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# Form **990-EZ**

#### **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the laternal Revenue Code

2011

OMB No. 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)
coring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2011 calendar year, or tax year beginning 2011, and ending C Name or organization Check if applicable D Employer identification number Address channe AMERICAN LEGION 233 FORT CAMPBELL 61-0868142 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return (270) 439-5826O BOX 233 Terminated City or town, state or country, and ZIP + 4 Amended return Group Exemption Application pending OAK GROVE 42262-0233 Number Accounting Method X Cash Other (specify) X if the organization is not Accrual Check ► required to attach Schedule B (Form Website: ► N/A 990, 990-EZ, or 990-PF) X 501(c) ( 19 ) ◄(insert no ) 527 Tax-exempt status (ck only one) -501(c)(3) 4947(a)(1) or Check ► If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **►**\$ 189,109. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less' cost or other basis and sales expenses 5 b 50 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7 a 189,109 b Less cost of goods sold 7 b 62,003 c Gross profit or (loss) from sales of inventory (Subtract line 7b from Time 70 127,106. 8 Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 127,106. SS 15,736. Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 22,005. 13 Professional fees and other payments to independent contracto 13 1,850. 14 Occupancy, rent, utilities, and maintenance 14 31,423. Printing, publications, postage, and shipping 15 15 1,975. 16 Other expenses (describe in Schedule O) 16 59,851. See Form 990-EZ, Part I, Line 16 Other Expense Total expenses. Add lines 10 through 16 17 17 132,840. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -5,734. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 413,996. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 408,262. Net assets or fund balances at end of year Combine lines 18 through 20 21

Form 990-EZ (2011)

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

riga r	Check if the organization used Sche		stion in this Part II			$\overline{\mathbf{x}}$
~		<u> </u>		(A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments			171,11	2. 22	167,210.
23	Land and buildings			289,00		279,029.
24	Other assets (describe in Schedule O)	INVENTORY		4,02		
25	Total assets			464,14		450,389.
	Total liabilities (describe in Schedule O)	See L-26 St	m+	50,14		42,127.
	Net assets or fund balances (line 27 of			413,99	$\overline{}$	408,262.
Par	till a Statement of Program Sen	vice Accomplishments	(see the instra for P		1	Expenses
	Check if the organization used Sch				] (Req	uired for section
What	s the organization's primary exempt purpose? VE	TERANS SUPPORT ORG	GANTZATTON		501(	c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of it	s three largest progr	am services, as		(a)(1) trusts, optional
bene	fited, and other relevant information for ea	manner, describe the service ach program title	es provided, the num	nder of persons		thers)
	SUPPORT OF BOYS STATE AN		ES			
	71101112111111111				-	
					-	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		∏ 28a	
29					1	
		<del></del>			-	
					-1	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		7 29 a	
30					1	
					-	
					- [	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		∏ 30 a	
31	Other program services (describe in Sch		array or continue		1	
	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign gr	ants, check here	▶ [	] 31 a	
32	Total program service expenses (add lir				> 32	
Par	t.IV List of Officers, Directors,	Trustees, and Key Emp	lovees. List each or	e even if not compensated	(see th	ne instructions for Part IV )
<u></u>	Check if the organization used Scl				`	Π
		(b) Title and average	(c) Reportable compensa (Form W-2/1099-MISC	ation (d) Health bene		(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-	contributions to en		other compensation
			L	deferred compen		
WII	LIAM TODD LAMKIN	-				
	. BOX 233	PRESIDENT				
	GROVE KY 42262	8.00		0.	0.	0.
MIC	HAEL RIEBOLD					
P.0	. BOX 233	VICE PRESIDENT	]			
OAK	GROVE KY 42262	4.00		0.	0.	0.
CHR	ISTOPHER GODWIN					
P.0	. BOX 233	VICE PRESIDENT				
		4.00		0.	0.	0.
	NIE_WARFIELD	-				
P.0	<u>. BOX 233</u>	SECRETARY				
OAK	GROVE KY 42262	4.00		0.	0.	0.
	ID J. LOPEZ					
P.0	. BOX 233	CFO	4			
	GROVE KY 42262	35.00		0.	0.	0.
MAR	K WINKLE	- :- <del></del>			,	
P.0	. BOX 233	DIRECTOR				
OAK	GROVE KY 42262	2.00		0.	0.	0.
GAR	Y BARTLETT					
P.0	. BOX 233	DIRECTOR				
OAK	GROVE KY 42262	2.00		0.	0.	0 <u>.</u>
DAN	IEL_DENORMANDIE					
P.0	. BOX 233	DIRECTOR				
		2.00		0.	0.	0.
BAA		TEEA0812 0	02/14/12			Form <b>990-EZ</b> (2011)

