |
| | 10a | Gross sales of inv | | | | | | |
| | | returns and allowa | | | | | | |
| | h | 1000 00-4-5 | a Is sold | <u> </u> | | | | |
| | | Less cost of good | ls sold b ss) from sales of inventory | <u> </u> | | | | |
| | _ | Miscellaneous F | | Business Code | | | | |
| | 11a | miscenaneous | .c.y ciiuc | Dusiness Code | | | | |
| | | | | | | | | |
| | b | | | | | | | |
| | С | - II | | | | | | |
| | | All other revenue | | | | | | |
| | е | Total. Add lines 1 | 1a-11d | · 🕨 | | | | |
| | 12 | Total revenue Car | e Instructions | ▶ } | | | | |
| | | . Juli levellue. 386 | CINSCIUCTIONS | | 3,012,602 | 0 | 0 | 127,355 |

Part IX Statement of Functional Expenses

| | t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|-----------------------|---|-------------------------------------|--|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | , s | |
| 2 | Grants and other assistance to individuals in the | 2,917,646 | 2,917,646 | | |
| | U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 1 | Benefits paid to or for members | | | | |
| i | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | | | | |
| 3 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| • | Other employee benefits | | | | |
| 0 | Payroll taxes | | | | |
| а | Fees for services (non-employees) Management | | | | |
| b | Legal | | | | |
| c | Accounting | 26,975 | | 26,975 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 28,216 | 28,216 | | |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | 2,396 | | 2,396 | |
| ļ | Information technology | | | | |
| 5 | Royalties | | | | |
| 5 | Occupancy | | | | |
| 7 | Travel | 10,913 | | 10,913 | |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| • | Conferences, conventions, and meetings | | | | |
|) | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | | | | |
| 3 | Insurance | | | | |
| 4 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | DEPARTMENT SERVICES | 29,700 | | 29,700 | |
| ь | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24f | 3,015,846 | 2,945,862 | 69,984 | |
| 6 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundations solve taken. | ,,-/- | ,, | -, | |

| Pe | irt X | Balance Sheet | | | | |
|------------|-------|---|-------------|--------------------------|-----|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 88,679 | 1 | 79,052 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, k highest compensated employees Complete Part II of | | | | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under sections described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions) | loyers, and | | | |
| ets. | | Schedule L | | | 6 | |
| ssets | 7 | Notes and loans receivable, net | | | 7 | |
| ∢ | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | | | |
| | b | Less accumulated depreciation | 10ь | | 10c | |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV , line 11 | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 88,679 | 16 | 79,052 |
| | 17 | Accounts payable and accrued expenses . | | 22,066 | 17 | 15,683 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| <u>, ā</u> | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| abilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | |
| Ï | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 22,066 | 26 | 15,683 |
| ņ | | Organizations that follow SFAS 117, check here ▶ ┌ and complet | e lines 27 | | | |
| ž | | through 29, and lines 33 and 34. | | | | |
| Balance | 27 | Unrestricted net assets | | | 27 | |
| ä | 28 | Temporarily restricted net assets | | 28 | | |
| Fund | 29 | Permanently restricted net assets | | | 29 | |
| or Fu | | Organizations that do not follow SFAS 117, check here ▶ ✓ and colors 30 through 34. | omplet e | | | |
| | 30 | Capital stock or trust principal, or current funds | | 0 | 30 | 0 |
| sets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | 0 | 31 | 0 |
| As | 32 | Retained earnings, endowment, accumulated income, or other fund | s | 66,613 | 32 | 63,369 |
| Net | 33 | Total net assets or fund balances | | 66,613 | 33 | 63,369 |
| ~ | 34 | Total liabilities and net assets/fund balances | | 88 679 | 24 | 70.052 |

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | .୮ | |
|-----|--|---------|----|-----|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 3,0 | 012,60 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,0 | 015,84 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | -3,24 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 66,61 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | | 63,369 |
| Pai | TEXII Financial Statements and Reporting | | | ৮ | |
| | Check if Schedule O contains a response to any question in this Part XII | • • | • | | ı |
| | | ſ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| b | Were the organization's financial statements audited by an independent accountant? | [| 2b | | Νo |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O | • | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both | ssued | | | |
| | ▼ Separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r | equired | 3b | | |

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization THE AMERICAN LEGION DEPARTMENT OF OHIO

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Inspection **Employer identification number**

