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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

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			dar year, or tax year beginning , 2011, and ending			,
В	Check if app	plicable	С	D Emp	oloyer Identi	fication Number
	Addres	s change	MILLCREEK LEGION HOME ASSOCIATION	25	5-09870	085
	Name o	change	4109 WEST 12TH STREET	E Tele	phone numb	ber
	Initial r	=	ERIE, PA 16505	01	4-838	-3000
				0.1	4-030	-3300
	Termin	ated		Į.		
	Amend	fed return		<b>G</b> Gros	ss receipts	\$ <u>2,892,</u> 707.
	Applica	ation pending	F Name and address of principal officer	(a) Is this a group re	eturn for affil	lates? Yes X No
			Same As C Above	I(b) Are all affiliates		Yes No
$\overline{}$	Tay ever	npt status	501(c)(3) X 501(c) ( 7 )    (Insert no ) 4947(a)(1) or 527	If 'No,' attach a l	list (see inst	tructions)
÷		<del></del>			_	
1	Websit			(c) Group exemption		
<u>K</u>		organization	X Corporation Trust Association Other ► L Year of Formation	on [	M State of le	egal domicile PA
Pa	nt'l 🍍 S	Summar	У			
	1 Brie	efly descri	be the organization's mission or most significant activities Provide f	ood and be	verag	e service and
4	l re	creati	on_to_it's_members_at_discounted_rates	354 204 5		0 5011 100 6:40
ညိ		<u>,                                    </u>	on -co- ic o -mcmocio -di- diocomiced idico:			
Ē						
Ver	a					
တ္ထိ	ľ	eck this bo		e than 25% of i	1 - 1	
প্			ting members of the governing body (Part VI, line 1a)		3	10
es			dependent voting members of the governing body (Part VI, line 1b)		4	
至			of individuals employed in calendar year 2011 (Part V, line 2a)		5	21
Activities & Governance			of volunteers (estimate if necessary)		6	
⋖	i i		ed business revenue from Part VIII, column (C), line 12		7 a	858.
	<b>b</b> Net	t unrelated	business taxable income from Form 990-T, line 34		7 b	0.
				Prior Ye	ar	Current Year
	8 Cor	ntributions	and grants (Part VIII, line 1h)	-		
ě		ogram serv	12	,992.	8,064.	
ē	1	_	icome (Part VIII, column (A), lines 3, 4, and 7d)		,,,,,	895.
Revenue	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2/1	,713.	340,540.
_	1		e – add lines 8 through 1-1-(must equal Part VIII, column (A), line 12)		, 705.	349, 499.
			milar amounts paid (Part IX) column=(A), lines-1-3)	234	, 103.	347,477.
	1					
			to or for members (Part IX, column (A) / line (4)			
	<b>15</b> Sal	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	,461.	36,682.	
Ses	16a Pro	ofessional	fundraising fees (Part IX, column (A) Aline (12)			=
Expenses				***		# ## ## ## ## ## ## ## ## ## ## ## ## #
. ×			sing expenses (Part IX, column-(D), line 25)			
ш	<b>17</b> Oth	ner expens	es (Part IX, column (A) lines [] all (d, 1] f; 24e)	197	,394.	238,197.
			es Add lines 13-17 (must equal-Part IX, column (A), line 25)	229	,855.	274,879.
	l.	•	expenses Subtract line 18 from line 12		,850.	74,620.
L 9	.5 1.6		Superioral Contract in the Total International Contract Internationa	1_		
Not Assets or Fund Balanco			/D . I.V . I 163	Beginning of Cur		End of Year
18	l		(Part X, line 16)		,700.	891,036.
ξŽ	<b>21</b> Tot	tal liabilitie	s (Part X, line 26)	3	,904.	<u>2</u> 4,620.
ξž	<b>22</b> Net	t assets or	fund balances Subtract line 21 from line 20	791	,796.	866,4163
Pa	rt II.,	Signatur	e Block	•	· · ·	
				he heet of my knowle	dae and hel	inf it is true correct and
con	plete Decla	ration of prep	eclare that I have examined this return, including accompanying schedules and statements, and to the are (other than officer) is based on all information of which preparer has any knowledge	ne best of my knowle	uge and bei	ier, it is true, correct, and
		N Da	1 / H ( //le-	4/	11/10	-
<b>C</b> :		Signatur	re of officer	Date	7//2	<del></del>
Sig	gn	I			/	
He	re	· -	ERT FICKLE	Treasurer	·	
		Type or	print name and title			
		Print/Type p	preparer's name Preparer's signature	/ Check	X ıt	PTIN
Pa	id	Chervi	Prescott, CPA CHETYMPIESCOCK, CPA 8/15/	self-emp	_	P00541459
	eparer		• Cheryl A. Prescott, CPA	- Sen-ent	,,,,,,,,	
	eparer se Only	Firm's nami		<del></del>		1750677
US	e Only	Firm's addre		Firm's E		-1750677
	-		Erie, PA 16509	Phone n	o (814	<u> 866-2666</u>
Ma	v the IRS	discuss th	is return with the preparer shown above? (see instructions)			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