the instructions for Perf V / Check if the organization used Schedule O in respond to any question in this Part V   See   No see    33 Dot the organization nages and any actury for previously reported to the IRS? If Yes, provide a detailed description of sech activity in Schedule O    34 Wes any significant orages caste to be organization or grow common or strong the year from business activities of the service of the serv					- 1 1
33 X  34 Wee any spatial disease shall be explaining or genering documents if It I've; attach a contrained cope the amounted documents of they reflect as the origination favour explained to the explaining or genering documents if I've; attach a contrained cope the amounted documents of they reflect as the origination have emitted business grows increase of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  5b If I'ves; you be \$55, has the originarization favour from \$90.1 for the year? If 18c, provide an explanation in Schedule O c was the origination as section \$510 (c)(4), 501 (c)(5), or \$510 (c)(6) organization subject to section 6033 (c)) notice.  5b Out the organization a section \$510 (c)(4), 501 (c)(5), or \$510 (c)(6) organization subject to section 6033 (c)) notice.  5c organization as section \$510 (c)(4), 501 (c)(5), or \$510 (c)(6), organization subject to section 6033 (c)) notice.  5c organization of policial exponerients curring the year? I'ves, complete Schedule C, Part III and the organization of the form \$1120 POL for this year?  5c organization for Form \$1120 POL for this year?  5c organization for Form \$1120 POL for this year?  5c organization for Form \$1120 POL for this year?  5c organization for Form \$1120 POL for this year?  5c organization for section or make any liquid and to any organization for the section \$950 (c)(6) organizations. Enter amount of tax imposed on the organization during the year or was also section \$950 (c)(6) organizations. Enter amount of tax imposed on the organization during the year audient.  5c organization for section \$510 (c)(6) organizations. Enter amount of tax imposed on the organization during the year audient.  5c organization organization in the organization is excepted to the organization in an exception organization in a form organization.  5c organization organization in the organization in the organization in the organization in the organization interest excepted by the organization in a				Yes	No
s charge to the organizations came. Otherwise, epiden the charge or Sended to (see instructions)  34		each activity in Schedule O	33		<del></del>
(such as those reported on lines 2, 6a, and 7a, among others)?  bit 1'ves, it one 35a, has the organization field a Form 990-T for the year? If No, 'provide an explanation in Schedule O  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)) notice, reporting, and proxy tax requirements during the year? If 'ves, complete Schedule C, Part III  55 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'ves, complete springation better of Schedule N  73 a Finer amount of political expenditures, direct or indirect, as described in the instructions   37a   0.  36 Did the organization to borrow from, or make any loans to, any officer, director, frustee, or key employee or were bit the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were bit the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were bit the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were a linitation fees and capital contributions included on line 9  bit 1'ves, complete Schedule L, Part II and enter the total amount minoled  38b	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 503(c) notice; reporting, and proxy tax requirements during the year? If "Pes", complete Sphedotic C, Part III 36  35 Dat the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Pes", complete sphedotic because it is the year? 37 Batter amount of political expenditures, direct or indirect, as described in the instructions \$\bigselow{\text{1}}\] 37 B and \$\bigselow{\text{1}}\] 37 B and the organization before from 1129-POL for the year?  38 B Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b) If "Res", complete Schedule I, Part II and enter the total 38 B.  39 Section 59 (10)(7) organizations. Enter a mount of tax imposed on the organization during the year under.  section 4911 - section 4911 - section 4912 - section	35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37 b Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such floans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such floans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b Section 501(c)(7) organizations. Enter  39 Section 501(c)(3) organizations is float amount of tax imposed on the organization during the year under.  39 Section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4955 b  39 Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4955 b  39 Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4958 everses benefit transaction during the year or did it engage an an excess benefit transaction in a prior year that has not been reported on any of this prior forms 90 or 990-EZ if New runder sections 4912, 4955, and 4958  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax into section 4915 b  30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax into sections and the prior prior prior sections of sections 501(c)(3) and 501(c)(4) organizations of the organization and the prior organization organization and the prior organization and the prior orga	1	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<u> </u>
year? If Yes, complete applicable parts of Schedule N  78 Enter amount of political expenditures, direct or indirect, as described in the instructions    78 Enter amount of political expenditures, direct or indirect, as described in the instructions    78 Enter amount of political expenditures, direct or indirect, as described in the instructions    78 Enter amount of political expenditures, direct or indirect, as described in the instructions    78 Det the organization for form 1120-POL for this year?  79 Section 501 (c)(7) organizations. Enter and it and enter the total amount involved    79 Section 501 (c)(7) organizations. Enter a intuition fees and capital contributions included on line 9    70 Section 501 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under.    70 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year and 501 (c)(4) organizations. Enter amount of tax imposed on the organization organization or any of this prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I    70 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization or	•	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