CHARITIES INC 02-0692968 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | ion in ted in rning | (v) Did you not organizati col (i) of suppor | on in your | (vi) Is the organizati col (i) orga | on in anized | (vii) A mount of support |
|---|-------------|---|--|---------------------------|--|---------------|-------------------------------------|-----------------|--------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | dider rate III. If the | organización i | ans to quanty t | maci the tests | iisted below, pic | case complet | c raic III. |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S | ection A. Public Support | | _ | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public Support. Subtract line 5 from | | | | | | |
| Ü | line 4 | | | | | | |
| S | ection B. Total Support | 1 | | | | I | |
| | endar year (or fiscal year beginning | | | | | | |
| Cur | in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| - | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| | through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organization | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | nızatıon, |
| | check this box and stop here | _ | r | | • | . , . , - | ▶ ┌॔ |
| | | | | | | | |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2010 | (lıne 6 column (| f) divided by line | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2009 | Schedule A Par | rt II line 14 | | | 15 | |
| | | | | | | | |
| 16a | 33 1/3% support test—2010. If the | | | | line 14 is 33 1/3% | or more, chec | |
| | and stop here. The organization qua | • | | | | 2.2.4.204 | ▶ [|
| b | 33 1/3% support test—2009. If the | | | | oa, and line 15 is : | 1/3% or mor | . - |
| 17- | box and stop here. The organization | | | | 12 16 1C | handler - 4.4 | ▶ |
| r/a | 10%-facts-and-circumstances test- | | | | | | ın. |
| | is 10% or more, and if the organization made | | | • | | | |
| | in Part IV how the organization mee | is the facts and | circumstances" | test ine organiz | acion quanifies as | a publicly supp | orted F |
| L | organization 10%-facts-and-circumstances test- | _2000 Ifthe era | anization did not | chack a hay an lu | no 13 165 166 5 | or 17a and line | F1 |
| ט | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | • | | <u>-</u> | clv |
| | supported organization | aon meets the 16 | aces and circuitis | tances test life | . organization qual | iiiies as a publi | ETY ▶ ¯ |
| 18 | Private Foundation If the organizati | on did not check | a box on line 13 | . 16a. 16b. 17a o | r 17b. check this | box and see | - 1 |
| | instructions | a.a not eneck | | , , 0 0 , 7 0 0 | . 2. 2, 511558 61115 | | ▶ □ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | , p | | , |
|------|---|----------------------------------|--------------------|-----------------------|--------------------|-----------------|------------------|
| | ndar year (or fiscal year beginnin in) 🏲 | g (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do n include any "unusual grants") | ot 4,319,807 | 4,209,601 | 3,369,632 | 3,187,765 | 2,885,247 | 17,972,05 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that is related to the organization's tax-exempt purpose | ın 80.312 | 88,615 | 77,396 | 80,940 | 159,355 | 486,61 |
| 3 | Gross receipts from activities the are not an unrelated trade or | at | | | | | |
| 4 | business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 4,400,119 | 4,298,216 | 3,447,028 | 3,268,705 | 3,044,602 | 18,458,67 |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ь | A mounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7 c from line 6) | | | | | | 18,458,67 |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | A mounts from line 6 | 4,400,119 | 4,298,216 | 3,447,028 | 3,268,705 | 3,044,602 | 18,458,67 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 20,520 | 9,833 | 658 | | | 31,01 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 20,520 | 9,833 | 658 | | | 31,01 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11 and 12) | 4,420,639 | 4,308,049 | 3,447,686 | 3,268,705 | 3,044,602 | 18,489,68 |
| 14 | First Five Years If the Form 990 in check this box and stop here | s for the organizatio | n's first, second, | . thırd, fourth, or f | ifth tax year as a | section501(c)(3 |) organization, |
| Se | ction C. Computation of Pu | ıblic Support Pe | rcentage | | | | |
| 15 | Public Support Percentage for 20 | | | 13 column (f)) | | 15 | 99 830 % |
| 16 | Public support percentage from 2 | 009 Schedule A, Pa | rt III, line 15 | | | 16 | 99 840 % |
| Se | ction D. Computation of In | vestment Inco | ne Percentac | 1e | | | |
| 17 | Investment income percentage fo | | | | (f)) | 17 | 0 170 % |
| 18 | Investment income percentage fr | om 2009 Schedule <i>A</i> | , Part III, line 1 | 7 | | 18 | 0 160 % |
| 19a | 33 1/3% support tests—2010. If t | the organization did | not check the bo | x on line 14, and | line 15 is more t | han 33 1/3% and | |
| | more than 33 1/3%, check this bo | x and stop here. Th | e organization gu | ialifies as a public | clv supported | | |

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

| Schedule A (Fo | orm 990 or 990-EZ) 2010 | Pag |
|----------------|---|-----|
| Part IV | Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | • |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
| | | |
| | | |
| | | |
| | | |

Schedule A (Form 990 or 990-EZ) 2010

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Phone solicitations In-person solicitations

Department of the Treasury

DLN: 93493061012902

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **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.

Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC 02-0692968 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations

Special fundraising events

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?

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 and address of individual or entity (fundraiser) | (ii) Activity | fundrai: cust cont contrib | Did ser have ody or rol of outions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid t (or retained by) organization |
|---|---------------|-------------------------------------|---|--------------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
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| al | | | <u> </u> | | | |

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

| Sche Pa | | G (Form 990 or 990-EZ) 2010 Fundraising Events. Commore than \$15,000 on Form | | | | |
|-------------------|------|--|----------------------------|--|------------------------------|--|
| | | · · | (a) Event #1 | (b) Event #2 | (c) O ther Events | (d) Total Events (Add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | COI (C) |
| E E | 1 | Gross receipts | | | | |
| Revenue | 2 | Less Charitable contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| မှာ | 5 | Non-cash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| ă | 7 | Food and beverages | | | | |
| Drea | 8 | Entertainment | | | | |
| ā | 9 | Other direct expenses . | | | | |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın colum | n (d) | | |
| | 11 | Net income summary Combine I | ines 3 and 10 in column | (d) | • | |
| Par | t II | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | l "Yes" to Form 990, Pa | art IV, line 19, or repo | rted more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Total gaming (Add col (a) through col (c)) |
| ш. | 1 | Gross revenue | | | 159,355 | 159,355 |
| enses | 2 | Cash prizes | | | 32,000 | 32,000 |
| ben | 3 | Non-cash prizes | | | | |
| Direct Exp | 4 | Rent/facility costs | | | | |
| 짇 | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ☐ Yes % ☐ No | Γ Yes % Γ No | ✓ 100 000 % Yes 100 000 % | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column | (d) | | 32,000 |
| | 8 | Net gaming income summary Con | nbine lines 1 and 7 in co | lumn (d) | <u>.</u> | 127,355 |
| 9 a b | Ιs | ter the state(s) in which the organiz the organization licensed to operate "No," Explain | e gaming activities in eac | | | . ▶ Yes ► No |
| 10a b | | ere any of the organization's gaming | | | g the tax year? | ┌ Yes ┌ No |

