

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### Form 990

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

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

OMB No 1545-0047

2012

Open to Public

benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A_I	For the	2012 calend	ar year, or tax year beginning, 2012, and end	ding	, 20	
В	Check if an	pplicable	C Name of organization AMERICAN LEGION POST 024		D Employer identification no	
$\neg$	Address ch	•	Doing Business As		35-0785210	
_		-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
_	Name chai	_	· · · · · · · · · · · · · · · · · · ·	Noom/suite		
亅 '	nitial retur	Th	2515_25TH_ST		(812) 376-7036	
ַ וַ	Terminated	d	City, town or post office, state, and ZIP code		260,440	
<u></u>	Amended i	return	Columbus, IN 47201		G Gross receipts \$	
□ /	Application	n pending	F Name and address of pnncipal officer MATTHEW TAYLOR	May to this a smill	ration for	
			1936 UNION STREET, COLUMBUS, IN 47201	H(a) Is this a group affiliates?	Yes X No	
	Tax-exem	pt status	501(c)(3)	H(b) Are all affiliates	included? Yes No	
		▶ N/A		If "No," attach a	a list (see instructions)	
			Corporation Trust Association Other L Year of formation 19	<del> </del>	<del></del>	
				701 M State of te	gai donnicile 114	
ra	rt I	Summar				
		-	be the organization's mission or most significant activities   PATRIOTIC VETERA			
ø		MENTORIN	G YOUTH, ADVOCATING PATRIOTISM AND HONOR, PROMOTING STR	ONG NATIONAL	SECURITY, AND	
Activities & Governance		CONTINUE	D DEVOTION TO SERVICEMEMBERS AND VERTERANS			
Ë						
Š	2	Check this b	ox 🔊 🗌 If the organization discontinued its operations or disposed of more than 25% of	its net assets.		
ŏ	3	Number of v	oting members of the governing body (Part VI, line 1a)		3   10	
<b>مخ</b>			dependent voting members of the governing body (Part VI, line 1b)		10	
Ë					5 0	
Ξ	1		r of individuals employed in calendar year 2012 (Part V, line 2a)			
Ac	1		r of volunteers (estimate if necessary)	· · · · · · · —	3	
	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12	· · · · <u>· · ·   7</u>	<u>a</u> 0	
	b	Net unrelate	d business taxable income from Form 990-T, line 34	7	<b>b</b> 0	
				Prior Year	Current Year	
e	8	Contribution	s and grants (Part VIII, line 1h)	13,6	38 10,566	
	- 1		vice revenue (Part VIII, line 2g)		0	
ē		•	ncome (Part VIII, column (A), lines 3, 4, and 7d)		44 1	
Revenue			ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,1		
			e - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	124,8		
	13	Grants and	d to or for members (Part IX, column (A), lines 1-8)  der compensation, employee benefits (Part IX, column (A), lines 5-10)	1,4	33 292	
	14	Benefits par	d to or for members (Part IX, column (A) line 4)		0	
w	15	Salaries, oth	er compensation, employee benefits (PartYX, column (A), lines 5-100 \	40,3	01 35,751	
Expenses	16a	Professiona	I fundraising fees (Part IX, column (A), (line 11e)		0	
ĕ	Ь	Total fundra	ising expenses (Part IX, column (D), dine 25)			
Ä				88,0	21 80,768	
_	18	Total expen	see. Add lines 13.17 (must equal Part IX column (4) times (5)	129,7		
	10	Total expen	ses (Part IX, column (A), lines 11a-1 td, 11f-24e)			
	19	Revenue les		(4,9		
Fund Blances	5		<del></del>	Beginning of Current Yes		
Blar	20		(Part X, line 16)	14,4	<del></del>	
E 4	දී   21	Total liabiliti	es (Part X, line 26)	2,0	15 1,680	
교 2	22	Net assets	or fund balances. Subtract line 21 from line 20	12,4	6,501	
Pa	urt II		ire Block	_		
<del>Und</del> e	r penalties	s of penjury, I dec	clare that I have examined this return, including accompanying schedules and statements, and to the best of my ki claration of preparer (other than officer) is based on all information of which preparer has any knowledge	nowledge and belief, it is		
	correct, ar	nd complete Dec	claration of preparer (other than officer) is based on all information of which preparer has any knowledge			
>> >>>		L SE W	Act to be a least to be a leas	İ	7-12 13	
≫ Sig	ın İ	Signati	re of officer		Date	
ું. ફીeા			<b>U</b>			
:51e	re		HEW TAYLOR, COMMANDER			
		Type or	print name and title		<del></del>	
<u>n</u>		Print/Type pr	eparer's name Proparer's signature Date	Check [] i	PTIN	
Pai	id	SHANNO	N WOOTEN 07-09-2013	self-employed	P00705143	
$\sim$	parer	-	ETC SERVICES INC	Firm's EIN		
Use Only Firm's address PO BOX 922 Phone no						
)	J J	, i iiii s addre	Columbus IN 47202		-372-9888	
<del></del>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	🔀 Yes 🗌 No	
мау	the IRS	s discuss this	s return with the preparer shown above? (see instructions)	<u></u>	Бы тех Пио	

