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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

ар _і	Address change Name change	C Name of organization CAPTAIN EDGAR DALE POST 81 AMERICAN LEGION	D Employer identification	on number
]change]Name	AMERICAN LEGION	1	
	Chance			
\vdash		Doing Business As	48-016	0160
	Initial retum Termin- ated	Number and street (or P 0, box if mail is not delivered to street address) 1801 W CENTRAL AVE	uite E Telephone number 316-32	1-3767
	Amende		G Gross receipts \$	702944
ш	Applica tion	EL DORADO, KS 67042	H(a) Is this a group return	
	pending	F Name and address of principal officer:EUGENE HERRMANN	for affiliates?	Yes X
		SAME AS C ABOVE	H(b) Are all affiliates included	d? ☐ Yes ☐ N
			527 If "No," attach a list.	(see instructions)
		: ► N/A	H(c) Group exemption nu	
			ear of formation 1925 M Sta	te of legal domicile
Par		Summary		
8	1 8	riefly describe the organization's mission or most significant activities: VETERAN	ORGANIZATION PRO	OVIDING
Governance		SOCIAL ACTIVITIES AND SUPPORT FOR FELLOW VET		
Je I		theck this box X if the organization discontinued its operations or disposed of n	nore than 25% of its net assets	s.]
g		lumber of voting members of the governing body (Part VI, line 1a)	3	<u>-</u>
•ಶ ∣		lumber of independent voting members of the governing body (Part VI, line 1b)	5	
Activities		otal number of individuals employed in calendar year 2012 (Part V, line 2a) otal number of volunteers (estimate if necessary)	6	
<u>`</u>		otal unrelated business revenue from Part VIII, COLUMN COLUMN	7a	(
Ă		let unrelated business taxable income from Form 999 Time 34	7b	(
\dashv			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	9300.	1041
ž		Program service revenue (Part VIII, line 2g)	0.	
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7th	256161.	276392
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57238.	6697
		otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322699.	353779
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8770.	5971
1	14 8	Benefits paid to or for members (Part IX, column (A), line 4)	0.	(
es		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48361.	4827
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	
쫎		otal fundraising expenses (Part IX, column (D), line 25)	02055	0004
- 1		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	83955. 141086.	8084 13509
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	181613.	21868
- S	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 1	otal assets (Part X, line 16)	Beginning of Current Year 426686.	End of Year 652675
Ass		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	0.	032073
到到		let assets or fund balances. Subtract line 21 from line 20	426686.	65267
		Signature Block	<u> </u>	
	********	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kno	owledge and belief, it
true, (correct	and complete. Declaration of prepager (other than officer) is based on all information of which prep	parer has any knowledge	
		Lugisel diermann	815-	14
Sign	1	Signature of officer	Date	
Here	•	EUGENE HERRMANN, FINANCIAL OFFICER		
		Type or print name and title		
	,	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		ERIC A. BIRD ERIC A. BIRD		P00185212
Prepa		Firm's name M & L CPA'S, CHARTERED	Firm's EIN ▶ 0	<u>2-0657787</u>
Use 0	unly	Firm's address 114 W. LOCUST, P.O. BOX 230	216	221 1252
		EL DORADO, KS 67042	Phone no 316	-321-1350
				10/1
	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes

orm	990 (2012) AMERICAN LEGION	48-0160160	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: VETERANS ORGANIZATION PROVIDING SOCIAL ACTIVITIES AND SUFFICIAL VETERANS AND FAMILIES, SUPPORT CHILDREN AND YOUTH PROMOTE PATRIOTISM, AMERICANISM AND OUR WAY OF GOVERNMENT	H PROGRAMS,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$	CTION THROUG	H)
4b	(Code) (Expenses \$ including grants of \$) (Revenue SUPPORT COMMUNITY YOUTH PROGRAMS SUCH AS AMERICAN LEGION PROVIDE SCHOLARSHIPS TO COMMUNITY YOUTH.	N BASEBALL A	ND)
4c	(Code) (Expenses \$	OVIDE NOMINA	
4d		,	
1-	(Expenses \$ Including grants of \$) (Revenue \$		
<u>+e</u>	I viai program service expenses		

Form 990 (2012) AMERICAN LEG Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21, 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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	X
_	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			х
40.	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	120		х
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization maintain an onice, employees, or agents outside or the orinted states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	70		 -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	}	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	L
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(0040)

