

### 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



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.

OMB No 1545-0047 **2012** 

> Open to Public Inspection

For the 2012 calendar year, or tax year beginning 2012, and ending 20 Check if applicable C Name of organization AMERICAN LEGION POST 233 D Employer identification number 58-6101711 Address change Doing Business As Room/Suite Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number P O BOX 127 Initial return City, town or post office, state and ZIP code 444411. Terminated 2 LOGANVILLE GA 30052 Amended return H(a) is this a group return Application Name and address of principal officer: ROBERT BOSS - COMMA Yes 🛛 No for affiliates? pending BOX 127 LOGANVILLE GA 30052 Are all affiliates included? If "No", attach a list 501(c)(3) X 501(c)(19) **(**(insert no.) Tax-exempt status 4947(a)(1) or 527 Yes | No Website: ▶ H(c) Group exemption number X Corporation L Year of formation 1946 M State of legal domicile K Form of organization Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: Assist families in need within the community Over 2600 families Activities & Governance served with additional community services provided to non-profits serving children in sports and academics 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) . 10 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . 6 45 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 CEIVED 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) S 0 Program service revenue (Part VIII, line 2g) 3543. 3724 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 (a) 114) 166232. 85061. 169775. 88785 Total revenue - add lines 8 through 11 (must equal Part VIII, column 12 66061. 39229 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) .... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25)▶ 33563. 53323. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99624. 92552. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 70151. -3767. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 470495 20 Total assets (Part X, line 16) .... 466728. 21 Total liabilities (Part X, line 26) F F 22 Net assets or fund balances Subtract line 21 from line 20 470495 466728. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05/14/2013 Sian Signature of officer Date JAMES CARMONA POST COMMANDER Here Type or print name and title Paid Date Check | if PTIN self-employed P01251455 Preparer UA. CZA 27-0189199 FOISY & FLEMING ₹NG **Use Only** Firm's EIN▶ Firm's name O BOX 840 Ρ Firm's address ▶ Phone no. STATHAM GA 30666-May the IRS discuss this return with the preparer shown above? (See instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

BCA

Form **990** (2012)

	2) AMERICAN LEGION I atement of Program Service	58-6101711 Page	
	_	t this Dest III	
	scribe the organization's mission		
the pnor	Form 990 or 990-EZ?	t program services during the year which were	
Did the o		ke significant changes in how it conducts, any	program services? Yes 🛛 No
Describe Section 5		accomplishments for each of its three largest part are required to report the amount of grants a	program services, as measured by expenses. and allocations to others, the total expenses,
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$
		W	
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$
(Code_	) (Expenses \$	ıncluding grants of \$	) (Revenue \$
	_		
<del></del>			
Other pro	ogram services (Describe in Schedul es \$ includir		enue \$ )

Par	t 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? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Ī
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	Ť		
-	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Ī
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			Ī
	Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
٠	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			ı
	services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	-	
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		ı
44		וטו		- ;: 1
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	·- ~ ´I	~- I	الممديد
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44.	Х	ı
	Schedule D, Part VI	11a		
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	.11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			17
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI, and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statement 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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			ı
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	i		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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	Χ	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
BCA		Fo	rm <b>990</b>	(2012)

Form 990 (2012) AMERICAN LEGION POST 233

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, 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 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 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			١ ,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b				3.7
	Schedule L, Part IV	28b		X
С				
	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			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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, Parts II,			37
	III or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			17
	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-chantable 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			٠,
	19? Note. All Form 990 filers are required to complete Schedule O	38_	000	X
BCA		Fo	<sub>rm</sub> 990	(2012)

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule Complains a response to any question in this Red V			П
_	Check if Schedule O contains a response to any question in this Part V	<del></del>	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 1b 0	. [		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	.		
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
	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, secunties account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:		,	
_	See the 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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		v
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>~</b> L		l
	gifts were not tax deductible?	6b		ļ
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	al.	Ē	ľ
	and services provided to the payor?	7a	-	ľ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	ĺ
	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		/
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 organization,		_	
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	İ		
	against amounts due or received from them)	120	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	, Ja		
	Enter the amount of reserves the organization is required to maintain by the states in which	ł		
	the organization is licensed to issue qualified health plans	- 1	~-	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . . 10 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. 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 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 Х 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a . ... ... X 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X **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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy?. . . . 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? Х 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ GA 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. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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 4635 HWY 7 LOGANVILLE GA 30052 770-466-4784 organization: ▶JAMES CARMONA