Form 990 (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

-orm	990 (2012) AMERICAN LEGION POST 024	35-0785210	Page 2
Par	till. Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	. <u> </u>	<u> 🗆</u>
1	Briefly describe the organization's mission		
	PATRIOTIC VETERANS ORGANIZATION DEVOTED TO MENTORING YOUTH, ADVOCATING PATRI		
	PROMOTING STRONG NATIONAL SECURITY, AND CONTINUED DEVOTION TO SERVICEMEMBERS	AND VERTERAL	1S
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	☐ Yes 🌣	] 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		
	services?	🗌 Yes 🛚 🛣	] No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
	(O ) (F)		042 \
	(Code:) (Expenses \$116,811 including grants of \$) (Revenue		<u>943</u> )
	MENTOR YOUTH, ADOCATE PATRIOTISM AND HONOR, NATIONAL SECURITY, ASSIT SERVICE VETERANS	MEMBERS AND	
	VEIERANS	·	
		·	
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<del></del>
			···
		_	
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)  Code: Other program services. (Describe in Schedule O.)	\$	)
		)	)

Part IV.

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Х 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporanly restricted 10 Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ....... Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

#### Part IV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		_X_
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			v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		x
	through 24d and complete Schedule K If "No," go to line 25	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
a	to defease any tax-exempt bonds?	24d		
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
J	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ļ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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	<b>-</b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		X
25-	or IV, and Part V, line 1	34 35a		X
35a		Joa	<del> </del>	
b	If "Yes" to line 35a, 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		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		1
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50	<del>                                     </del>	<del> </del> -
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>	<del>                                     </del>	T
- <del>-</del>	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
				2012)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u>. 🗆</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return	- 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•		х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	่งถ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		х
_	account)?	-ra		-11
þ	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	]	Ì
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	· -	
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	-	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	IZa		<del> </del>
b	11 105, Citics the amount of tax exempt interest to the great of the g	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1	+
а	15 the digularization hositions to local qualified feeting plane in the control of the control o	134	1	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.		]	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1	
_	are organization to hoorisos to locale qualification and the same provides the same provides to the same provides the sa	1	1	
C 14a	Enter the amount of reserves on hand	14a	1	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			† <u></u>
b	ii res, nas it lieu a i oini 720 to report dese paymonis. Ii ito, provide all explanation il coneddie o			

AMERICAN LEGION POST 024 35-0785210 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI. response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 10 Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent 10 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy? 13 13 . . . . . . . . . . . . . 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Other officers or key employees of the organization 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 Х 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

Own website

17 List the states with which a copy of this Form 990 is required to be filed	•	IN
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Another's website

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20

organization: ► MATTHEW TAYLOR (812)376-7036

1936 UNION STREET COLUMBUS, IN 47201

☐ Upon request ☐ Other (explain in Schedule O)