| 11 | Does the organ | nization operate ga | iming activities with nonmembers? | | ⊢ _{Yes} ▶ No |
|---------|------------------|----------------------|--|--|---|
| 12 | Is the organiza | ition a grantor, bei | neficiary or trustee of a trust or a m | ember of a partnership or other entity | |
| | formed to admi | nıster charıtable g | jaming? | | F _{Yes} ▼ No |
| 13 | Indicate the pe | ercentage of gamır | ig activity operated in | | |
| а | The organization | on's facility | | | 13a |
| b | An outside faci | ılıty | | | 13b 100 000 % |
| 14 | | me and address of | the person who prepares the organ | ization's gaming/special events books | and |
| | records | | | | |
| | Name 🟲 L | .EONARD GUCWA | | | |
| | Name F | LONARD GOCWA | . | | |
| | | | | | |
| | | 60 BIG RUN ROA | | | |
| | | DELAWARE, OH | 43015 | | |
| 15a | Does the organ | nization have a cor | ntract with a third party from whom t | the organization receives gaming | |
| | | | | | |
| b | | | | zation 🟲 \$ 159,355 and | , |
| | | | ed by the third party 🟲 \$ | | |
| c | If "Yes," enter | name and address | 3 | | |
| | , | | | | |
| | Name 🟲 J | H MARKETING S | ERVICES | | |
| | | | | | |
| | Address 🟲 | PO BOX 1200 | | | |
| | | HOLLIS,NH 030 | 4 9 | | |
| 16 | Gaming manag | er information | | | |
| | 3 3 | | | | |
| | | | | | |
| | Name 🟲 | | | | |
| | Gaming manag | er compensation | ▶ \$ | | |
| | | | • | | |
| | Description of | services provided | ▶ | | |
| | _ | | _ | _ | |
| | Director/off | | Employee | Independent contractor | |
| 17 - | Mandatory dist | | | | |
| а | _ | | | ibutions from the gaming proceeds to | |
| L | | 3 3 | required under state law distribute | | · · Fyes FNo |
| Ь | | | activities during the tax year > \$ | d to other exempt organizations or spe | ent |
| Par | | | | or responses to question on Sche | edule G (see |
| | ınstruc | | | | - \ |
| | Ident | ıfıer | ReturnReference | Explanat | cion |

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493061012902 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

| Name of the organization | | | | | | Employer identification | on number |
|--|-----------------------|--|------------------------------|---|---|--|-------------------------------------|
| THE AMERICAN LEGION DEPARTM! CHARITIES INC | ENT OF OHIO | | | | | 02-0692968 | |
| Part I General Informatio | n on Grants and | Assistance | | | | | |
| Does the organization maintain the selection criteria used to aw Describe in Part IV the organization | ard the grants or ass | sistance? | | | | | Γ Yes Γι |
| Form 990, Part IV, line duplicated if additional | e 21 for any recipi | ent that received n | nore than \$5,000. Ch | eck this box if no one | recipient receive | d more than \$5,000. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gra or assistance |
| See Addıtıonal Data Table | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 503 Enter total number of other orga | | | | | | <u>-</u> | |
| For Privacy Act and Paperwork Reduction | | | | Cat No. 50055P | | | le I (Form 990) 2010 |

| | · · · |
|----------|---|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
| | Use Schedule I-1 (Form 990) if additional space is needed. |

| (a)Type of grant or assistance | (b)Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | · | SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY MAKING CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS FOR USE IN FUNDING THEIR EXEMPT PURPOSE THE ORGANIZATION ALSO MAKES CONTRIBUTIONS TO THE AMERICAN LEGION POSTS IN THE STATE OF OHIO THE ORGANIZATION MONITORS THE USE OF THESE FUNDS BY REQUIRING THE POSTS TO MAINTAIN SEPARATE BANK ACCOUNTS FOR THESE CONTRIBUTIONS AND TO THEN CONTRIBUTE THESE MONIES TO LOCAL 501(C)(3) AND OTHER EXEMPT ORGANIZATIONS |