### 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.

			-	(C		•			, director, or trustee.	
			1	osit						
		(do n				than o	one			
(A)	(B)					is both		(D)	(E)	(F)
Name and Title	Average			-		or/trust		Reportable	Reportable	Estimated
Nume and Tide	hours per Week (list any hours for related organiza- tions below)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)										
(2)										
(3)										
(4)										
(5)										
(6)								<del></del>		
(7)										
(8)										
(9)										
10)								<del></del>		
11)					-					
12)										
13)										
14)										

(16)	Part VII Section A. Officers, Directors	, Trustees	, Key	Empl	oyee	es, a	ınd Hi	ghe	st Compensated Er	mployees (contin	ued)		
(8) Name and title  Acting to the companion of the compan					(C	)							
Name and late  Average of the continues	`		Position										
Name and side    Average   Officer and a director/installer)   Reportable   Compensation from related compensation from regardable   Compensation from rega	(A)	(B)	box, unless person is both a					ne i an	(D)	(E)		(F	)
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)	Name and title	Average	office	er and	à di	recto	or/trus	ee)	Reportable	Reportable		Estim	ated
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)		hours per	익호	<u> </u>	ç	줎	육표	Fo	compensation	compensation	۱	amou	nt of
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)		week	뺡홄	😤	fice	y e	탏	ij	from	from related		oth	er
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)			i co	ğ	_	ЩÞ	st c	7	the	organizations	s   c	ompen	sation
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)		i	ੈਂਡੋ	<u>a</u>		οye	l " B		organization	(W-2/1099-MIS	C)	from	the
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (24)  (25)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)		organiza-	ste	Sn		ě	per		(W-2/1099-MISC)			organiz	zation
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			, re	tee			sat					and re	lated
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (28) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (28) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (27) (28) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27							8					organiz	ations
(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)						]						
(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20								Ĺ					
(18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(16)	]											
(18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29													
(20)   (21)   (22)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (28)   (28)   (29)	(17)												
(20)   (21)   (22)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (28)   (28)   (29)													
(20) (21) (22) (23) (24) (25)  15 Sub-total (24) (25)  16 Total from continuation sheets to Part VII, Section A (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (24) (25) (26) (20) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (26) (20) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (20) (20) (20) (21) (24) (25) (20) (20) (21) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (24) (25) (20) (21) (21) (22) (23) (24) (25) (20) (21) (21) (22) (23) (24) (25) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (24) (25) (20) (21) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (24) (25) (24) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27	(18)	_											
(20) (21) (22) (23) (24) (25)  15 Sub-total (24) (25)  16 Total from continuation sheets to Part VII, Section A (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (24) (25) (26) (20) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (26) (20) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (20) (20) (20) (21) (24) (25) (20) (20) (21) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (20) (21) (21) (21) (22) (23) (24) (25) (24) (25) (20) (21) (21) (22) (23) (24) (25) (20) (21) (21) (22) (23) (24) (25) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (20) (21) (24) (25) (24) (25) (20) (21) (24) (25) (20) (20) (21) (21) (22) (23) (24) (25) (24) (25) (24) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27													
(22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)										1		
(22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20													
(22)   (23)   (24)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (28)   (29)	(20)												
(22)   (23)   (24)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (28)   (29)					L								
(23)  (24)  (25)  1b Sub-total  C Total from continuation sheets to Part VII, Section A  D 0 0 0  Total add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  D id any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	(21)								ĺ		- 1		
(23)  (24)  (25)  1b Sub-total  C Total from continuation sheets to Part VII, Section A  D 0 0 0  Total add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  D id any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than													
24    25	(22)						1						
24    25		]						_					
1b Sub-total	(23)										1		
1b Sub-total					<u> </u>								
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Do 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(24)												
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Do 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(25)												
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			L										
d Total (add lines 1b and 1c)	1b Sub-total	•						▶					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No	c Total from continuation sheets to Part	VII, Sectio	n A					▶					
from the organization   Yes   No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									<u></u>		i_		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C)  Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of individuals (including but	not limited	to tho	se list	ed al	bove	e) who	rec	eived more than \$10	0,000 of reportab	le comp	ensati	on
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	from the organization ▶												
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than												Y	es No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former office	r, dırector,	or trus	tee, k	ey e	mplo	oyee, d	or hi	ghest compensated			*	. ]
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete \$	Schedule J	for suc	ch indi	vidu	al					- L	3	
Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the	sum of rep	ortable	e comp	oens	atio	n and	othe	er compensation from	า		``}.	1
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations	greater th	an \$15	50,000	)? If	"Ye	s," con	nple	te Schedule J for su	ch		, , _	( )
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	ındıvıdual						_					4	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive o	r accrue co	mpens	sation	from	an	y unre	lated	d organization or indi	ividual for		ĺ	/ (
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than												5	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		<u></u>										-	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		ompensate	d inde	pende	ent c	ontr	actors	that	t received more than	\$100,000 of			
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than											tax year		
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than										ĭ	<u>-</u>		
2 Total number of independent contractors (including but not limited to those listed above) who received more than		ss address								services	Co		ation
						_		T					
				_				<b> </b>					
											<u> </u>		
	2 Total number of independent contractors	(includes a	out cot	limito	d to	thor	e liete	d at	nove) who received a	nore than			
A COLUMN OF CANODERS 2000 TOOL TOE OR 2007 AND F			out 110t		.u (U	uiOS	IISLE	u al	JOYC J WIND TEOCIVED I	nore triair		; ,	;