E	വവവം	(2012)	
COLL	330	120121	

AMERICAN LEGION POST 024

35-0785210

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# Part VII 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0		, <del>_</del>		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	1		Posi ck mo	tion ore th	an one both an		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related	officer and a director/trustee)						organization	(W-2/1099-MISC)	from the
	organizations	1 t d	1 t	0		Нсе	F	(W-2/1099-MISC)		organization and related
	below dotted line)	nd stee or local	nr su ts tt	f f c e	е	g mployeensee ted	o r m e r			organizations
(1) ERNEST ARMSTRONG									_	
HOME COMMITTEE	10.00	L		Х		ļ		0	0	
(2) HENRY STOTT				ا ۔۔					1	
1ST VICE	20.00			Х		ļ	_	o	0	
(3) JAMES PICKETT				١					_	
FINANCE OFFICER	20.00	ļ		X					0	
(4) MATTHEW TAYLOR				١						
COMMANDER	20.00			X		<del> </del>	_		0	
(5) ROGER LEESON				1	,				_	
HOME COMMITTEE	20.00	ļ		X	<u> </u>	ļ	_	C	0	
(6)										
(7)								·		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)				_			-			
· · · · · · · · · · · · · · · · · · ·		т		Ц.	Ь_		<u> </u>	<u> </u>		F 000 (2012)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos eck m s pen	son is	nan one both an ustee)	 	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	from amou		n
		related organizations below dotted line)	I t d nr, dur, sec let deo ur ao	n r s u t s ı t t e	f f c e	K e y e m p l o y e e	H c e m g n e o y e o s a t e o d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anization of related anizations	1
(15)				ı									
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)				-	-		ļ ļ						
(25)													
1b c	Sub-total		• • •	• •	• •			<b>&gt;</b>					
d 2	Total (add lines 1b and 1c)							nore	than \$100,000 of		!	,	_0_
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any <b>former</b> officer, director employee on line 1a? If "Yes," complete Schedule										3		х
4	For any individual listed on line 1a, is the sum of rep	oortable com	pensat	tion	and	othe	r comp	oens			J		
	organization and related organizations greater than individual										4		Х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	-		-			_		tion or individual	<u> </u>	5		х
	on B. Independent Contractors						4	4	# #100 00	10 -f			
1	Complete this table for your five highest compensation from the organization. Report compeyear												
	(A) Name and business address								(B) Description of			(C) ensation	
	realite and positioss addicess				<u>-</u>				2 conprosi di		23/11		
					_								
			-										
2	Total number of independent contractors (including				liste	ed al	oove) v	vho					

35-0785210 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (D) Unrelated business Related or Total revenue Revenue excluded from tax exempt function revenue under sections 512, 513, or 514 Federated campaigns . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1a Membership dues . . . . . . . . . . . 1b 10,498 Fundraising events . . . . . . . . . . . . . . . . 1c d Related organizations . . . . . . . . 1d Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 68 g Noncash contributions included in lines 1a-1f: \$ 10,566 **Business Code** Program Service Revenue 2a f All other program service revenue . . . . . . Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . ▶ Income from investment of tax-exempt bond proceeds 5 (ı) Real (ii) Personal 6a Gross rents . . . . . . . . **b** Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a **b** Less: direct expenses . . . . . . . . . b c Net income or (loss) from fundraising events . . . . . . . . ▶ 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . a 72,488 **b** Less: direct expenses . . . . . . . . . **b** 64,863 c Net income or (loss) from gaming activities . . . . . . . . . . . ▶ 7,625 7,625 10a Gross sales of inventory, less returns and allowances . . . . . . . . . a 121,214 **b** Less: cost of goods sold . . . . . . . . . **b** 54,634 c Net income or (loss) from sales of inventory . . . . . . . . . ▶ 66,580 66,580 Miscellaneous Revenue **Business Code** 11a MISC INSURANCE PROCEEDS 900099 56,171 56,171 d All other revenue . . . . . . . . . . . . . . . .

56,171

140,943

130,377

e Total. Add lines 11a-11d

#### Part IX Statement of Functional Expenses

8b, 9b, a	Check if Schedule O contains a response to any quest include amounts reported on lines 6b, 7b, and 10b of Part VIII.	ion in this Part IX . (A) Total expenses	(B)	(C)	(D)
8b, 9b, a	and 10b of Part VIII.			(C)	(D)
		rotal expenses I		Management and	Fundraising
1 G			Program service expenses	Management and general expenses	expenses
	rants and other assistance to governments and				
or	rganizations in the United States. See Part IV, line 21 .	292	292		
<b>2</b> G	rants and other assistance to individuals in		·		
th	ne United States. See Part IV, line 22				
<b>3</b> G	rants and other assistance to governments,				
10	rganizations, and individuals outside the				
U	nited States. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
	ustees, and key employees				<del></del>
	compensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	32,078	32,078		
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits		2 652		
	rayroll taxes	3,673	3,673		
	ees for services (non-employees)				
	fanagement				
	accounting	3,145	3,145		
	obbying	3,143	3,113		
	rofessional fundraising services. See Part IV, line 17 .	1.			
	estment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column			**	
_	A) amount, list line 11g expenses on Schedule O )				
	dvertising and promotion	4,187	4,187		
<b>13</b> O	Office expenses	1,738	1,738		
<b>14</b> In	nformation technology				•
15 R	Royalties				
<b>16</b> O	Occupancy	29,306	29,306		
	ravel	25	25		
18 P	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	ayments to affiliates				
	Depreciation, depletion, and amortization	10,069	10,069		
	nsurance	5,903	5,903		
	Other expenses. Itemize expenses not covered				
	bove (List miscellaneous expenses in line 24e. If ne 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O.)				
•	AUNDRY	4,127	4,127		
_	ELEPHONE	628	628		
_	ANDS AND KAROKE	21,640	21,640		
d <u>B</u>		22,010	22,010		
_	Il other expenses	, , , , , , , , , , , , , , , , , , ,			
	otal functional expenses. Add lines 1 through 24e .	116,811	116,811	0	0
26 J	oint costs. Complete this line only if the				
O	rganization reported in column (B) joint costs				
	om a combined educational campaign and undraising solicitation. Check here				
	bllowing SOP 98-2 (ASC 958-720)				