Form 990 (2012)	AMERICAN LEGION
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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ł		
	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 employees? If "Yes," complete	}		ı
	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 through 24d and complete		ł	ı
	Schedule K. If "No", go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1 1		ı
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i i		
	Schedule L, Part I	25b		
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
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			İ
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			i
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(201

	990 (2012) AMERICAN LEGION 48-0160	100	<u>P</u>	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ļ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		٠,,
	any contributions that were not tax deductible as charitable contributions?	6a_		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			х
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
انہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	/6		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	•	ĺ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	'	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	İ	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b]		
11	Section 501(c)(12) organizations. Enter:]		
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Į	ļ
	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			
¢	Enter the amount of reserves on hand	ļ	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u></u>

Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI				<u> </u>					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	14								
	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									
b	Enter the number of voting members included in line 1a, above, who are independent	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	L	2		<u>X</u> _					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ion								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X X X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5	х	<u>X</u>					
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		l	- 1						
	more members of the governing body?		7a	Х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	į		ł						
	persons other than the governing body?	L	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	L	8a	Х						
ь	Each committee with authority to act on behalf of the governing body?	L	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\rightarrow							
		_		Yes	No_					
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates	.,		1						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Ľ	10Ь		<u>x</u>					
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ŀ	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	Ŀ	12c							
13	Did the organization have a written whistleblower policy?	L	13		<u>X</u>					
14	Did the organization have a written document retention and destruction policy?		14		Χ					
15	Did the process for determining compensation of the following persons include a review and approval by independent	it	[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-							
а	The organization's CEO, Executive Director, or top management official	Ŀ	15a		_X_					
b	Other officers or key employees of the organization	Į.	15b	.,,,	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ĺ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	<u> </u>	16a		<u>X</u>					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	'n								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?		16b							
Sec	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	(3)s only) av	aılabl	е						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	policy, and	finan	cıal						
	statements available to the public during the tax year.	-								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e organizatio	on: 🕨							
-	EUGENE HERRMANN - 316-321-3767	=	_							
	1801 W CENTRAL AVE, EL DORADO, KS 67042			_						

AMERICAN LEGION

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.

1) BOB HENDRICKS COMMANDER 2) LUKE BRYAN ST VICE COMMANDER 3) GEORGE BERK END VICE COMMANDER 4) EDWARD PENCE ADJUTANT 5) EUGENE HERRMANN	hours per week (list any hours for related organizations below line) 5.00				irecto	Highest compensated	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
COMMANDER 2) LUKE BRYAN ST VICE COMMANDER 3) GEORGE BERK END VICE COMMANDER 4) EDWARD PENCE ADJUTANT	5.00	Х				Higher	Former			organization and related organizations
2) LUKE BRYAN ST VICE COMMANDER 3) GEORGE BERK END VICE COMMANDER 4) EDWARD PENCE		X	l	1						
ST VICE COMMANDER 3) GEORGE BERK 2ND VICE COMMANDER 4) EDWARD PENCE ADJUTANT		ľ	├	X				0.	0.	0.
3) GEORGE BERK IND VICE COMMANDER 4) EDWARD PENCE ADJUTANT	5.00		Ì							•
ND VICE COMMANDER 4) EDWARD PENCE ADJUTANT	5.00	X		Х	ļ			0.	0.	0.
4) EDWARD PENCE DJUTANT	l .			.,	ļ	ļ.,			0	0
DJUTANT	30 00	X	_	X	<u> </u>			0.	0.	0.
	30.00			,,				16400	0	•
5) EUGENE HERRMANN	25 00	X		X	<u> </u>	-		16409.	0.	0.
	25.00	,,		v				0.	0.	^
'INANCE OFFICER	E 00	X	-	X	├	-	<u> </u>	- 0.		0 .
6) MICHAEL MALONEY	5.00	x	ļ				ŀ	0.	0.	0.
SERVICE OFFICER	5.00	Λ.	-	-	\vdash	-	⊢		0.	<u>U</u> .
(7) RICK GLAVES	3.00	X	[1			0.	0.	0.
CHAPLAIN (8) SEAN ROBINSON	5.00	^		-	\vdash	-	┢			
SERGEANT AT ARMS	3.00	X	}		}			0.	0.	0.
(9) DALE FULMER	5.00	-	-	-	-		<u> </u>			
HISTORIAN	3733	X]]				0.	0.	0
(10) ERIC LINK	5.00	_			-		_			
EXECUTIVE BOARD		X						0.	0.	0
(11) JAMES SHAULTS	5.00									
EXECUTIVE BOARD		\mathbf{x}						0.	0.	0
(12) BILL DOAN	5.00									
EXECUTIVE BOARD		X					_	0.	0.	0
(13) STEVE PENA	5.00									. — . [
EXECUTIVE BOARD		X		_		<u> </u>		0.	0.	0 .
(14) CARL COOLEY	5.00			1						
EXECUTIVE BOARD		X	-	-	-	-	-	0.	0.	0 .
		-			-					
		-	-	-		-	 			