Form 990 (2012) AMERICAN LEGION POST 233 58-6101711 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (A) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns ... 1a 1b Membership dues С Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above ...
Noncash contributions 1f included in lines 1a-1f Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3724. 3724 other similar amounts) . Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents. Less rental expenses d Net rental income or (loss) ... Gross amount from 7a (i) Securities (ii) Other sales of assets other than inventory Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 .. . **b** Less: direct expenses . . . **b** c Net income or (loss) from fundraising events 9a Gross income from gaming 440687. activities. See Part IV, line 19 355626

		-	US990 <b>\$\$</b> 9	<u> </u>	<u> </u>	Form <b>990</b> (2012
	See instructions		88785.	88785.		
12	Total revenue					
е	Total. Add lines 11a-11d					`
d	All other revenue					
С						<u>,                                      </u>
b		_				
11a					<del>.</del>	
	Miscellaneous Revenue	Business Code			-	
С	Net income or (loss) from sales of in-	ventory .				
b	Less cost of goods soldb		ئ			
	returns and allowancesa		,	,	<u> </u>	
10a	Gross sales of inventory, less		0.00	,	1	
С	Net income or (loss) from gaming ac	tivities 🕨	85061.	85061.		
ь	Less direct expenses b	355626.		** *		

BCA

## Form 990 (2012) AMERICAN LEGION POST 233 Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a response to a			ompiete column (A)	· · · · · · · · · · · · · · · · · · ·
Do 1	not include amounts reported on lines 6b,			(C)	
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	Organizations in the US. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the United States See Part IV, line 22	39229.	39229.		
3	Grants and other assistance to governments,	- 332231	33223.		
•	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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	25000.		25000.	
b	Legal				
C	Accounting	1150.		1150.	
d	Lobbying [				
е	Prof. fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	col (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	2611.		2611.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3992.	3992.		
20	Interest				
21	Payments to affiliates	18830.	18830.		
22	Depreciation, depletion, and amortization .				
23	Insurance		u. m. ~ p	, 1	
24	Other expenses Itemize expenses not covered	4 3 4 3			
	above (List miscellaneous expenses in line 24e If	777		1	İ
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	1740	1740		
а	BINGO/BUS LICENSES	1740.	1740.		
b					
C					
d					
е	All other expenses.	00550	62701	20761	
25	Total functional expenses. Add lines 1 through 24e	92552.	63791.	28761.	
	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 if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to any question in this Part X			
•			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	37947.	1	17407.
	2	Savings and temporary cash investments	134830.	2	151603.
	3	Pledges and grants receivable, net	. <u> </u>	3	
	4	Accounts receivable, net	<del> </del>	4	
	5	Loans & other receivables from current and former officers, directors, trustees,			
		key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	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 instructions). Complete			
		Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢ .	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D . 10a			
	b	Less: accumulated depreciation	297718.	10c	297718.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	_	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	470495.	16	466728.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္က	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,	1		
abi		trustees, key employees, highest compensated employees, and		·	
<b>=</b>		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
8		complete lines 27 through 29, and lines 33 and 34.	. ,	,	
Ž	27	Unrestricted net assets	470495.	27	466728.
39/2	28	Temporanly restricted net assets		28	
d E	29	Permanently restricted net assets		29	
μ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	1		
ö		and complete lines 30 through 34.	_		
ets.	30	Capital stock or trust pnncipal, or current funds		30	
188	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	470495.	33	466728.
	34	Total liabilities and net assets/fund balances	470495.	34	466728.