35-0785210

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 4,830 10,317 1 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 Notes and loans receivable, net ............. 4,141 3,351 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D . . . . . 10a 10c 11 11 12 12 Investments - other securities. See Part IV, line 11 ....... 13 13 14 14 15 15 8,181 16 14,458 16 2,015 17 1,680 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, \_iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 . . . . . . . . . . . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,680 2,015 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 💹 and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 6,501 27 12,443 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds ..... 32 6,501 12,443 33 33 

8,181

14,458

34

34

		35-07852	<u>L</u> 0	Pa	ge 12
Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	:	140,9	43
2	Total expenses (must equal Part IX, column (A), line 25)		:	116,8	11
3	Revenue less expenses. Subtract line 2 from line 1	<del></del>		24,1	.32
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,4	43
5	Net unrealized gains (losses) on investments		_		
6	Donated services and use of facilities				
7	Investment expenses	. 7		_	
8	Pnor period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
<del></del>	33, column (B))	. 10		36,5	575_
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis   Description Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
С	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	ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O.				
3a	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 Cırcular A-133?		3a		
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		3b	L	L
FFA			Forn	n 990 (:	2012)

#### · SCHEBULE C. (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III.			• •
Nam	e of organization			ļ · · ·	identification number
	MERICAN LEGION POST 024			35-078	
Pa	rt I-A Complete if the organ			s a section 527 orga	nization.
1	Provide a description of the organization'				
2	Political expenditures				
3	Volunteer hours		• • • • • • •	· · · · · · · · ·	
Pa	rt I-B Complete if the organ	nization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under section 495	5	▶ \$	
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495				
4a	Was a correction made?				
b	if "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	nization is exempt under secti	on 501(c), exc	cept section 501(c)(	3).
1		ne filing organization for section 527 exem			
	activities			▶ \$	
2	Enter the amount of the filing organization	n's funds contributed to other organization	ns for section		
				▶ \$	
3	Total exempt function expenditures. Add				
4		-POL for this year?			
5	Enter the names, addresses and employ	er identification number (EIN) of all section	n 527 political org	anizations to which the filin	9
	, ,	organization listed, enter the amount paid			
		ived that were promptly and directly deliver			
	as a separate segregated fund or a politi	cal action committee (PAC). If additional	space is needed, p	provide information in Part I	V
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			-		

	art II-A Complete if the organization		nder section 50	1(c)(3) and filed	Form 5768 (elec	
	section 501(h)).	·				
Α	Check ▶ ☐ If the filing organization belongs to	an affiliated group	(and list in Part IV ea	ch affiliated group me	ember's	
	name, address, EIN, expenses, a	nd share of excess	lobbying expenditure	s).		
<u>B</u>	Check ▶ ☐ if the filing organization checked b	ox A and "limited or	ontrol" provisions app	ly.		
	Limits on Lob	bying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" i		··		organization's totals	group totals
1a	·, J - F					
b	· · · · · · · · · · · · · · · · · · ·					
C		•				
d	care, enempt perpendicular co					
e	total entiript purposs emportantico (add inico in	•				
f	Lobbying nontaxable amount. Enter the amount	from the following to	ible in both			
	columns.	· · · · · · · · ·	-		ļ	
	If the amount on line 1e, column (a) or (b) is:	· · · · ·	nontaxable amoun	t is :	]	
	Not over \$500,000		nount on line 1e.		1	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus \$1,000,000.	s 5% of the excess ov			
	Over \$17,000,000		<u> </u>			
g	•	•				
h	<ul> <li>Subtract line 1g from line 1a. If zero or less, enter Subtract line 1f from line 1c. If zero or less, enter</li> </ul>		• • • • • • • • • • •			
:	If there is an amount other than zero on either lin		ho arganization fla Fr			
,			<u>-</u>			☐ Yes ☐ No
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ res ☐ No
	(Some organizations that	made a section 50	Period Under Section 11(h) election do not tions for lines 2a thi	have to complete a		
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
_ t	Lobbying ceiling amount (150% of line 2a, column (e))	·				
C	: Total lobbying expenditures					
	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