AMERICAN LEGION

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)						
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of					
		(list any hours for related organizations below line)	the or director	Institutional frustee	Officer		Highest compensated employee	Ť	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations					
			1			1										
1 b	Sub-total						>		16409.	0			0.			
	0 10.01 110 110 10 10 10 10 10 10 10 10 10 10								0			0.				
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			C			
	compensation from the organization											Yes	No			
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	3		Х			
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4		Х			
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion	from	any	y uni			idual for services	5		Х			
Sec	tion B. Independent Contractors															
1	Complete this table for your five highest countries organization. Report compensation for	· ·	-								sation	from				
	(A) Name and business			ON		VVICII	<u> </u>	,,,,,,	(B) Description of			(C) ensatio	on.			
		<u> </u>					_									
									 							
						_										
					_											
2	Total number of independent contractors \$100,000 of compensation from the organ	•	not li	mite	ed to		se li	ste	d above) who received n	nore than						
	wroo,000 or compensation from the organ	iicatioli 🚩					-			<u>-</u>						

AMERICAN LEGION

Pa	rt V	111	Check if Schedule O cont		nse to	any question i	n this Part VIII			
*********		 -	Officer if defined the Order	airis a respoi	1156 10	any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	a	Federated campaigns	1a						
ira		b	Membership dues	1b	-	10410.				
S, E			Fundraising events	1c						
ar /			Related organizations	1d						
S,E			Government grants (contribut	⊢ −						
ion			All other contributions, gifts, gran	· ' —						
per l			similar amounts not included abo							
Ēδ			Noncash contributions included in lines							İ
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f				10410.			
		··-	Total Add lines 14 11		Bı	Isiness Code				
a l	2	2				Isiliess Code				1
ķ							··			
Ser		b								
E		C								
Peg		d -			- -	·		····		
Program Service Revenue		e	All other succession control revision		- -					
			All other program service reve	enue	L					
	3	9_	Total. Add lines 2a-2f Investment income (including	dividende in	toront			·		
	3		other similar amounts)	dividends, in	ileiesi,	, and	8594.	ľ		8594.
	4		Income from investment of ta	v avamet har	- d - r-	ceeds				
	4			x-exempt bor	na pro	Jeeus -				
	5		Royalties	(V. Daral		6) Davaal				·
		_	Cuasa wasta	(i) Real 1364		(ii) Personal				}
	6		Gross rents	60						
			Less: rental expenses	1304						İ
			Rental income or (loss)	1304	9.1		13049.	13049.		1
			Net rental income or (loss)	() 0			13049.	13047.		
	′	а	Gross amount from sales of	(i) Securition 11122		(ii) Other 287784 •				
			assets other than inventory	11122	3.	20//04.				
	}	D	Less: cost or other basis	11220		19001.				
			and sales expenses	-98		268783.				
	ı		Gain or (loss)		J •		267798.			267798.
			Net gain or (loss)		. —	•	201190.			201190.
ē	8	а	Gross income from fundraisin		t					
Ven	ĺ		including \$							
Re	Ì		contributions reported on line	1c). See						
Other Revenue			Part IV, line 18		a					
₹	l		Less: direct expenses		ь∟				•	
	ł		Net income or (loss) from fund		nts					
	9	а	Gross income from gaming ad	ctivities. See		225056				
			Part IV, line 19			225856. 182916.				
			Less: direct expenses		_		42040	1983.	į	40057
	ı		Net income or (loss) from garr		` _	_	42940.	1903.		40957.
	10	а	Gross sales of inventory, less	returns		45430				
			and allowances		a	45428.				
	l		Less: cost of goods sold	_	ь_	34440.	10000	10000		
	<u> </u>	<u>c</u>	Net income or (loss) from sale				10988.	10988.		
			Miscellaneous Revenu	ie	B	usiness Code				
	11	а								
		b			_					ļ
		C			_					
		d	All other revenue		L					
		e	Total. Add lines 11a-11d				25277	26000		217242
23200	12		Total revenue. See instructions				353779.	26020.	0.	317349.
23200 12-10	-12									Form 990 (2012)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
- Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	4071.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	1900.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	16409.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28437.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3431.		 	
11	Fees for services (non-employees):				
а	Management				
b	Legal		 	ļ	
С	Accounting	100.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				· ···
9	, ,	7543.			
	column (A) amount, list line 11g expenses on Sch O)	1124.			
12	Advertising and promotion	5826.			
13	Office expenses	718.			
14	Information technology	/10.			
15	Royalties	21993.		 	
16	Occupancy Travel	197.			
17				 	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	8502.			
22	Depreciation, depletion, and amortization	15866.		 	
23	Insurance	2657.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TAXES & LICENSES	8772.			
ь	CANTEEN & POST SUPPLIES	6288.			
С	CANTEEN ENTERTAINMENT	1005.			
d	MEMBERSHIPS	256.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	135095.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here I If following SOP 98-2 (ASC 958-720)			1 1	