TEEA0113L 08/18/11

Form 990 (2011) MILLCREEK LEGION HOME ASSOCIATION	25-0987085	Page 2
Part III  Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		
1 Briefly describe the organization's mission		
Provide food and beverage service and recreation to it's member	ers at discount	ed_rates
2 Did the organization undertake any significant program services during the year which were not list	ed on the prior	
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services on Schedule O	_	_
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes X No
If 'Yes,' describe these changes on Schedule O	_	_
4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported	services, as measured ne amount of grants an	l by expenses ad allocations to
4a (Code) (Expenses \$	) (Revenue \$	)
Kitchen and Bar sales provide food and beverage for the member		
The state of the s	<del></del>	
		<del>-</del>
4b (Code) (Expenses \$ including grants of \$		)
Small Games of Chance and the daily number provide entertainment	ent for the men	bers
		<del>_</del> _
	. <b></b>	
		_ <b></b> _
		<del>-</del>
4c (Code:) (Expenses \$including grants of \$	) (Revenue \$	
ATM Income is generated from an ATM machine located on premise	s that provide	
convenience for the members. The funds received in fees are use		
offer discounted food and beverage sales to the members.		
		<del></del>
		<del>_</del>
		<b></b>
Ad Other and a second of Control		
4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue)	. <b>.</b>	,
(Expenses \$ including grants of \$ - ) (Revenue 4e Total program service expenses ►	<del>, 4</del>	
BAA TEEA0102L 07/05/11		Form <b>990</b> (2011

	•		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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Χ_
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? If 'Yes,' complete Schedule C, Part II	4		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u> _
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		, 404 , 404 , 404 , 404 , 404	- Company
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŧ	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	11 b		Х
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	11 c		Х
C	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	11 d		_X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		_X
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
ŀ	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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 United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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 United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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	<u>x</u> _	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Form 990 (2011) MILLCREEK LEGION HOME ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
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		
25 a	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		
t	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		
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)		***	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		Х
ŧ	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	35b		Х
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		
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		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х
ВАА		Form	1 <b>990</b> (	(2011)

BAA

Form 990 (2011)