EEA

	(election under section 501(h)).		a)	(b)
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		Yes	No	Amount
	ng the year, did the filing organization attempt to influence foreign, national, state or local			
	lation, including any attempt to influence public opinion on a legislative matter or		1	
	endum, through the use of:		1	
	nteers?			
	staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	ia advertisements?			
	ngs to members, legislators, or the public?			
	ıcations, or published or broadcast statements?			
	its to other organizations for lobbying purposes?			
	ct contact with legislators, their staffs, government officials, or a legislative body?			
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	er activities?			
•	I. Add lines 1c through 1ı			
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b></b>	
	es," enter the amount of any tax incurred under section 4912			
	es," enter the amount of any tax incurred by organization managers under section 4912			.,,
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-	· · · · · · · · · · · · · · · ·	(5),	or se	ection
	501(c)(6).			
				Yes
	e substantially all (90% or more) dues received nondeductible by members?			1
	the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did i	the organization agree to carry over lobbying and political expenditures from the prior year?			3
2 Sect	s, assessments and similar amounts from members	•	1	
=	tical expenses for which the section 527(f) tax was paid).			
	rent year		2a	
	yover from last year		2b	
	· · · · · · · · · · · · · · · · · · ·		2c	
	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	
	tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	ess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	political expenditure next year?	•	4	***
	able amount of lobbying and political expenditures (see instructions)	•	5	
Part IV	Supplemental Information			***
Complete	this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	оир		
st); Part I	l-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.			
				<del></del>
				_
EA				Form 990 or 990-EZ
		Caba		AAA AAA

#### - SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number AMERICAN LEGION POST 024 35-0785210 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . . . . . . 2 Aggregate contributions to (during year) . . . . . 3 Aggregate grants from (during year) . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .... Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 ········ **▶** \$ 

	Till   Organizations Maintaining C							ssets (continued)
3	Using the organization's acquisition, accession,	and other records, o	check any c	f the follow	ving that are a	a signific	ant use of its	
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	in or excha	nge progra	ıms			
b	Scholarly research	e 🗌 Oth						
С	Preservation for future generations							
4	Provide a description of the organization's collection	tions and evoluin be	w thou furt	har tha arc	ranization's o	vomnt n	umana in Dart	
•	XIII	Moris and Explain in	w uley luit	nei ule oig	janizauon s e	xempt p	uipose iii rait	
_								
5	During the year, did the organization solicit or re-							
	assets to be sold to raise funds rather than to be	maintained as part	of the orga	nization's (	collection?		1000 0	U Yes U No
rai	Escrow and Custodial Arran line 9, or reported an amount of	on Form 990, Pa	art X, line	21.			d "Yes" to Fo	rm 990, Part IV,
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contrib	utions or o	ther assets n	ot		
	included on Form 990, Part X?					. <b></b> .	· • • • • • • • • • • • • • • • • • • •	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	/ing table:					
			_				A	mount
С	Beginning balance					. 1c		
d	Additions during the year							<del></del>
e	Distributions during the year							
f	Ending balance					<del></del>		
2a	Did the organization include an amount on Form					<del></del>	<del></del>	Yes No
b	If "Yes," explain the arrangement in Part XIII. Cheft V Endowment Funds. Complete							
产权	t V Endowment Funds. Complete				1	i	•	<del></del>
_		(a) Current year	(b) Pn	or year	(c) Two years	back	(d) Three years back	k (e) Four years back
1a	Beginning of year balance					_		
b	Contributions		1					
C	Net investment earnings, gains, and							
	losses				L			
d	Grants or scholarships	 		• •				
е	Other expenditures for facilities and							
	programs				:			
f	Administrative expenses							
g g	End of year balance						<u> </u>	
2	Provide the estimated percentage of the current			(-)\ b	l			
	· · · · · · · · · · · · · · · · · · ·	year end balance (ii	ine ig, colu	mm (a)) ne	au as.			
a	Board designated or quasi-endowment							
b	Permanent endowment > %							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e	•						
3a	Are there endowment funds not in the possession	on of the organization	n that are h	eld and ad	lministered fo	r the		
	organization by							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. (3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ited as required on S	Schedule R	?				. 3b
4	Describe in Part XIII the intended uses of the org	ganızatıon's endown	nent funds.					
Pa	rt VI Land, Buildings, and Equip	ment. See Form	n 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Book value
		(investm	ent)	(	other)	d	epreciation	
1a	Land							<del></del>
ь	Buildings		<del>-</del>				····	
	Leasehold improvements	· · ·			·· <u>·</u>			
C		· · ·						
d	Equipment	<u>.</u> <del> </del>						<del></del>
<u>e</u>	Other STMD1		<del></del> -	<u> </u>				
Tota	<ol> <li>Add lines 1a through 1e (Column (d) must equ</li> </ol>	al Form 990, Part X	, column (B	), line 10(c	:))		<u> ▶ ]</u>	