Form 990 (2012)

2012) AMERICAN LEGION

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 4483. 1 3721 Cash · non-interest-bearing 11997. Savings and temporary cash investments 2 27499 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 2403. 2604. 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 485120. basis. Complete Part VI of Schedule D 10a 203173. 233527. 281947. 10b 10c b Less: accumulated depreciation 174276. 336904. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 426686. 652675. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 426686. 652675. 32 32 Retained earnings, endowment, accumulated income, or other funds 426686. 652675. 33 33 Total net assets or fund balances 426686. 652675. Total liabilities and net assets/fund balances 34

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>537</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		350		
3	Revenue less expenses. Subtract line 2 from line 1	3			84.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4		86.	
5	Net unrealized gains (losses) on investments	5		<u>73</u>	05.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior 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 33,					
 	column (B))	10	6	<u>526</u>	<u>75.</u>	
Pa	rt XIII Financial Statements and Reporting				_	
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>	
			r	Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			х	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis 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 separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	 	3b	L	Щ_	
			Form	990	(2012)	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

2012 Open to Public Inspection

Name of the organization

CAPTAIN EDGAR DALE POST 81 AMERICAN LEGION

Employer identification number 48-0160160

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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) Aggregate value at end of 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(II)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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. b 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 (ii) Assets included in Form 990, Part X 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: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		AMERICA	N LEGION _					4	8-01	<u>60160</u>	Page 2
Par	rt III Organizations Ma	aintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Other	Similar	Asset	S (continu	Jed)
3	Using the organization's acqu										
	(check all that apply):										
а	Public exhibition		d	ı 🗆 1	Loan or exc	hange progra	ms				
ь	Scholarly research		е		Other						
c	Preservation for future of	generations									
4	Provide a description of the o	rganization's co	ollections and explai	n how th	ey further t	he organizatio	n's exemp	t purpos	e in Part	XIII.	
5	During the year, did the organ										
	to be sold to raise funds rathe	er than to be ma	aintained as part of t	the organ	nization's co	ollection?				Yes	No_
Par	rt IV Escrow and Cust reported an amount on			ete if the	organizatio	n answered "	Yes" to Fo	rm 990, F	Part IV, I	ne 9, or	
1a	is the organization an agent, t	rustee, custodi	an or other intermed	dary for d	contribution	s or other ass	ets not inc	cluded			
	on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangem	ent in Part XIII	and complete the fo	llowing t	able:						
			·	_						Amount	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include a	n amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
ь	if "Yes," explain the arrangem	ent <u>i</u> n Par <u>t X</u> III.	Check here if the ex	xplanatio	n has been	provided in F	art XIII				
Par	rt V Endowment Fund	ds. Complete i	f the organization an	swered	"Yes" to Fo	rm 990, Part I	V, line 10.				
			(a) Current year	(b) P	rior year	(c) Two years	back (d)	Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	[
b	Contributions	ĺ									
c	Net investment earnings, gain	s, and losses									
d	Grants or scholarships										
e	Other expenditures for facilities	es							-		
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percen	tage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:		_			
а	Board designated or quasi-en	dowment 🕨		%							
b	Permanent endowment		%								
С	Temporarily restricted endow	ment -	%								
	The percentages in lines 2a, 2	2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds r	not in the posse	ession of the organiz	ation tha	at are held a	and administer	red for the	organiza	tion	_	
	by:										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the relate	ed organization:	s listed as required o	on Sched	dule R?					3ь	
4_	Describe in Part XIII the inten-	ded uses of the	e organization's ende	owment 1	funds.						
Par	rt VI Land, Buildings,	and Equipm	nent. See Form 990	0, Part X	, line 10.						
	Description of prope	erty	(a) Cost or o	other	(b) Cost	t or other	(c) Acc	umulated		(d) Book	value
			basis (investi	ment)	basis	(other)	depre	eciation			
1a	Land					60903.					0903.
b	Buildings				2	75880.		8681	8.	18	39062.
С	Leasehold improvements										
d	Equipment										
е	Other				1	48337.		1635	5.		31982.
Tota	I. Add lines 1a through 1e. (Co	lump (d) must e	agual Form 000 Pari	t X colur	no (B) line	10(c))				2.8	31947.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			<u> </u>	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			1	1 1 1
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				 , ,
(6)				
(7)		·- -	· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)		+		·
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				······
Part IX Other Assets. See Form 990, Part X, line		_,L		
<u> </u>	Description			(b) Book value
(1)		.		(5) 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2)				
(3)				
				