Software ID: **Software Version:**

EIN: 02-0692968

Name: THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC

| Form 990,Schedule 1, Par | t II, Grants and | d Other Assistance | to dovernments | and Organization | is in the office st | | |
|---|------------------|---------------------------------------|------------------------------|---|---|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JUVENILE DIABETES RESEARCH FOUNDATION 6100 ROCKSIDE WOODS BLVD STE 445 INDEPENDENCE, OH 44131 | 23-1907729 | 501(C)(3) | 5,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| DAYTON NATIONAL CEMETARYVAMC 4100 W THIRD STREET DAYTON,OH 45428 | 56-2670176 | 501(C)(3) | 5,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MOTTS MILITARY MUSEUM INC5075 S HAMILTON ROAD GROVEPORT, OH 43125 | 31-1225950 | 501(C)(3) | 8,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| AMERICAN LEGION CHILD WELFARE FOUNDATION INCPO BOX 1055 INDIANAPOLIS,IN 46206 | 35-7041737 | 501(C)(3) | 30,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HONOR FLIGHT COLUMBUS INC2185 RIDGECLIFF ROAD COLUMBUS,OH 43221 | 26-4262700 | 501(C)(3) | 30,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| AMERICAN LEGION SEPTEMBER 11 MEMORIAL SCHOLARSHIP TRUST FUNDPO BOX 1055 INDIANAPOLIS,IN 46206 | 42-1553035 | 501(C)(3) | 15,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| AMERICAN LEGION NATIONAL EMERGENCY FUNDPO BOX 1055 INDIANAPOLIS,IN 46206 | 35-6679628 | 501(C)(3) | 10,000 | | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| THE AMERICAN LEGION DEPARTMENT OF OHIO INC60 BIG RUN ROAD DELAWARE,OH 43015 | 31-4115640 | 501(C)(19) | 177,791 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #3120 W FRONT STREET FINDLAY,OH 45840 | 34-6570592 | 501(C)(19) | 44,411 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #61913 E PLEASANT ST SPRINGFIELD,OH 45505 | 31-6039359 | 501(C)(19) | 13,842 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #729919 EUCLID AVE WICKLIFFE,OH 44092 | 34-6607370 | 501(C)(19) | 5,202 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #8518 SOUTH MAIN ST WELLINGTON,OH 44090 | 34-1510371 | 501(C)(19) | 55,708 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule 1, Par | t II, Grants and | d Other Assistance | to doverninents | and Organization | s in the officed Sta | | |
|--|------------------|---------------------------------------|------------------------------|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN LEGION POST #11279 CANAL ST LANCASTER,OH 43130 | 31-4115650 | 501(C)(19) | 41,255 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #12393 OHIO ST ELYRIA,OH 44035 | 34-0065627 | 501(C)(19) | 21,290 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #23705 COURT 186 PORTSMOUTH,OH 45662 | 31-4115656 | 501(C)(19) | 36,170 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #251240 US RT 22 NW WASHINGTON COURTHOUSE,OH 43160 | 31-0500979 | 501(C)(19) | 16,449 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #27PO BOX 357 GALLIPOLIS,OH 45361 | 31-6045932 | 501(C)(19) | 6,291 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2927 S THIRD ST ZANESVILLE, OH 43701 | 31-6181424 | 501(C)(19) | 78,414 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #34336 EAST SPRING STREET CADIZ,OH 43907 | 26-0095618 | 501(C)(19) | 5,220 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #43622 SOUTH MARKET STREET TROY,OH 45373 | 31-0566270 | 501(C)(19) | 16,505 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #46208 W MAIN ST BELLEVUE, OH 44811 | 99-999999 | 501(C)(19) | 5,225 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #49140 E LOCUST ST WILMINGTON,OH 45177 | 31-0599268 | 501(C)(19) | 9,797 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #58107 E GAY ST SOMERSET,OH 43783 | 31-1260535 | 501(C)(19) | 8,668 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #63218 WEST MAIN STREET OTTAWA,OH 45875 | 34-4411445 | 501(C)(19) | 9,278 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule 1, Pai | it 11, Grants an | d Other Assistant | e to dovernments | and Organization | is in the officed Sta | 162 | |
|---|------------------|---------------------------------------|------------------------------|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN LEGION POST #64WOOSTER STREET MARIETTA,OH 45750 | 31-4355305 | 501(C)(19) | 11,648 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #65652 MAIN ST COSHOCTON,OH 43812 | 31-6049667 | 501(C)(19) | 30,947 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #6710094 SHREVE RD SHREVE,OH 44676 | 34-6607389 | 501(C)(19) | 5,400 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #681901 SYLVAN RD WOOSTER,OH 44691 | 34-6595723 | 501(C)(19) | 34,497 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #70229 WELLS AVE WELLSVILLE,OH 43968 | 34-0670801 | 501(C)(19) | 14,000 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #76395 W CALIFORNIA AVE SEBRING,OH 44672 | 34-0670502 | 501(C)(19) | 9,900 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #83PO BOX 2101 SANDUSKY,OH 44871 | 34-4176085 | 501(C)(19) | 79,200 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #8585 S 6TH ST NEWARK,OH 43055 | 31-4368969 | 501(C)(19) | 7,897 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #88PO BOX 626 ASHLAND,OH 44805 | 34-0065640 | 501(C)(19) | 34,277 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #9191 AMERICAN LEGION PKWY BEREA,OH 44017 | 34-1130149 | 501(C)(19) | 37,800 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #9210 S WASHINGTON ST UTICA,OH 43080 | 31-0995974 | 501(C)(19) | 9,109 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #96PO BOX 5096 LIMA,OH 45802 | 34-4176080 | 501(C)(19) | 73,456 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule I, Par | t 11, Grants and | d Otner Assistance | e to Governments | and Organization | is in the United Sta | ates | |
|---|------------------|---------------------------------------|------------------------------|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN LEGION POST #1031804 W 19TH ST ASHTABULA,OH 44004 | 34-0651675 | 501(C)(19) | 16,105 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #10551 E FIRST ST LONDON,OH 43140 | 23-7207067 | 501(C)(19) | 12,085 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #1126677 MIDDLERIDGE RD MADISON,OH 44057 | 34-6571161 | 501(C)(19) | 20,504 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #118921 NORTH LAKE ST AMHERST,OH 44001 | 34-0663114 | 501(C)(19) | 64,868 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #120414 NORTH MAIN STREET URBANA,OH 43078 | 34-6607465 | 501(C)(19) | 9,951 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #1212000 BUCKLAND AVE FREMONT,OH 43420 | 34-4417892 | 501(C)(19) | 10,675 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #1235129 MONTGOMERY ROAD NORWOOD,OH 45212 | 31-6049091 | 501(C)(19) | 8,199 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #131540 E MAIN ST LEETONIA,OH 44431 | 34-0940482 | 501(C)(19) | 19,960 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #13423363 US RT 23 S CIRCLEVILLE,OH 43113 | 31-0649193 | 501(C)(19) | 9,250 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #138427 S 3RD ST HAMILTON,OH 45011 | 31-0504273 | 501(C)(19) | 17,303 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #140325 N OHIO ST GREENVILLE, OH 45331 | 34-4176070 | 501(C)(19) | 22,553 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #142201 JAMES RD WAVERLY,OH 45690 | 31-4388390 | 501(C)(19) | 7,114 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule 1, Par | t II, Grants and | d Other Assistance | to dovernments | and Organization | · · · · · · · · · · · · · · · · · · · | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN LEGION POST #1443253 SOUTH HIGH ST COLUMBUS,OH 43207 | 31-4312233 | 501(C)(19) | 16,875 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #1478493 HACKETT RD APPLE CREEK,OH 44806 | 34-0607469 | 501(C)(19) | 19,561 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #149126 E 4TH ST FRANKLIN,OH 45005 | 31-0722842 | 501(C)(19) | 8,823 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #151272 BROAD ST CONNEAUT,OH 44030 | 34-6607470 | 501(C)(19) | 36,281 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #159150 LEGION RD SAINT CLAIRSVILLE, OH 43950 | 34-1135437 | 501(C)(19) | 11,391 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #162531 BELLEFONTAINE AVE MARION,OH 43302 | 31-1138184 | 501(C)(19) | 15,338 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #16535 N MAIN ST MIAMISBURG, OH 45342 | 31-0526291 | 501(C)(19) | 8,369 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #170129 MAIN ST WADSWORTH,OH 44281 | 34-6557911 | 501(C)(19) | 25,273 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #173120 COLTON AVE BELLEFONTAINE, OH 43311 | 43-1190592 | 501(C)(19) | 10,395 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #181123 EAST RENSSELAER STREET BUCYRUS,OH 44820 | 34-4176045 | 501(C)(19) | 20,420 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #184301 W WATER ST PIQUA,OH 45356 | 31-0513602 | 501(C)(19) | 28,125 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #188326 ELIZABETH ST NEW LEXINGTON, OH 43764 | 31-6049659 | 501(C)(19) | 5,114 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule I, Part | t 11, Grants and | Otner Assistance | to Governments | and Organization | is in the United Sta | ates | |
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| AMERICAN LEGION POST #191200 S BROADWAY SPENCERVILLE, OH 45887 | 34-6554865 | 501(C)(19) | 16,919 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #1967400 CHIPPEWA ROAD BRECKSVILLE,OH 44141 | 34-6607482 | 501(C)(19) | 5,421 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2005046 NEBRASKA AVE HUBER HEIGHTS, OH 45424 | 31-6050801 | 501(C)(19) | 17,884 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2102510 STE RTE 703 CELINA,OH 45822 | 34-6607486 | 501(C)(19) | 65,496 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #21131972 WALKER RD AVON LAKE,OH 44012 | 34-6554868 | 501(C)(19) | 59,648 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2144304 CENTER ST WILLOUGHBY, OH 44094 | 34-6607487 | 501(C)(19) | 10,580 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2151000 US 35W EATON,OH 45320 | 31-0919692 | 501(C)(19) | 6,210 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2171265 N 4TH AVENUE SIDNEY,OH 45365 | 34-4407888 | 501(C)(19) | 24,298 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #225122 N SANDUSKY AVE UPPER SANDUSKY, OH 43351 | 34-4176051 | 501(C)(19) | 5,639 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2362025 E RIVER ROAD NEWTON FALLS,OH 44444 | 34-6607493 | 501(C)(19) | 38,056 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #23824 S LOCUST ST MECHANICSBURG, OH 43044 | 34-6607494 | 501(C)(19) | 11,007 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #243118 MARKET ST GALION,OH 44833 | 34-6607497 | 501(C)(19) | 22,653 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule I, Par | t 11, Grants and | d Otner Assistance | e to Governments | and Organization | s in the officed Sta | ates | |
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| AMERICAN LEGION POST #250131 S SYCAMORE AVE SYCAMORE,OH 44882 | 34-4418316 | 501(C)(19) | 11,042 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #256897 OAKLAND RD LOVELAND,OH 45140 | 31-6050459 | 501(C)(19) | 19,267 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2651105 N SHOOP AVE WAUSEON,OH 43567 | 34-6554837 | 501(C)(19) | 28,860 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #282237 E MARKET ST ORRVILLE,OH 44667 | 34-0656299 | 501(C)(19) | 7,798 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #2862251 N DAYTON- LAKEVIEW NEW CARLISLE, OH 45344 | 31-6067790 | 501(C)(19) | 6,480 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #292185 N MAIN STREET NEW LONDON, OH 44851 | 34-6607510 | 501(C)(19) | 5,069 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #316505 SOUTH STEARNS AVENUE DESHLER,OH 43516 | 34-6597450 | 501(C)(19) | 8,380 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #3221477 SR 503 S WEST ALEXANDRIA, OH 45381 | 31-6181457 | 501(C)(19) | 7,617 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #325211 PEARL ST MANCHESTER,OH 45144 | 31-6181458 | 501(C)(19) | 35,993 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #32689 EAST MAIN ST SHELBY,OH 44875 | 43-1490592 | 501(C)(19) | 13,979 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #3301108 E BENTON ST WAPAKONETA,OH 45895 | 34-6554944 | 501(C)(19) | 24,539 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #331109 ELM ST RAVENNA,OH 44266 | 34-1199856 | 501(C)(19) | 23,406 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule I, Pai | t 11, Grants and | d Other Assistance | e to Governments | and Organization | s in the United Sta | ates | |
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| AMERICAN LEGION POST #33660 CHESTER ST PAINESVILLE,OH 44077 | 34-1107100 | 501(C)(19) | 22,725 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #344201 E FINDLAY ST CAREY,OH 43316 | 34-4413262 | 501(C)(19) | 13,649 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #345RT 19 NORTH FORT RECOVERY,OH 45846 | 34-4445031 | 501(C)(19) | 6,390 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #353118 MACKINAW ST ANSONIA,OH 45303 | 34-4421382 | 501(C)(19) | 6,153 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #360215 N WASHINGTON ST NEW PARIS, OH 45347 | 31-6052839 | 501(C)(19) | 6,062 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #366107 HIGH ST FLUSHING,OH 43977 | 34-0816488 | 501(C)(19) | 5,477 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #368308 SOUTH MAIN STREET PROSPECT,OH 43342 | 31-6181464 | 501(C)(19) | 9,860 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #3711001 SOUTH PENNSYLVANIA AVENUE WELLSTON,OH 45692 | 51-1504128 | 501(C)(19) | 18,188 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #375203 BRIDGE STREET MALVERN,OH 44230 | 34-1405920 | 501(C)(19) | 5,865 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #377137 S MAIN ST CAMDEN,OH 45311 | 31-6181466 | 501(C)(19) | 10,549 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #3972713 STATE RD VERMILLION,OH 44089 | 34-6556636 | 501(C)(19) | 18,226 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #401PO BOX 415 CALEDONIA,OH 43314 | 31-6181470 | 501(C)(19) | 9,639 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