b Did the organization hile Form 1120-POL for this year?  38 a Did the organization brown form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b If Yes; complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(2) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4912 * section 4915 * section 4916 * s		year? If 'Yes,' complete applicable parts of Schedule N	36		х
any such Gans made in a prior year and shill obtainding af the end of the tax year covered by this return?  38 b   1		<del></del>	<del>-</del>		x
b if Yes,' complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter all indications included on line 9  39 Section 501(c)(7) organizations included on line 9  39 Section 501(c)(3) organizations included on line 9  39 Section 501(c)(3) organizations included on line 9  39 Section 501(c)(3) and 501(c)(4) organizations included on line 9, for public use of club facilities  40 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 are section 4911 \( \) section 4911 \( \) section 4912 \( \) section 501(c)(4) organizations. Did the organization engage in any section 4955 are section 4955 are section 4911 \( \) in section 501(c)(4) organizations. Either amount of tax imposed on organization managers of the section 501(c)(5) and 501(c)(4) organizations. Either amount of tax imposed on organization managers of the section 501(c)(6) organizations. Either amount of tax imposed on organization managers of the section 501(c)(6) organizations. Either amount of tax or line 40c reimbursed  40 b  40 b  41 All organizations. At any time during the law year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 6856-7  41 List the states with which a capy of this return is filed \( \) Xen trucky  42 a The organizations  43 Englands at 14 633 FT CAMPERILL BLYD  44 Englands at 14 633 FT CAMPERILL BLYD  54 And the 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; \( \) If Yes, enter the name of the foreign country; \( \) See the instructions for exceptions and filing requirements for Form TD F90-22 I, Report of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes, Fo	38 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
39 Section 501(c)(2) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 \rightarrow section 4919 \rightarrow section 4955 \rightarrow becton 4911 \rightarrow section 4910 \rightarrow section 4955 \rightarrow becton 4955 \rightarrow becton 4950 (c)(4) organizations. Did the organization engage in any section 4958 secess benefit transaction during the year or did it engages in an excess benefit transaction of unity of the year or did it engages in any section 1920 organization any of its prior Forms 990 or 990-E27 if Yes; complete Schedule L, Part I continued to the proposed on organization any of its prior Forms 990 organizations. Enter amount of tax moreosed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations of the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the year and enter amount of tax on line 40c reimbursed by the organization?  41 List the states with which a copy of this return is field * Kentucky  42a The organization?  42a The organization?  43 Telephone no * (270) 439-5816 Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  44b Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Located at * 14633 FT CAMPBELL BLVD OAK GROVE KY 7!P+4 * 42262  45c Lo	ı	s If 'Yes,' complete Schedule L, Part II and enter the total	,	,	
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 — section 4912 — section 4915 — section 4915 — section 4916 — section 4916 — section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990 E27 if Yes; complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912. Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912. Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912. Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and provide tax in the sections 4912. Part I  do by the organization. At any time during the calendar year, did the organization aparty to a prohibited tax sheller transaction of the sections 4912. Part I is stated to the sections 4912. Part I is stated that the section of the sections 4912 is stated to the section of the section 4912. Part I is stated to the section of the	39		٦.	*	
40a Section 501(c)(3) organizations. Eiter amount of tax imposed on the organization during the year under: section 4911 ►		f <sup>-</sup> 1	,	'	1
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4911 *			<b>-</b>  , ;	L, -	3
section 4911 *			i - =	1:57 7	تَــُــُ
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4959 excess benefit transaction during the year of did if engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I (as Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filled. Exent Licky  42a The organization's books are in care of Engalization as the engalization as the engalization books are in care of Engalization. American account in a foreign country is such as a bank account, securities account, or other financial accountly. If Yes, enter the name of the foreign country:  See the instructions for exceptions and filling requirements for form TD F 90-22 I, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes, enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ.  b) If the organization organization processes any payments for indoor tanning services during the year?  44 Lik X.  45 Did the organization have a controlled e			1, 1, 1	1	