(4)	 _			
(5)				
(6)				
(7)				· · · · ·
(8)				
(9)				<u> </u>
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u></u>	L
Part X Other Liabilities. See Form 990, Part X, II	ne 25.	(h) Dook value		
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes		 	4	
(2)				
(3)				
(4)				
(5)				
(6)			_	
(7)			_	
(8)				
(9)				
(10)]	
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		organization's financia	al statements that rea	ports the organization's
liability for uncertain tax positions under FIN 48 (ASC 7				

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2012

2012 Open To Public

Name of the organization

CAPTAIN EDGAR DALE POST 81

Employer identification number

Inspection

AMERICAN LEGION 48-0160160 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

CAPTAIN EDGAR DALE POST 81 48-0160160 Page 2 Schedule G (Form 990 or 990-EZ) 2012 AMERICAN LEGION Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 92588. 99055. 34213. 225856. Gross revenue 62654. 74291. 15448. 152393. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4580. 16782. 30523. 5 Other direct expenses 9161. X Yes 100.00 % X Yes 100.00 % _ Yes 6 Volunteer labor 182916 7 Direct expense summary. Add lines 2 through 5 in column (d) 42940. 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: KS X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _ Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2012

b If "Yes," explain:

Sct	nedule G (Form 990 or 990-EZ) 2012 AMERICAN LEGION	<u>48-01</u>	60160	Page 3
11	Does the organization operate gaming activities with nonmembers?	[X Yes	□ 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 charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity operated in:			
í	a The organization's facility		13a 100	0.00 %
ı	h An outside facility	Ŀ	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name ► EUGENE HERRMANN			
	Address ► 1801 W CENTRAL AVE - EL DORADO, KS 67042			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	X No
	b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party:	ount		
	Name ▶			
	Address ►			
16				
	Name ► EUGENE HERRMANN			
	Gaming manager compensation ► \$0.			
	Description of services provided ► MAINTAINS FINANCIAL RECORDS, COUNTS MOD	VEY, [EPOS1	TS
	BINGO PROCEEDS INTO BANK ACCOUNT, ORGANIZES VOLUNTEERS AT	ND FII	ES	
	APPLICABLE DOCUMENTS WITH THE KANSAS DEPARTMENT OF REVENU			
	X Director/officer			
47				
	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ	Yes	X No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		_A_ 140
	organization's own exempt activities during the tax year > \$			
p,	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (III) a	nd (v), and	i Part III.
نستنا	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in			
_	lines 3, 35, 105, 155, 156, 16, and 175, as applicable. Also complete this part to provide any assistant in	ionnacion (300 11101110	<u> </u>
		_		
_				
_				
_				
_				
	· · · · · · · · · · · · · · · · · · ·			

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service **SCHEDULE N**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

aper	onal	u of if]	ž
ntification nur 60160	cated if addition	(g) IRC section of recipient(s) (if tax-exempt) or type of entity		ļ			Yes
Employer identification number 48-0160	ne organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional	(f) Name and address of recipient					
	90, Part IV, line 31, or	(e) EIN of recipient					
	swered "Yes" to Form 9	(d) Method of determining FMV for asset(s) distributed or transaction expenses					
POST 81	part if the organization ar	(c) Fair market value of asset(s) distributed or amount of transaction expenses					
CAPTAIN EDGAR DALE POST AMERICAN LEGION	tion. Complete this	(b) Date of distribution					
lame of the organization CAPTAIN E	Liquidation, Termination, or Dissolution. Complete this part if the space is needed.	(a) Description of asset(s) distributed or transaction expenses paid					
ame of t	Parti	-					

Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization? Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) (2012)

2a 22 2c 48-0160160

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Yes

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Schedule N (Form 990 or 990-EZ) (2012) AMERICAN LEGION

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal 0. Liquidation, Termination, or Dissolution (continued)

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

Did the organization discharge or pay all of its liabilities in accordance with state laws? ۍ ص

6a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III. Form 990-EZ. Inne 36. Part II can be duplicated if additional space is needed.

	Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	uplicated it additions	al space is needed.				
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
THE	THE ORGANIZATION SOLD 8.75 ACRES OF					THE VILLAS AT BCC, LLC	_
THE		01/18/12	287784.	287784 DUTSTANDING OFFERS		EL DORADO, KS 67042	רוכ
		i					

2 Did or will any officer, director, trustee, or key employee of the organization:

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

×

 2a

2**p** 2c 29

Yes

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CAPTAIN EDGAR DALE POST 81 AMERICAN LEGION Employer identification number 48-0160160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT CHILDREN AND YOUTH PROGRAMS, PROMOTE PATRIOTISM, AMERICANISM,

AND OUR WAY OF GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 6: THE AMERICAN LEGION POST IS

ORGANIZED WITH MEMBERS THAT PAY ANNUAL DUES TO THE LOCAL CHAPTER. ALL

MEMBERS IN GOOD STANDING ARE ELIGIBLE TO HOLD OFFICE IN THE POST AND BE
INCLUDED IN NOMINATIONS AND ELECTIONS.

FORM 990, PART VI, SECTION A, LINE 7A: THE POST BOARD IS ELECTED BY

MEMBERS IN ACCORDANCE WITH ESTABLISHED AMERICAN LEGION PROCEDURES. THE

POST ADJUTANT SHALL GIVE PROPER NOTICE TO ALL MEMBERS IN GOOD STANDING THE

RECOMMENDED SLATE OF CANDIDATES AT LEAST ONE WEEK PRIOR TO THE ANNUAL

ELECTION. THE POST EXECUTIVE BOARD SHALL CONSIST OF 14 MEMBERS, TO WIT: 4

ELECTED OFFICERS, 5 APPOINTED OFFICERS AND 5 ELECTIVE EXECUTIVE BOARD

MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE POST BOARD IS ELECTED BY

MEMBERS IN ACCORDANCE WITH ESTABLISHED AMERICAN LEGION PROCEDURES. THE

POST ADJUTANT SHALL GIVE PROPER NOTICE TO ALL MEMBERS IN GOOD STANDING THE

RECOMMENDED SLATE OF CANDIDATES AT LEAST ONE WEEK PRIOR TO THE ANNUAL

ELECTION. THE POST EXECUTIVE BOARD SHALL CONSIST OF 14 MEMBERS, TO WIT: 4

ELECTED OFFICERS, 5 APPOINTED OFFICERS AND 5 ELECTIVE EXECUTIVE BOARD

MEMBERS. TO EXPEL OR SUSPEND A MEMBER OF THE AMERICAN LEGION IN GOOD

STANDING, TWO-THIRDS OF THE MEMBERS SELECTED TO SIT AS JURORS SHALL VOTE IN

THE AFFIRMATIVE. EXPENDITURES ABOVE THE APPROVED BUDGET SHALL BE

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization CAPTAIN EDGAR DALE POST 81 AMERICAN LEGION	Employer identification number 48-0160160
RECOMMENDED FOR APPROVAL BY A MAJORITY OF THE EXECUTIVE B	OARD AT THE NEXT
REGULAR EXECUTIVE BOARD MEETING AND SHALL BE APPROVED BY	A MAJORITY OF THE
MEMBERS AT THE NEXT REGULAR MEMBERSHIP MEETING. REAL EST	ATE PROPERTIES TO
BE OBTAINED OR DISPOSED OF BY POST 81 SHALL BE APPROVED A	T A REGULAR POST
MEETING BY A VOTE OF TWO-THIRDS OF THE MEMBERS OF SAID PO	ST ATTENDING THE
REGULAR MEETING.	
FORM 990, PART VI, SECTION B, LINE 11: THE POST FINANCIAL	OFFICER IS
ACTIVELY INVOLVED IN PROVIDING DOCUMENTATION TO AN INDEPE	
PREPARATION OF THE FORM 990. THE FORM 990 WILL BE REVIEW	
THE POST COMMANDER, FINANCE OFFICER AND ADJUTANT.	DU ALTER TIBING DI
THE POST COFFMANDER, PINANCE OFFICER AND ADDUTANT.	
FORM 990, PART VI, SECTION C, LINE 19: ALL POST RECORDS A	RE AVAILABLE TO
THE PUBLIC AT NO COST UPON REQUEST.	