| Form 990,Schedule 1, Par | t II, Grants and | Other Assistance | to dovernments | and Organization | is in the officed Sta | 162 | |
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| AMERICAN LEGION POST #4063393 LEGION LANE BETHEL,OH 45106 | 31-6041629 | 501(C)(19) | 7,402 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #40749 BLACK DRIVE DOYLESTOWN,OH 44230 | 34-6607323 | 501(C)(19) | 7,790 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #4303227 E LIVINGSTON AVE COLUMBUS,OH 43227 | 31-6063115 | 501(C)(19) | 6,447 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #4311 CANAL CT NEWCOMERSTOWN, OH 43832 | 34-0065654 | 501(C)(19) | 10,193 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #44251 W MAIN ST SALINEVILLE,OH 43945 | 51-0142864 | 501(C)(19) | 7,192 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #4491090 KENMORE BLVD AKRON,OH 44314 | 34-1019238 | 501(C)(19) | 20,833 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #4901117 S HAMILTON RD WHITEHALL,OH 43227 | 31-6043208 | 501(C)(19) | 6,258 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5213809 CENTRAL AVE SHADYSIDE,OH 43947 | 34-0784589 | 501(C)(19) | 20,569 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #523120 BANK ST LODI,OH 44254 | 34-6607426 | 501(C)(19) | 16,713 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #526526 LEGION LANE FAIRBORN,OH 45324 | 31-6049294 | 501(C)(19) | 11,586 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #53011100 WINTON ROAD GREENHILLS,OH 45218 | 31-6063356 | 501(C)(19) | 18,359 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #531881 GENEVA AVE TOLEDO,OH 43609 | 34-4420863 | 501(C)(19) | 7,111 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