Part VII	Investments - Other Securit	ies. See Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	denvatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
_(D)	·		
(E)			
(F)			
(G) (H)	70.764		
(1)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	o) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>	
Part VIII	Investments - Program Rela	ated. See Form 990, Part X, line	13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)	-31 - 112 - 1		
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5) (6)			
(7)			<u> </u>
(8)			
(9)			
(10)			
	o) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
Part IX	Other Assets. See Form 990,	Part X, line 15.	· · · · · · · · · · · · · · · · · · ·
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, col. (E	3) line 15.)	
Part X	Other Liabilities. See Form 99		
1	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			4
(6)			4
(7)			4
(8)			4
(9) (10)			-
(11)			+
	o) must equal Form 990, Part X, col (B) line 25)	<b>•</b>	1
		<u></u>	inancial statements that reports the organization's
		40) Check here if the text of the footnote	

Sched	ule Ø (Form 990) 2012 AMERICAN LEGION POST 024	35-0785210	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
а	Net unrealized gains on investments		
b	Donated services and use of facilities	7	
С	Recovenes of pnor year grants	7	
đ	Other (Describe in Part XIII )		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	7	
С	Add lines 4a and 4b	4 <sub>c</sub> ]	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Pnor year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIII.)	$\dashv$ $\parallel$	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
-			
a b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	<b>-</b>   <b>,</b>	
5		4c 5	
,	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	J	
	······································	- J Ob.	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a		
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional	
inton	mation		
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
EEA		Schedule D (	Form 990) 201

#### SCHEDULE.G (Form-990 or 990-EZ)

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number AMERICAN LEGION POST 024 35-0785210 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants c Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 3 5 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			RICAN LEGION POST			0785210 Page 2
Pa	ırt	<del></del>				
		than \$15,000 of fundraising gross receipts greater than		a gross income on Forr	n 990-EZ, lines 1 and 6	b. List events with
		gross receipts greater triair	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
nue						
Revenue	1	Gross receipts				
	2					
	3	<b>(</b> )				
		line 2)				·
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines	4 through 9 in column (d)			(
	11					, , , , , , , , , , , , , , , , , , ,
Pa	ırt	Gaming. Complete if the c				more
		than \$15,000 on Form 990	)-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue	6,734	65,754		72,488
es	2	Cash prizes	7,403	50,200		57,603
Expenses	3	Noncash pnzes				
Direct Exp	4	Rent/facility costs				_
_	5	Other direct expenses		7,260		7,260
	6	Volunteer labor	☐ Yes % ☑ No	∐ Yes % ☑ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			( 64,863 )
	8	Net gaming income summary. Com	bine line 1, column d, and li	ne 7		7,625
9		Enter the state(s) in which the organizat				
		s the organization licensed to operate g	aming activities in each of	these states?		🛛 Yes 🗌 No
ľ	) II _	f "No," explain:				
10a	ı v	Vere any of the organization's gaming li	censes revoked suspende	ed or terminated during the	tax vear?	· · · Yes No
		F"Van " avalera		•		
	_					
			<del> </del>	<del>-</del>		

Sched	ute G (Form 990 or 990-EZ) 2012 AMERICAN LEGION POST 024 35	-0785	5210	Pa	ige <b>3</b>
11	Does the organization operate gaming activities with nonmembers?		. Yes	X	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer chantable gaming?		. 🛚 Yes		No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility		100.0	00	<u>%</u>
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ► MATTHEW TAYLOR		,		
	Address ▶ 1936 UNION STREET COLUMBUS, IN 47201				
15a	Does the organization have a contract with a third party from whom the organization receives gaming		□ <b>v</b>	F <b>2</b> 71	<b>.</b>
_	revenue?		. 📋 Yes	M	NO
D	amount of gaming revenue retained by the third party   \$ and the				
_	If "Yes," enter name and address of the third party:				
C	in res, entername and address of the time party.				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ► HENRY STOTT				
	Gaming manager compensation ▶ \$				
	Gaming manager compensation > \$				
	Description of services provided MISC				
	☑ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to		_	_	
	retain the state gaming license?		. 🗌 Yes	X	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	spent in the organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Complete this part to provide the explanations required b			b,	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co	mple	e this		
	part to provide any additional information (see instructions).				
		•			
				<del></del>	
				_	
			_		
				-	