Form 9	990 (2012) AMERICAN LEGION POST 233	8-	610	1711	Paç	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			· · · · · · · ·	· • •	$\prod$
1 •	Total revenue (must equal Part VIII, column (A), line 12)	[	1		887	
2	Total expenses (must equal Part IX, column (A), line 25)	[	2			52.
3	Revenue less expenses. Subtract line 2 from line 1	[	3			67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4	4	704	95.
5	Net unrealized gains (losses) on investments	[	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ſ				
	column (B))	.	10	4	667	28.
Part	XII Financial Statements and Reporting		•			
	Check if Schedule O contains a response to any question in this Part XII					$\perp \! \! \perp$
					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				1.20	
	Schedule O			**************************************	1.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or			J. +11.	Ŀĸ	:
	reviewed on a separate basis, consolidated basis, or both			n. 94.	8	1
	Separate basis 🗵 Consolidated basis 🔲 Both consolidated and separate basis				<b> </b> ^	
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			, .	ľ,	. :
	separate basis, consolidated basis, or both			13.7%	,	
	Separate basis Consolidated basis Both consolidated and separate basis			2		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f the				
	audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selected process during the tax year, explain in					
	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 Circular A-133?			3a		X
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		
ВСА				Form	990	(2012)

BCA

### 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

AMERICAN LEGION POST 233

Employer identification number 58-6101711

Pa	organizations Maintaining Donor Adv	vised Funds or Other Simil	ar Funds	or Accounts.
	Complete if the organization answered "Yes" to F	form 990, Part IV, line 6		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors	in writing that the assets held in do	nor advised	funds
6	· '	or advisors in writing that grant fund	s may be us purpose cor	Yes No Sed only offering Yes No
Pa	rt I Conservation Easements. Complete if the	he organization answered ``Yes" to	Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organiz	zation (check all that apply)		
	Preservation of land for public use (e.g , recreation or	education) Pre	servation of	f an historically important land area
	Protection of natural habitat	☐ Pre	servation of	f certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in	the form of	a conservation easement on the
	last day of the tax year			
				Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements .			2b
С	Number of conservation easements on a certified historic	structure included in (a) .		2c
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a histor	тс	
	structure listed in the National Register			2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminal	ed by the o	rganization during
	the tax year			
4	Number of states where property subject to conservation	easement is located >		
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, har	ndling of vio	lations,
	and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation ease	ments durir	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, ar			
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of se	ction 170(h)	)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			. Yes No
9	In Part XIII, describe how the organization reports conserv	vation easements in its revenue and	expense s	tatement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organization		•	,
	conservation easements			organization a secondarial great
Pa	rt III Organizations Maintaining Collection	s of Art. Historical Treasur	es. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to F			
1 a	If the organization elected, as permitted under SFAS 116,		ent and bala	nce sheet works of art, historical
_	treasures, or other similar assets held for public exhibition	·		
	text of the footnote to its financial statements that describe			, promoc, m. v. a.c., m., a.c.
		os unoso nomo		
1	If the organization elected, as permitted under SFAS 116,	to report in its revenue statement a	nd halance	sheet works of art, historical trea-
•	sures, or other similar assets held for public exhibition, ed	•		
	•	deadon, or research in future, ance t	oi public sei	rvice, 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			
2	If the organization received or held works of art, historical		n nancial g	gam, provide the following amounts
	required to be reported under SFAS 116 relating to these			
	Revenues included in Form 990, Part VIII, line 1			
t	Assets included in Form 990, Part X			· <b>&gt;</b> \$