4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No 179

Name(s) shown on return

CAPTAIN EDGAR DALE POST 81 AMERICAN LEGION

Business or activity to which this form relates

Identifying number

AME	RICAN LEGION			FOR	м 9	90 PA	AGE 10		48-0160160
Par	Election To Expense Certain Prope	rty Under Section 1	79 Note: If you	have any lis	ted pi	roperty, co	mplete Part	V before y	ou complete Part I.
1 M	aximum amount (see instructions)							1	500000.
2 To	otal cost of section 179 property plac	ed in service (see	instructions)					2	
	reshold cost of section 179 property							3	2000000.
	eduction in limitation. Subtract line 3			-0-				4	
5 Do	llar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If mamed filing	separately, see	instruc	tions		5	
6	(a) Description of pr			(b) Cost (busine			(c) Elected	i cost	
7 L:	sted property. Enter the amount from	line 29				7			
	otal elected cost of section 179 prope		s in column (c)	. lines 6 and	7			8	
	entative deduction. Enter the smaller	•		,				9	
	arryover of disallowed deduction from		011 Form 456	2				10	
	usiness income limitation. Enter the s	•			o) or l	ine 5		11	
	ection 179 expense deduction. Add li		•					12	
	arryover of disallowed deduction to 2				•	13			
	Do not use Part II or Part III below fo								···· ··········· · · · · · · · · · · ·
Par					de list	ed proper	tv.)		
	pecial depreciation allowance for qua								
	e tax year	(p (.,		14	
	operty subject to section 168(f)(1) ele	ection						15	
	ther depreciation (including ACRS)	5011011						16	
Par		ot include listed p	roperty.) (See	instructions.)				
٠				tion A					
17 M	ACRS deductions for assets placed	in service in tax v	ears beginning	before 2012				17	15446.
	ou are electing to group any assets placed in ser	-				heck here	▶□	7	
	Section B - Assets						ral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	depreciation restment use		Recovery period	(e) Convention		(g) Depreciation deduction
19a	3-year property								
b	5-year property	1		750.	5	YRS.	HY	SL	75.
c	7-year property	7							
d	10-year property	7							
e	15-year property								
f	20-year property	7							
g	25-year property	7		-	2	25 yrs.		S/L	
		/				7.5 yrs.	MM	S/L	
h	Residential rental property	/				7.5 yrs.	MM	S/L	
	 	 				39 yrs.	MM	S/L	
i	Nonresidential real property	,	STATEME	NT 1	`	20 7.0.	MM	S/L	345.
	Section C - Assets	Placed in Service			sina t	he Altern			
20a	Class life							S/L	
<u>208</u>	12-year				٠.	12 yrs.		S/L	
	40-year		 			12 yrs. 10 yrs.	MM		
Par			1		<u> </u>	TO 913.	I IAIIAI	S/L	 _
								7	
	sted property. Enter amount from lin		10 100	in anlium (=	اء حمد ١	Uma Od		21	
	otal. Add amounts from line 12, lines	-							15866.
	nter here and on the appropriate line:	s or your return. P	armersnips ar	iu o corporal	แบกรา	see instr		22	12000