EEA

F	ederal Supporting	g Statements		012	PG01				
Name(s) as shown on return			FEI	N					
AMERICAN LEGION POST 02	4			35 - 0	785210				
	Form 990, Schedule D, Part VI, Line le Statement #Dle Investments - Other								
Description	Cost/basis	Cost/basis			Book				
of Investment	(Investment)	(Other)	Depr		<u>Value</u>				
LAND BUILD EQUIP	0	0		0	<b>.</b>	0			
Total	0			0		0			

١,

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

Department of the Treasury

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

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.

OMB No 1545-0047

Open to Public Inspection

	Revenue Servi	,		<b>&gt;</b>	Attach to	Form 990	or 990-E	Z.			Inspection
Name o	f the organization	on		-			·		-	Employer	identification number
AMERICAN LEGION POST 024 35-0785210									5210		
		· · · · · ·									
01.	Form	990	governing	body r	eview	(Part	: VI,	line	11)		
											-
THE	TAX RET	URN WI	LL BE VIEWED	AT THE N	EXT ME	TING AS	AN E	KTENSION	HAS ALR	EADY BEI	EN FILED
											<u> </u>
AND	NEEDS TO	O BE I	OSTMARKED AS	AP.							
	_		•				_				1
02.	Gover	rning	document	s, etc,	avai	lable	to p	ublic	(Part	VI, li	ne 19)
		_									
UPON	REQUES'	T								·	
						····			<del></del>		
											······································
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	-										

Form **4562** 

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

OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return					activity to wh	Identifying number					
AME	RICAN LEGION POST	FORM 990 - 1					35-0785210				
Part I Election To Expense Certain Property Under Section 179											
	Note: If you have any listed property, complete Part V before you complete Part I.										
1	Maximum amount (see instructions	)						1_			
2	Total cost of section 179 property p	laced in service (	(see instruction	ns)				2			
3	Threshold cost of section 179 prope	erty before reduct	tion in limitation	n (see insti	ructions)			3			
4	Reduction in limitation Subtract line	e 3 from line 2 If :	zero or less, er	nter -0-				4			
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter -	0- If marri	ed filing					
	separately, see instructions							5			
6	(a) Description of pi			(b) Cost (bu		1	(c) Elected cost				
7	Listed property Enter the amount for	rom line 29 .				7					
8	Total elected cost of section 179 pr	operty. Add amo	unts in column	(c), lines 6	and 7			8			
9	Tentative deduction. Enter the sma	ller of line 5 or lin	ne8					9			
10	Carryover of disallowed deduction	from line 13 of yo	ur 2011 Form	4562 .				10			
11	Business income limitation. Enter the	ne smaller of busi	iness income (	not less th	an zero) o	r line 5 (	see instructions)	11			
12	Section 179 expense deduction. Ac	dd lines 9 and 10,	but do not ent	er more th	an line 11			12			
13	Carryover of disallowed deduction	to 2013 Add lines	s 9 and 10, les	s line 12	<u> </u>	13			ļ		
	Do not use Part II or Part III below	for listed propert	y. Instead, use	Part V							
Pa	t II   Special Depreciation	n Allowance	and Other	Depre	ciation (	Do not inc	lude listed pr	operty)	(See instructions.)		
14	Special depreciation allowance for										
	during the tax year (see instruction	•						14			
15	Property subject to section 168(f)(1	) election						15			
16	Other depreciation (including ACRS	S)		<u></u>		<u></u>		16	1,292		
Pai	t III MACRS Depreciati	on (Do not inc	lude listed proj	perty.) (Se	e instruction	ons )			· · · · · · · · · · · · · · · · · · ·		
		**		ection A							
17	MACRS deductions for assets place			_				17	7,716		
18	If you are electing to group any ass	ets placed in ser	vice during the	tax year ı	nto one or	more gene	ral				
		<u> </u>						<u> </u>	<u>,</u>		
	Section B - Assets		,		ar Using t	he Genera	I Depreciation	on Syst	em		
	(a) Classification of property	(b) Month and year placed in	(c) Basis for dep (business/investr		(d) Recover	(e) Conv	ention (f) M	ethod	(g) Depreciation deduction		
	(c) deserments of property	service	only-see instru	ictions)	penod				(8)		
19a	3-year property	<u> </u>									
<u> </u>	5-year property	<u>.</u>		300	5	HY	20	0 DB	60		
<u>c</u>	7-year property	_[									
d_	10-year property	-{									
e	15-year property				<u> </u>						
f	20-year property	-[	<b></b>		<u> </u>						
<u>g</u>	25-year property				25 yrs.		<del></del>	/L			
h	Residential rental				27.5 yrs	_	<del></del>	<u>/L</u>			
	property				27.5 yrs		<del>  </del>	<u>/L</u>			
i	Nonresidential real	2012 22		0.4.0	39 yrs.			<u>/L</u>	1 005		
	property	2012-03	•	,842	31.5			<u>/L</u>	1,001		
	Section C - Assets	Placed in Service	ce During 201	2 Tax Yea	r Using th	e Alternat			/stem		
20 a	·	-			15			<u>/L</u>	-		
	12-year	•	ļ		12 yrs			/L			
C	40-year	<u> </u>	<u></u>		40 yrs.	M	и   S	/L			
	t IV Summary (See instru	•						T"			
21	Listed property Enter amount from							21			
22	Total. Add amounts from line 12, li	_		20 in colu	ımn (g), an	d line 21. E			10.000		
				<u> </u>							
23	here and on the appropriate lines of For assets shown above and place	•		•	_	instruction	s	22	10,069		