<u>ar</u>	Check if Schedule O contains a response to any question in this Part V				П
		· · · · · · · · · · · · · · · · · · ·		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a  20			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 20	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendor	rs and reportable gaming			
Ţ	(gambling) winnings to prize winners?	and reportable gaming	1с	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	nstructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х
b	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 F	Inancial Accounts			45 sác.
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		9000		~ ***
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	partly for goods and	7a	, 1	s.5° -
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w				
	Form 8282 <sup>7</sup>		7c	##~W.Jgr	
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	-3-		2.2
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	_ 7f		
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-}C$ ?	e organization file a	7h	45~	Aug 27
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8	<del>*</del> ****	
9	Sponsoring organizations maintaining donor advised funds.		<u>*</u> ··	·\$ ·	#
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		5 m	į.	\$- T
а	Initiation fees and capital contributions included on Part VIII, line 12	10a 0.	- A		. 45
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 1,096.	- 4		áp.
11	Section 501(c)(12) organizations. Enter	1 4	áp.	ĕ	,
a	Gross income from members or shareholders	11a	700	* «	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11 b			* *
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		ļ
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	~	,	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		<u> </u>
ā	Is the organization licensed to issue qualified health plans in more than one state?		13a		ļ
	Note. See the instructions for additional information the organization must report on Schedu	ile O			ļ
k	Enter the amount of reserves the organization is required to maintain by the states in	1 126	.		
	which the organization is licensed to issue qualified health plans	13b	*		,
	Enter the amount of reserves on hand	_13c	1/1-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14a 14b	<del></del>	┝ᢚ
	in 163, has it lied a Form 720 to report these payments. If 190, provide an explanation in	Concuerc C	וטיבייו	l	I

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Form 990 (2011) MILLCREEK LEGION HOME ASSOCIATION 25-0987085 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х See Schedule O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? See Schedule O 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? X b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? Х 14 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? 15 a X a The organization's CEO, Executive Director, or top management official Х **b** Other officers of key employees of the organization 15b 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 Х 16 a taxable entity during the year? b If 'Yes,' did the organization follow 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? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 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 Another's website IXI 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 during the tax year. See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► ROBERT FICKLE 4109 WEST 12TH STREET

ERIE PA 16505 814-838-3980

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

Check if Schedule O contains a response to any question in this Part VII

### 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 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 organization	on nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trus	stee	
(C)											
(A) Name and title	(B) Average hours per week	unles	s per	son is	s both	ian one n an offi ustee)	box, cer	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	on related organizations compe C) (W-2/1099-MISC) compe from organ and organi		
(1) JOHN DADDARIO											
Director	0							171.	0.	0.	
(2) RAY MESSENGER											
Director	1	Х						0.	0.	0.	
(3) BENJAMIN SUCHOCKI											
Director	] 1	Х						7,530.	0.	0.	
(4) BERNIE WIEST	l										
Director	2	Х						0.	0.	0.	
(5) GEORGE LYONS											
Director	1	Х						0.	0.	0.	
(6) EDWARD LAIRD											
Director	1	Х						0.	0.	0.	
(7) ROBERT FICKLE											
Treasurer	30			X				2,052.	0.	0.	
(8) GARY BILLIG									:		
President	5			Х				2,052.	0.	0.	
(9) JAMES CHRISTENSEN											
Secretary	5			Χ		L		1,026.	0.	0.	
(10) VERNON SMITH					l						
Vice President	25			Х				0.	0.	0.	
(11)						ļ !					
(12)											
(13)	-		_	-		_					
(14)						<b>-</b>					
	<del></del>	L		L	Ц		Ц	l	L	L	

Part VII Section A. Officers, Directors, Trust	ees, l	<b>Кеу</b>	Em	ıplo	oye	es,	and	Highest Com	pensated Em	ployees (cont)
,				(0	C)					
Name and title		offic	, unle cer an	ss pe	Position eck more than one person is both an a director/trustee)			(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organization	(F) Estimated amount of other compensation
	per week (describ e hours for related organi zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)		-								
		-								
<u>(18)</u>										
(19)							i			
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	•						<b>•</b>	12,831.	(	0.
c Total from continuation sheets to Part VII, Section	A						•	0.		0.
d Total (add lines 1b and 1c)							<b>•</b>	12,831.		<del></del>
<ul><li>2 Total number of individuals (including but not limite from the organization ► 0</li></ul>	d to th	ose I	ıste	d ab	ove)	) wh	o re	ceived more than	\$100,000 of repo	ortable compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of re</li> </ul>	ndıvıdu	al								Yes No 3 X
the organization and related organizations greater t	han \$1	50,0	00's	If 'Y	Yes'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Indonesidad Contractors	omper comple	te S	on fr chea	om dule	any <i>J fo</i>	unre or su	elate <i>ch p</i>	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed ind	eper	den	t co	ntra	ctors	s tha	at received more t	han \$100,000 of	
compensation from the organization. Report compe	nsation	for	the	cale	enda	r ye	ar e	nding with or with	in the organization	on's tax year
(A) Name and business addres	s							Description	of services	(C) Compensation
									-	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		ot Iım	uted	to t	hose	e list	ted a	above) who receiv	red more than	