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

For	m 4562 (2012)	AME	RICAN L	EGIO	N							48-	0160	160	Page 2
P	art V Listed Proper	t y (Include a	utomobiles, ce	rtaın otl	ner vehic	les, cert	ain com	puters	s, and pro	perty use	ed for er				
	amusement.) Note: For any through (c) of S							r dedu	cting lease	expens	e, comp	lete only	y 24a, 2	4b, colur	nns (a)
			on and Other					nstruc	tions for li	mits for j	passeng	er auton	nobiles.)		
248	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	Y	es 🗌	No	24b If "Y	es," is th	ne evide	nce writt	ten?] Yes [☐ No
	(a)	(b)	(c)		(d)		(e)		(f)		g)		h)	1	(i)
	Type of property	Date placed in	Business/ investment		Cost or	(bus	is for depr siness/inve		Recovery		thod/		ciation		cted in 179
	(list vehicles first)	service	use percentag	ie ot	her basis		use only		period	Conv	ention	aeat	uction		ost_
25	Special depreciation allo	owance for o	ualified listed	oroperty	placed	ın servic	e dunn	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a c	ualified busine	ess use:											
			9	6								<u> </u>			
			9	6					ļ	ļ				<u></u>	
			9	6					<u> </u>	<u> </u>					
27	Property used 50% or le	ess in a qual	ified business	use:								,			
		<u> </u>	9	6					<u> </u>	S/L·		<u> </u>		•	
			9	6					<u> </u>	S/L·_					
		L	<u> </u>	6		l				S/L·_	-, -				
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	ine 21,	page 1				28			<u> </u>	
<u>29</u>	Add amounts in column	(ı), line 26 E											29	<u> </u>	
			-			mation									
Co	mplete this section for ve ou provided vehicles to y	chicles used	by a sole prop	netor, p	artner, c	rother *	more th	an 5%	owner, c	or related	persor	i. Sompleti	na thie s	ection fo	nr.
-	ou provided venicies to y ise vehicles.	our employe	es, ilist answe	er the qu	Jestions	III Secu	511 C 10	366 II)	you meet a	an excer	MOII TO	completi	ng tins s	section it)I
					- \	,		т—	(4)	,		T .		T 4	
	Total husiness for restment		luciaa tha	1	a)	1	b)	١,	(c)	-	d) volo	1	e)	(1 \/ob	
30	30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle								Veii	Vehicle					
24	• •														
	31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles														
32	driven	ncommuni)) Iffiles									}			
33	Total miles driven during	a the year				 		 -		 				-	
55	Add lines 30 through 32	- '													
34	Was the vehicle availab		nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	10 101 poroor	iai 000		1		1.10	<u> </u>							
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate			})		Ì				}	j	j	}	l
36	ls another vehicle availa	•	onal												
	use?	,		1	1										
		Section C	- Questions 1	or Emp	loyers V	Vho Pro	vide Ve	hicles	for Use b	y Their l	Employ	ees			<u>-</u>
An	swer these questions to	determine if	you meet an e	xceptioi	n to com	pleting	Section	B for v	ehicles us	ed by er	mployee	s who a	re not m	ore than	5%
<u>ow</u>	ners or related persons.														
37	Do you maintain a writte	en policy sta	tement that pr	ohibits a	all perso	nal use o	of vehicl	es, Inc	cluding cor	nmuting	, by you	r		Yes	No
	employees?														ļ
38	Do you maintain a writte	en policy sta	tement that pr	ohibits j	personal	use of v	ehicles.	, excep	ot commut	ing, by y	our/				
	employees? See the ins	structions fo	r vehicles used	by con	oorate o	fficers, c	lirectors	, or 19	% or more	owners				<u> </u>	
39	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?										ļ
40	Do you provide more th	an five vehic	cles to your em	ployees	, obtain	informat	tion fron	n your	employee	s about					i
	the use of the vehicles,	and retain the	he information	receive	d?										ـ
41	Do you meet the require														
_	Note: If your answer to	<i>37, 38, 39, 4</i>	10, or 41 is "Ye	<u>s," do n</u>	ot comp	lete Sec	tion B fo	or the	covered ve	hicles					<u></u>
P	art VI Amortization														
	(a) Description o	of costs	Date	(b) amortization begins		(c) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or pe	ation		(f) mortization or this year	
42	Amortization of costs th	nat begins di	uring your 201:		ar:										
_															
_															
43	Amortization of costs th	nat began be	efore your 2012	2 tax yea	ar							43			
44	Total Add amounts in	column (f) S		iono for	whore *							44			

FORM 4562 PART III - NO	NRESIDENTIAL	REAL PROPERT	y si	ATEMENT 1
(A)	(B)	(C)	(D)	(G)
DESCRIPTION OF PROPERTY	MO/YR	BASIS	PERIOD	DEDUCTION
FURNACE AIR CONDITIONING COMPRESSOR ENTRANCE SIGN	02/12	13702.	39.0 YRS	307.
	05/12	1437.	39.0 YRS	23.
	10/12	2872.	39.0 YRS	15.
TOTAL TO FORM 4562, PART III, LI	NE 19I	18011.		345.