(Rev January 2013)

Application for Extension of Time To File an **Exempt Organization Return** 

► File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service			,l	
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension	on, complete only l	Part I and check this box		▶ 🏻
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic)	3-Month Extension	, complete only Part II (on p	page 2 of this form).	
Do not comp	plete Part II unless you have already bee	n granted an autom	atic 3-month extension on a p	previously filed Form 8868.	
a corporation 8868 to requi Return for Tra	ling (e-file). You can electronically file Fo required to file Form 990-T), or an addition est an extension of time to file any of the for ansfers Associated With Certain Personal For more details on the electronic filing o	nal (not automatic) orms listed in Part I Benefit Contracts,	3-month extension of time. You or Part II with the exception of which must be sent to the IRS	ou can electronically file Form of Form 8870, Information S in paper format (see	
Part I	Automatic 3-Month Extension	n of Time. Only	submit original (no co	pies needed).	
A corporation	required to file Form 990-T and requestir	ig an automatic 6-m	onth extension - check this b	ox and complete	
Part I only .					▶ 🛚
All other corp	orations (including 1120-C filers), partner	ships, REMICs, and	trusts must use Form 7004 t	o request an extension of time	
to file income	tax returns.				
	<del></del>		<u>Ente</u>	er filer's identifying number, see	
Type or	Name of exempt organization or other	•	ns	Employer identification number	·(EIN) or
print	AMERICAN LEGION POST 024			35-0785210	
File by the due date for	Number, street, and room or suite no. 2515 25TH ST	If a P.O box, see in	nstructions.	Social security number (SSN)	
filing your return See	City, town or post office, state, and ZII	code. For a foreig	n address, see instructions.	<del></del>	
instructions.	Columbus, IN 47201				
Applicatio	tum code for the return that this application	Return	Application		Return
Is For		Code	Is For	<del></del>	Code
	or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-E		02	Form 1041-A		08
Form 990-F	(ındıvidual)	03	Form 4720 Form 5227		10
	T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870	<del></del>	12
1 01111 930-1	(udstobler than above)		1 0/111 0070		
Telephone If the orga If this is fo	e No > 812-376-7036  Initiation does not have an office or place or a Group Return, enter the organization's	F of business in the U s four digit Group Ex	AX No. ▶ Inited States, check this box cemption Number (GEN)	If this is	▶ □
	group, check this box	<del></del>	or the group, check this box	► □ and attach	
	names and EINs of all members the extension and automatic 3-month (6 months for a continuous)		to file Form 900 T) extension	of time	
1 I reque until	est an automatic 3-month (6 months for a c				
_	organization's return for	compi organization i	etunt for the organization flat	HEG GROVE. THE CARCHOLOTHS	
101 1116	organization a return to				

, 20 \_\_\_\_, and ending

Initial return

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

20

3а

3b

3с

2 If the tax year entered in line 1 is for less than 12 months, check reason.

▶ X calendar year 20 12 or

☐ Change in accounting period

nonrefundable credits. See instructions.

► ☐ tax year beginning