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| AMERICAN LEGION POST #5321571 DEMOREST ROAD COLUMBUS,OH 43228 | 31-1101109 | 501(C)(19) | 43,290 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #539539 AMERICAN LEGION DR NORTH BALTIMORE, OH 45872 | 34-6607335 | 501(C)(19) | 18,464 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #541109 5TH ST CONTINENTAL, OH 45831 | 34-4437019 | 501(C)(19) | 10,769 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5519150 ST RT 83N HOLMESVILLE,OH 44633 | 34-6556473 | 501(C)(19) | 9,676 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5662974 CORMANY RD AKRON,OH 44319 | 34-0715875 | 501(C)(19) | 13,547 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5718140 STATE RR 119 MARIA STEIN,OH 45860 | 34-4322730 | 501(C)(19) | 5,529 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5726483 STATE RD PARMA,OH 44134 | 34-6564708 | 501(C)(19) | 23,168 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #578PO BOX 430 QUAKER CITY,OH 43773 | 31-0679675 | 501(C)(19) | 9,293 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #584142 OLNEY AVE MARION,OH 43302 | 31-6055551 | 501(C)(19) | 28,346 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #586377 N THIRD ST TIPP CITY,OH 45373 | 31-0597502 | 501(C)(19) | 21,998 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #5985700 KENTSHIRE DR KETTERING,OH 45429 | 31-6181501 | 501(C)(19) | 13,950 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #605367 W MAIN ST WALDO,OH 43356 | 31-6181504 | 501(C)(19) | 19,800 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