,	t VIII   Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d					
TIONS, GI	e Government grants (contributions)  1 e  f All other contributions, gifts, grants, and					
CONTRIBU	g Noncash contributions included in lins 1a-1f \$ h Total. Add lines 1a-1f					
	II Total. Add lines 1a-11	Business Code	• •	· · · · · · · · · · · · · · · · · · ·		* 4
ᆲ	2a ATM INCOME	900099	5,380.	5,380.		
ای		900099	1,735.	1,735.		
핑		531120	820.	820.		
<u> </u>	d MISCELLANEOUS	331120	129.	129.	<del></del>	
∑   E	u MISCHILANEOUS		125.	127.		
PROGRAM SERVICE REVENUE	f All other program service revenue				-	
8	g Total. Add lines 2a-2f	<b>&gt;</b>	8,064.	9 - 8 4 - 6 + 4 o 6	44444	
	3 Investment income (including dividend other similar amounts)	s, interest and	2,072.			2,072.
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties	•				
	(ı) Real	(ii) Personal		204 . \$ 1 t 15		
	6a Gross rents					
	<b>b</b> Less. rental expenses			and a second of the		
ł	c Rental income or (loss)		Yac certain			11.5
	d Net rental income or (loss)	<b>•</b>				
	7a Gross amount from sales of (i) Securities	(II) Other	· ····································			
	assets other than inventory	1,500.			Market Control	
ŀ	<b>b</b> Less: cost or other basis					
	and sales expenses	2,677.	My a transport			
ŀ	c Gain or (loss)	-1,177.			The state of the s	* " () - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ł	<b>d</b> Net gain or (loss)	<b>•</b>	-1,177.			-1,177.
ä	8a Gross income from fundraising events (not including \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
OTHER REVEN	of contributions reported on line 1c)			\$ \$m\ 7 \$ \$ 1 A	a	
#	0 0 1 11 1 10	a				
불		ь		******	***	4 7 4 4
٥	c Net income or (loss) from fundraising of	events ►				
	9a Gross income from gaming activities	a 2,503,095.	* * * * * * * * * * * * * * * * * * * *			
		<b>b</b> 2,183,737.		* * * * * * * * * * * * * * * * * * * *	** * * * * * * * * * * * * * * * * * *	7 / / .
	c Net income or (loss) from gaming activ		319,358.	319,358.	<u> </u>	
	10a Gross sales of inventory, less returns		, , , , , ,	* * * * * * * *	·- 4- 4- 12 10 5	* * * * * * * * * * * * * * * * * * * *
		a 377,118.	* * * *	* / 8 * 4 .	* * * .	
	<b>b</b> Less cost of goods sold	<b>b</b> 356,794.	* * * * * * * * * * * * * * * * * * * *	` ` ;	* * * ' - * '	/ ~ * ^- ·
	c Net income or (loss) from sales of inve	entory <b>&gt;</b>	20,324.	20,324.		
	Miscellaneous Revenue	Business Code	,		~ ` * * * * · · · · · · · · · · · · · · ·	<i>j</i>
	11a NON MEMBER PARTY INCOME		858.		858.	
	b					
	c	<del></del>				
	<b>d</b> All other revenue					<u></u>
	e Total. Add lines 11a-11d	•	858.	* ′	4 * * * .	
	12 Total revenue. See instructions		349,499.	347,746.	858.	895.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 7b, 8b, 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 United States See Part IV, line 21				•						
2	Grants and other assistance to individuals in the United States See Part IV, line 22			- -							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16			~							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	12,831.		* *	, N						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	1,270.									
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits.			<del> </del>							
10	Payroll taxes	22,581.									
11	Fees for services (non-employees)										
а	Management										
b	Legal	1,312.									
c	: Accounting	6,298.									
d	Lobbying										
е	Professional fundraising services See Part IV, line 17		一 通知的现在分词	roete e							
f	Investment management fees										
ç	Other										
12	Advertising and promotion	578.									
13	Office expenses	3,704.									
14	Information technology										
15	Royalties										
16	Occupancy	89,988.									
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	20,000.									
22	Depreciation, depletion, and amortization	51,931.									
23	Insurance	12,978.	7000 ) W. 25 A 7000 WA 1700	* * \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200020000000 hours have have " Verteering to Wallest						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
_	CONTRIBUTIONS	36,643.	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·							
	LAUNDRY SERVICE	5,146.									
	LICENSES	2,936.		<del></del>							
	MUSIC ENTERTAINMENT	2,269.									
	All other expenses	4,414.			<del></del>						
	Total functional expenses. Add lines 1 through 24e	274,879.			<u> </u>						
		414,019.									
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
	Check here ►										
	SOP 98-2 (ASC 958-720)			<u> </u>							