transaction during the year or did if engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Form 990 or 990-E27 if Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8836-T  1 List the states with which a copy of this return is filed > Kentucky  142 a The organization's books are in dare of > AMERICAN LEGION POST 233  Telephone no > (270) 439-5816  Located at > 14633 FT CAMPBELL BLVD  OAK GROVE  XY ZIP+4 > 42262  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; such as a bank account, securities account, or other financial account)?  If Yes, enter the name of the foreign country: P  See the instructions for exceptions and filing requirements for Form TD F 90-22 I, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes, enter the name of the foreign country: P  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  Did the organization neceive any payments for indoor tanning services during the year?  44b	ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8856-1  List the states with which a copy of this return is filed ► Kentucky  42a The organization's books are in care of ► AMERICAN LECION POST 233  Located at 1 4 633 FT CAMPBELL BLVD  DAK GROVE  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country: ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Ves No  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization neceive any payments for indoor tanning services during the year?  C Did the organization receive any payments for indoor tanning services during the year?  Let Yes,' Condition of the payments of the payments of the payments of Form 990-EZ.  Let Yes to the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 may have to be completed instead of Fo		transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40.1		
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by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled   Kentucky   42a The organization's books are in care of   AMERICAN LEGION POST 233  Located at   14 633 FT CAMPBELL BLVD   OAK GROVE   KY 2IP+4   42262  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country:   43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,' Add   Add   44b  X  44c  X  44c  X  44d  X  45a  X  44d  X  45b  X	•	managers or disqualified persons during the year under sections 4912, 4955, and 4958			, 45 (
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Schedule O  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  45a X  b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X	43 44 a	books are in care of AMERICAN LEGION POST 233  Located at 14633 FT CAMPBELL BLVD  OAK GROVE  KY ZIP + 4 42262  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42b 42c	Yes	X X
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Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	43 44a E	books are in care of AMERICAN LEGION POST 233  Telephone no (270) Located at 14633 FT CAMPBELL BLVD OAK GROVE KY 2IP+4 42262  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	42b 42c 42c	Yes	No X X
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· Form 990	-EZ (2011) AMERICAN LEGION 23.	3 FORT CAMPBEL	<u></u>	61-086	8142	Page 4
		<u> </u>			Ye	es No
<b>46</b> Did	the organization engage, directly or indired didates for public office? If 'Yes,' complete	tly, in political campaig	n activities on behalf of	or in opposition to		
					46	X
Part VI		and section 4947	(a)(1) nonexempt c	haritable trusts on	<b>iy.</b> All sectio	n
	501(c)(3) organizations and sec	tion 494/(a)(1) no	nexempt charitable	trusts must answe	r questions	
	47-49b and 52, and complete the	ie tables for lines a	ou and 5!.			_
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI			
					Ye	s No
<b>47</b> Did 1	the organization engage in lobbying activiti	ies or have a section 50	1(ก) election in effect di	uring the tax year? If 'Ye		
	plete Schedule C, Part II				47	
	e organization a school as described in se	. , , , , , , ,	•	ule E	48	
	the organization make any transfers to an	•	related organization?		49 a	
<b>b</b> If 'Yo	es,' was the related organization a section	527 organization?			49 b	$\perp$
<b>50</b> Comemp	nplete this table for the organization's five I lloyees) who each received more than \$10	nighest compensated er 0,000 of compensation in	nployees (other than offi from the organization If	icers, directors, trustees there is none, enter 'No	and key ne '	
		(b) Title and average	(c) Reportable compensation	(d) Health benefits,	(e) Estimated an	nount of
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(Forms W-2/1099-MISC)	contributions to employee	other compens	sation
		·		benefit plans, and deferred compensation		
NONE				,		
			]			
						<del></del>
		<del> </del>				
			<u> </u>			
<b>-</b>		<b></b>				
			<u> </u>			
<b>e</b> Tota	I number of other employees paid over \$10	00,000				
<b>51</b> Com	plete this table for the organization's five I	nighest compensated in	dependent contractors w	ho each received more	than \$100,000	of
	pensation from the organization of there is					
(a)	Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Type •	of service	(c) Compens	ation
NONE						
					*	
-	-					
		<del>-</del>				
	<del></del>					
<b>-</b>						
			<u> </u>			
<b>e</b> Tota	I number of other independent contractors	each receiving over \$1	00,000	▶.		
	the organization complete Schedule A? No		organizations and 4947	'(a)(1) nonexempt		
	itable trusts must attach a completed Sche				Yes	No
Under penalti true, correct,	es of perjury. I declare that I have examined this return and complete. Declaration of preparer (other tran office	, including accompanying sche er) is based on all information of	dules and statements, and to the	e best of my knowledge and be ledge	lief, it is	
	Court Land	)		(A)6.12		
Sign	Signature of officer			Date		
Here	DAVID LOPEZ					
TICIC	Type or print name and title	· · · · · · · · · · · · · · · · · · ·				
<del></del>	Print/Type preparer's name	Preparer's signature/	n Date		TIN	
		1 /00/19/1		Citeck [] ii		
Paid	CONNIE J. BLACK	CONNECT, BLAC	K  08/06/1	2 self-employed P	00515465_	<del></del>
Preparer	Firm's name ► BURKHART BOOKKE	·	INC.			
Use Only	Firm's address ► 1025 MADISON ST			Firm's EIN ►	62-150456	0
	CLARKSVILLE	· · · · · · · · · · · · · · · · · · ·	TN 37040	Phone no (93		<u>31</u>
May the IR	CLARKSVILLE RS discuss this return with the preparer sho	own above? See instruc		Phone no (93)	1) 552-92 ► X Yes [	31 No

## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Rublic

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

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 61-0868142 AMERICAN LEGION 233 FORT CAMPBELL

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

## **Depreciation and Amortization** (Including Information on Listed Property)

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

OMB No 1545 0172

2011

Name(s) shown on return AMERICAN LEGION 233 FORT CAMPBELL

Identifying number 61-0868142

	m 990 / Form 990		<del></del>					
Pai	t I Election To Exp Note: If you have a	pense Certain I	Property Under Sec complete Part V before	ction 179 vou complete Pal	rt /			
1	Maximum amount (see ins		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			1	
2	Total cost of section 179 p	•	service (see instructions)	)			2	
3	Threshold cost of section 1						3	
4	Reduction in limitation Su	·		•			4	
5	Dollar limitation for tax yea separately, see instruction	ar Subtract line 41	from line 1. If zero or les	ss, enter -0- If m	arried filing		5	
6		Description of property		(b) Cost (business	use only)	(c) Elected co	<del>'                                    </del>	
								\$ \$,
7	Listed property Enter the				7			, , ,
8	Total elected cost of section			), lines 6 and 7			8	
9	Tentative deduction Enter						9	
10	Carryover of disallowed de						10	
11 12	Business income limitation					ee instrs)	11	
13	Section 179 expense dedu- Carryover of disallowed de						12	
	Do not use Part II or Part				▶ 13			<u> </u>
					A 1 1 1 1		<u> </u>	<del></del>
	t II 🔝 Special Depreci					•	(See in	structions)
14	Special depreciation allowatax year (see instructions)	ance for qualified p	property (other than liste	d property) place	d in service	during the	14	
15	Property subject to section	168(f)(1) election					15	
_16	Other depreciation (including	ng ACRS)					16	
Par	t III MACRS Deprec	iation (Do not in	nclude listed property) (	See instructions)	<del></del>		············	· · · · · · · · · · · · · · · · · · ·
			Section					
17	MACDS doductions for any	-41 1		<del></del>			T T	
• •	WACKS deductions for ass	ets piaced in servi	ce in tax years beginnin	g before 2011			17	9,974.
	If you are electing to group asset accounts, check here	any assets placed			or more gene	eral ► 🗍	17	9,974.
	If you are electing to group asset accounts, check here	any assets placed	d in service during the ta	ax year into one o		<u> </u>	*	-
	If you are electing to group asset accounts, check here Section B	- Assets Placed (b) Month and	in Service During 2011  (c) Basis for depreciation	ax year into one o		<u> </u>	*	-
	If you are electing to group asset accounts, check here Section B	any assets placed  - Assets Placed	in Service during the ta	x year into one o	he General [	Depreciation	System	
18	If you are electing to group asset accounts, check here Section B	- Assets Placed (b) Month and year placed	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
18 	If you are electing to group asset accounts, check here Section B  (a) Classification of property	- Assets Placed (b) Month and year placed	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
18 	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
18 19a b	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  7-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
19 a b c d e	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to	he General I	Depreciation (f)	System	(g) Depreciation
19a	If you are electing to group asset accounts, check here  Section B  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	ax year into one of the control of t	he General I	Depreciation (f) Method	System	(g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	ax year into one of the control of t	he General I (e) Convention	Depreciation (f) Method	System	(g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs	he General I (e) Convention	Depreciation (f) Method S/L S/L	System	(g) Depreciation
19 a b c d e f g	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	25 yrs 27.5 yrs	MM MM	S/L S/L S/L	System	(g) Depreciation
19 a b c d e f g	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Assets Placed      (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs	MM MM MM	S/L S/L S/L S/L	System	(g) Depreciation