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| AMERICAN LEGION POST #61019944 SHELDON RD BROOK PARK, OH 44142 | 35-0144250 | 501(C)(19) | 28,806 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #61327 S MEADOW DR TROTWOOD,OH 45416 | 31-0684673 | 501(C)(19) | 6,790 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #6273935 E 42ND ST NEWBURGH HEIGHTS, OH 44105 | 34-6607437 | 501(C)(19) | 19,170 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #6516353 HARRISON RD FREDERICKSBURG, OH 44627 | 34-1506935 | 501(C)(19) | 23,483 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #675228 OBELL CT DAYTON,OH 45409 | 31-6049838 | 501(C)(19) | 17,674 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #678570 E 328TH ST WILLOWICK,OH 44095 | 34-6607404 | 501(C)(19) | 15,411 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #68510001 HUDSON AURORA RD STREETSBORO,OH 44241 | 34-1572959 | 501(C)(19) | 9,277 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #715PO BOX 37 FORT JENNINGS,OH 45844 | 34-6549820 | 501(C)(19) | 12,303 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #7333751 W ST RT 12 BETTSVILLE,OH 44815 | 34-0936533 | 501(C)(19) | 6,401 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #73716465 MILTON AVE LAKE MILTON,OH 44429 | 34-6607357 | 501(C)(19) | 22,360 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #7467015 NORTH DIXIE DRIVE DAYTON,OH 45414 | 31-0621358 | 501(C)(19) | 14,432 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #74930 HURON ST JEROMESVILLE, OH 44840 | 34-6607361 | 501(C)(19) | 5,752 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---------------------------------------|------------------------------|---|--|--|--|
| AMERICAN LEGION POST #750226 MAIN ST LOWELL, OH 45744 | 31-6054931 | . 501(C)(19) | 6,115 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #757289 COOKS HILL RD CHILLICOTHE, OH 45601 | 34-6550655 | 5 501(C)(19) | 36,384 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #76235 WEST MAIN STREET NEW LEBANON,OH 45345 | 31-6181531 | . 501(C)(19) | 63,835 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #7633200 DAYTON-XENIA RD BEAVERCREEK,OH 45434 | 31-1223790 | 501(C)(19) | 13,344 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #773PO BOX 773 AMELIA,OH 45102 | 31-0892290 | 501(C)(19) | 16,344 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION POST #7765350 BURKHARDT RD RIVERSIDE,OH 45431 | 31-0960013 | 501(C)(19) | 36,000 | | | | EDUCATION, PHILANTHROPIC AND OTHER CONTRIBUTIONS FOR 501(C)(3) EXEMPT PURPOSES |
| AMERICAN LEGION BUCKEYE BOYS STATE INC 60 BIG RUN ROAD DELAWARE,OH 43015 | 31-6080576 | 501(C)(19) | 32,500 | | | | SUPPORT EDUCATION PROGRAMS OF THE ORGANIZATION |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493061012902

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
THE AMERICAN LEGION DEPARTMENT OF OHIO
CHARITIES INC

Employer identification number

02-0692968

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE FISCAL OFFICER AND ADJUTANT PRIOR TO BEING FILED |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS, TRUSTEES, OR OTHER EMPLOYEES AND THEREFORE A POLICY FOR DETERMINING COMPENSATION IS NOT REQUIRED |

| Identifier | r Return Reference Explanation | | | | |
|------------|--|---|--|--|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST | | | |

| ldentifier | Return Reference | Explanation |
|--------------------------|----------------------------------|---|
| COMPILATION COMMITTEE | FORM 990, PART XI, LINE 2C | THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE COMPILATION AND SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS BY WHICH THE COMMITTEE OVERSEES THE COMPILATION AND SELECTS THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS |

DLN: 93493061012902

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE AMERICAN LEGION DEPARTMENT OF OHIO CHARITIES INC

Employer identification number

02-0692968

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) | | | | | | | |
|--|--------------------------------|---|----------------------------|----------------------------------|--|--|--|
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total ıncome | (e) End-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 conti | (g) 512(b)(13) itrolled nization | |
|--|--|---|----------------------------|--|--|--------------------|--|--|
| | | | | | | Yes | No | |
| (1) AMERICAN LEGION DEPARTMENT OF OHIO INC | | | | | | | | |
| 60 BIG RUN ROAD | PRESERVE DEMOCRACY AND UPHOLD PATIOTISM | ОН | 501(C)(19) & (C)(23) | N/A | N/A | | No | |
| DELAWARE, OH 43015 31-4115640 | | | (0)(23) | | | | | |
| (2) AMERICAN LEGION BUCKEYE BOYS STATE INC | | | | | | | | |
| 60 BIG RUN ROAD | PROMOTE PATRIOTISM AND TEACH STATE GOVERNMENT ORGANIZATION TO HS | ОН | 501(C)(19) & (C)(23) | N/A | AMERICAN LEGION DEPARTMENT OF OHIO INC | | No | |
| DELAWARE, OH 43015 31-6080576 | STUDENTS | | (0)(23) | | | | | |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instru | ctions for Form 990 | Cat No. 5 | <u> </u> 0135Y | | Schedule R (Fo | rm 990) | 2010 | |

| (a) ame, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | | (h Disprop allocat | ortionate | (i) Code V—UBI amount in box 20 o Schedule K-1 (Form 1065) | | (j) General or managing partner? | | UBI General of managing K-1 partner? | | (k) Percentage ownership |
|--|----------------------------------|--|--|--|------------------------------|---------------------------------------|--|--------------------------|-----------|--|---------------|---|------|---------------------------------------|--|---------------------------------------|
| | | | | | | | | Yes | No | | | Yes | No | | | |
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| | | | | ble as a Corpora zations treated as a | | | | | | nswered "Y | es" on | Form | 990, | Part IV, | | |
| Name, address, an | (a) Id EIN of related organiz | zation | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct cor enti | ntrolling | (e) Type of e (C corp, S or trust | corp, | Share o | (f) f total income | Shai end-o | y) re of f-year sets | | (h) Percentage ownership | | |
| | | | | | | | | | | | | | | | | |
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| - | Transactions with Related Organizations (Complete in the organization answered Tes on Form 990, Part IV, line 54, 55, 55A, or 50.) | | | l Ni- |
|-------|---|------------|---------|-------|
| | Note. Complete line 1 if any entity is listed in Parts II, III or IV | _ | Yes | No |
| | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | _ | |
| C | Gift, grant, or capital contribution from other organization(s) | 1c | | No |
| d | Loans or loan guarantees to or for other organization(s) | 1d | | No |
| е | Loans or loan guarantees by other organization(s) | 1e | | No |
| | | | | |
| f | Sale of assets to other organization(s) | 1f | | No |
| g | Purchase of assets from other organization(s) | 1 g | | No |
| h | Exchange of assets | 1h | | No |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| | | | | |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| I | Performance of services or membership or fundraising solicitations by other organization(s) | 11 | | No |
| n | n Sharing of facilities, equipment, mailing lists, or other assets | 1m | Yes | |
| n | Sharing of paid employees | 1n | Yes | |
| | | | | |
| 0 | Reimbursement paid to other organization for expenses | 10 | Yes | |
| p | Reimbursement paid by other organization for expenses | 1р | | No |
| | | | | |
| q | Other transfer of cash or property to other organization(s) | 1 q | | No |
| r | O ther transfer of cash or property from other organization(s) | 1r | | No |
| | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | s | | |
| _ | (b) (c) | (d) | | |
| | (a) (c) Method of d | etermi | nıng ar | nount |

| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i | including covered relati | onships and transaction | on thresholds |
|---|--|--------------------------|-------------------------|---------------|
| | | /h\ | | (4) |

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|--|------------------------|---|
| (1) AMERICAN LEGION DEPARTMENT OF OHIO INC | В | 177,791 | CASH |
| (2) AMERICAN LEGION BUCKEYE BOYS STATE INC | В | 32,500 | CASH |
| (3) AMERICAN LEGION DEPARTMENT OF OHIO INC | 0 | 24,000 | COST |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | entity Primary activity Legal domicile (state or foreign country) | | (d Are parti sect 501(d organiz | ners ion :)(3) :ations? | (e) Share of end-of-year assets | | rtionate cions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | (h) neral or naging irtner? | |
|--|---|--|--|----------------------------------|---|-----|--------------------|---|--------------|--------------------------------------|--|
| | | | Yes | No | | Yes | No | | Yes | N | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| I Identifier I Return Reference I | er Return Reference Explanation |
|-----------------------------------|---------------------------------|
|-----------------------------------|---------------------------------|

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 02-0692968

Name: THE AMERICAN LEGION DEPARTMENT OF OHIO

CHARITIES INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) A verage hours | (C) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
|---|--------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| DENNIS CLAUSING DEPARTMENT COMMANDER | 1 00 | x | | x | | | | 0 | 0 | 0 | |
| ROBERT KLOSTERMEIER FIRST VICE-COMMANDER | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| STEVE MASOWICK SECOND VICE-COMMANDER | 1 00 | × | | x | | | | 0 | 0 | 0 | |
| CHARLES CRAYNON DEPARTMENT TREASURER | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| MICHAEL DAVEY DEPARTMENT CHAPLAIN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| MELISSA FOWLE ASSISTANT CHAPLAIN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| LOU DIMMERMAN PAST DEPARTMENT COMMANDER | 1 00 | Х | | х | | | | 0 | 9,283 | 0 | |
| HENRY LONG NATIONAL EXEC COMMITTEEMAN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| BILL BALSER ALERNATE NECMAN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| ARTHUR LUSTIG DEPARTMENT JUDGE ADVOCATE | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| DEREK DEBROSSE ASST DEPT JUDGE ADVOCATE | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| VIRGIL ARLING DEPARTMENT HISTORIAN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| GARY MELLOWS DEPT ASST HISTORIAN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| JOHN SLYKERMAN DEPARTMENT SARGEANT AT ARMS | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| JOHN DEBARR ASSISTANT SARGEANT AT ARMS | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| RALPH GRANGER ASSISTANT SARGEANT AT ARMS | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| QUINTIN GEARY ASSISTANT SARGEANT AT ARMS | 1 00 | x | | Х | | | | 0 | 0 | 0 | |
| AL FRIMEL ASSISTANT SARGEANT AT ARMS | 1 00 | Х | | x | | | | 0 | 0 | 0 | |
| JOHN MCJUNKIN ASSISTANT SARGEANT AT ARMS | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| MARY OLIVER ASSISTANT SARGEANT AT ARMS | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| ROBERT RAY PARLIAMENTARIAN | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| FRED LINTNER FIRST DISTRICT | 1 00 | × | | | | | | 0 | 0 | 0 | |
| MICHAEL YOUNG FIRST DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| RAY STAMM SECOND DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| THOMAS FALLER SECOND DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------|---|-----------------------|---------|--|------------------------------|-------------------------------|----------------------------------|---|--|
| (A) Name and Title | (B) A verage hours | erage Position (check all ours that apply) | | | (D) Reportable compensation from the | (E) Reportable compensation | (F) Estimated amount of other | | | |
| | week | individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| ROBERT STEGGEMANN THIRD DISTRICT | 1 00 | Х | | | | | | О | 0 | 0 |
| STANLEY PLEASANT THIRD DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DAVE HURST FOURTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| WARREN WAGNER FOURTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| LESTER STAIB JR FIFTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| GILBERT COLE FIFTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID COOK SIXTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| CARROL LISTON SIXTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JOHN MONTGOMERY SEVENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| EMMETT GREGORY SEVENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| RON RIFE EIGHTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| LS PAULEY EIGHTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JIM CAMPBELL NINTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| GARY PETRO CHELLO NINTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| RICHARD HOUP TENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| CHARLES STRIZAK TENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JOHN MCCLOUD ELEVENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| MICHAEL SMITH ELEVENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| STEVE EBERSOLE TWELFTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| PETE MARGARITIS TWELFTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ARTHUR WESLEY THIRTEENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| BILL LASKEY THIRTEENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ALVIN PODBOY FOURTEENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES A CURLEY JR FOURTEENTH DISTRICT | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ROGER HIGHT DEPARTMENT ADJUTANT | 40 00 | | | Х | | | | 0 | 80,014 | 25,348 |