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Form **990** (2011)

Pa	ırt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		247,987.	1	330,649.
	2	Savings and temporary cash investments		278,895.	2	313,060.
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net			4	949.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employee II of Schedule L	es,	5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	1)),	6	: 4	
Ą	7	Notes and loans receivable, net			7	
A S S E T S	8	Inventories for sale or use		2,000.	8	2,000.
Ť	9	Prepaid expenses and deferred charges		30,000.	9	31,281.
3	•	•	1 1	2 9 1 2 2 2	ar no	10 page 10 10 10 10 10 10 10 10 10 10 10 10 10
	10 a 	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 549,37	8.	·傳 协	
	b	Less, accumulated depreciation	<b>10b</b> 336, 28	2. 236,818.	10 c	213,096.
	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	1.
	16	Total assets. Add lines 1 through 15 (must equal line	34)	795,700.	16	891,036.
	17	Accounts payable and accrued expenses		3,904.	17	4,948.
	18	Grants payable		18		
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part		***	21	
Ļ	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L	stees, key employees, rsons Complete Part II		22	
Ţ	23	Secured mortgages and notes payable to unrelated the	nird parties		23	19,672.
E S	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		D	25	
	26	Total liabilities. Add lines 17 through 25.		3,904.	26	24,620.
N E T		Organizations that follow SFAS 117, check here ►	and complete lines	X	Z:: y 1	的,但: <b>在</b> 体、中定专家
Ŧ		27 through 29 and lines 33 and 34.				3 # 3 # X # W
Ş	27	Unrestricted net assets			27	
ASSETS	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		29		
R	ļ	Organizations that do not follow SFAS 117, check he	ere > X and complete			A STATE AND STATE
F	•	lines 30 through 34.	_		, > 3 m	The state of the s
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipn	nent fund		31_	
Ê	32	Retained earnings, endowment, accumulated income		791,796.	32	866,416.
<b>BALAZCES</b>	33	Total net assets or fund balances		791,796.	33	866,416.
Š	34	Total liabilities and net assets/fund balances		795,700.	34	891,036.

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For	m 990 (2011) MILLCREEK LEGION HOME ASSOCIATION 25-098708	35	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	3	49,4	199.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,8	379.
3	Revenue less expenses Subtract line 2 from line 1		74,6	520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	7	91,7	96.
5	Other changes in net assets or fund balances (explain in Schedule O)			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	8	66,4	16.
Pa	rt XII, Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	10	\$ w 4	/ 22 gp
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	\$ 4 \$ .		2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	b Were the organization's financial statements audited by an independent accountant?	2b		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	# = 1 # = 1 # = 1	word Mare Mare	ે ~ાર્ડ્રા તે રું દે. દક્કે ડે
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıt 3b		

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Form **990** (2011)