19 a b c d e f g	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	- Assets Placed  (b) Month and year placed in service	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM MM	S/L S/L S/L S/L S/L S/L	System	(g) Depreciation deduction
19 a b c c d e e f g h h	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	- Assets Placed  (b) Month and year placed in service	in Service During 2011 (c) Basis for depreciation (business/investment use	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM MM	S/L S/L S/L S/L S/L Depreciation	System	(g) Depreciation deduction
19 a b c c d e e f g h i i	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C —	- Assets Placed  (b) Month and year placed in service	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs	MM MM MM MM	S/L	System  System	(g) Depreciation deduction
19 a b c c d e f g h i i 20 a b b	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Class life	- Assets Placed  (b) Month and year placed in service	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM	S/L	System	(g) Depreciation deduction
19 a b c c d e f g h i i 20 a b b	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Class life 12-year	- Assets Placed  (b) Month and year placed in service	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs	MM MM MM MM	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b c c	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C — Class life 12-year 40-year Summary (See in	- Assets Placed  (b) Month and year placed in service  Assets Placed in	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM	S/L	System	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c c Part 21 22	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Class life 12-year 40-year  Listed property Enter amou	Assets Placed  (b) Month and year placed in service  Assets Placed in service  Assets Placed in structions.)  unt from line 28 lines 14 through 17. In	in Service During 2011  (C) Basis for depreciation (business/investment use only — see instructions)  Service During 2011 Tales of the service During 2011 Tales of t	25 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	MM MM MM Alternative	S/L	System  1 System  21	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c C Rarri 21 22 23	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C — Class life 12-year 40-year CIV Summary (See in Listed property Enter amounts)	Assets Placed  (b) Month and year placed in service  Assets Placed in service  Assets Placed in structions.)  unt from line 28 lines 14 through 17, line Partnerships and S cd placed in service	in Service During 2011  (c) Basis for depreciation (business/investment use only — see instructions)  Service During 2011 Tales 19 and 20 in column (g), alter proporations — see instructions eduring the current years	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	MM MM MM Alternative	S/L	System	(g) Depreciation deduction

Page 2 Form **4562** (2011) AMERICAN LEGION 233 FORT CAMPBELL Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24b If 'Yes,' is the evidence written? No 24a Do you have evidence to support the business/investment use claimed? Yes (i) (b) (c) Business/ (a) (e) (f) Elected section 179 cost Basis for depreciation Method/ Depreciation Type of property (list vehicles first) Date placed in service Recovery period Cost or investment other basis (business/investment Convention deduction use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 300 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (f) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes Yes No Yes No Yes No Nο Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization begins Amortizable amount Code section Amortization Amortization for this year period or percentage 42 Amortization of costs that begins during your 2011 tax year (see instructions) Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
OFFICE_	2,709.
ADVERTISING	300.
SUPPLIES	2,256.
VEHICLE EXPENSE	1,267.
MEMBERSHIP/DUES	2,761.
STATE AND NATIONAL DUES	13,701.
TAXES AND LICENSES	15,993.
Depreciation	9,974.
MERCHANT DISCOUNT	3,486.
INSURANCE	6,869.
RETURN CHECK EXPENSE	500.
DUES AND SUBSCRIPTIONS	35.
Total	59,651.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
MORTGAGE PAYABLE-BB&T	50,144.	42,127.
Total	50,144.	42,127.