Pa	rt III	•		Collections of Ar	t, Historical Treası	ures, or Other Simi	lar Assets
3	Allsing the c	(continued	· · - · ·	and other records, che	ck any of the following th	at are a significant use o	f its collection items
·	(check all t	-	rs acquisition, accession	, and outer records, one	ck any or the lonowing th	iat are a significant use o	ins concessin tems
а		exhibition			d Loan or exchang	ne programs	
b	$\vdash$	rly research	า		e Other	go programo	
c	$\vdash$	-	ture generations		- L		<del></del>
4	_		_	ections and explain how	they further the organiza	tion's exempt purpose in	Part XIII.
5			=			ther similar assets to be	
	_	•	nan to be maintained as i				
Pai	rt IV					nswered "Yes" to Form	
			d an amount on Form 99	•	•		
1a	Is the orga	nization an	agent, trustee, custodiar	or other intermediary fo	or contributions or other a	assets not included	_
	on Form 99	90, Part X?					. Yes No
b	If "Yes," ex	plain the ar	rrangement in Part XIII ai	nd complete the following	g table <sup>.</sup>		
							Amount
C	Beginning	balance				1c	
d	Additions of	luring the ye	ear			<mark>1d</mark>	
е	Distribution	ns during the	e year			<u>1e</u>	
f	Ending bal	ance .					
2a	Did the org	janization ir	nclude an amount on For	m 990, Part X, line 21?			🗌 Yes 🛚 🖺 No
			rrangement in Part XIII. C			<del></del>	
Pa	rt V	Endow	ment Funds. Comp			T	
			(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning	of year			ļ	1	
				, <u>.</u>			
b	Contributio	ons .					
С	Net investr						
	ings, gains	, and losse:	\$				
	Grants or scho				-		
e	Other expe						
	for facilities	s and					
_	programs .						
f	Administra						
	expenses						
g	End of yea			1	4 (-)\   -	!	
2			percentage of the currer		e 1g, column (a)) neid as:		
			quasi-endowment ► nt ► 0.00				
	Permanen			. <b>%</b> . 0 0 %			
С	· ·	· <del>=</del>					
2-	· -	-	nes 2a, 2b, and 2c should		hat are held and adminis	tered for the organization	by Yes No
Ja			ations	non or the organization to	nat are nelo ano adminis	tered for the organization	3a(i)
	• •	l organizatio					3a(ii)
h			he related organizations		nedule R?		3b
4			he intended uses of the o				. •••
Pa	rt VI		Buildings, and Equi	<del></del>			
		escription o		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	_			basis (investment)	basis (other)	Depreciation	
1a	Land			(	1		
	Buildings			297,718.			297,718.
	Leasehold	ımproveme	ents	,			-
	Equipment	•					
	Other						-
		1a through	1e (Column (d) must eq	ual Form 990, Part X. co	olumn (B), line 10(c) ).	·	297,718.
DCA.			.,		,	Scher	tule D (Form 990) 2012

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization AMERICAN LEGION POST	233						identification number $101711$
Part I Fundraising Activities. C	omplete if the o			ered "Yes" to Form 990	), Part IV, line		
Form 990-EZ filers are not  Indicate whether the organization of a Mail solicitations Internet and email solicitations C Phone solicitations In-person solicitations  In-person solicitations  Did the organization have a written Form 990, Part VII) or entity in con  If "Yes," list the ten highest paid into at least \$5,000 by the organization	aised funds thro or oral agreem nection with pro dividuals or enti	e f g lent with ofessiona	Solicition Solicition Special	ation of non-government ation of government gra il fundraising events idual (including officers sing services?	t grants nts , directors, tn	ustees or key	. Yes X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- r have ody or rol of outlons?	(iv) Gross receipts from activity	(v) Amount retained by listed in	) fundraiser	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6		<del> </del>					
7							
8				·		-	<del>-</del> .
9							
10							
Total			▶				, , ,
3 List all states in which the organization is registered	or licensed to solicit	contribution	ns or has be	en notified it is exempt from req	gistration or licens	ing	
			•				
			_				

Schedule G (Form 990 or 990-EZ) 2012 AMERICAN LEGION POST 233 58-6101711 Page 2 Part II 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 (event type) (event type) (total number) ∞l. (c)) Revenue Gross receipts Less Contributions ... Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment . Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) 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 (c) Other gaming (d) Total gaming (add (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) 440,687. 440,687. Gross revenue 182,986. 182,986. 2 Cash prizes . . . Direct Expenses Noncash prizes 47,618. 47,618. Rent/facility costs . . 125,022. 125,022. Other direct expenses 100.0% 0.0% 142 Yes Yes Yes No Volunteer labor 355,626. Direct expense summary. Add lines 2 through 5 in column (d) 85,061. Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities GA a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain

Schedule G (Form 990 or 990-EZ) 2012

b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2012 AMERICAN LEGION POST 233 58-6101711 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
	Indicate the percentage of gaming activity operated in.
а	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address▶
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	Name ►
	Address ▶
16	Gaming manager information.
	Name ► JAMES CARMONA
	Gaming manager compensation ▶ \$
	Description of services provided ► VOLUNTEER POST COMMANDER
	□ Director/officer  □ Employee  □ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state
	gaming license?
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 ▶\$
Par	Supplemental Information.Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (V),
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2012

BCA

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No. 1545-0047

Employer identification number 58-6101711

**≗** □

AMERICAN LEGION POST Name of the organization Part 1

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria : used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash (f) Method of valuation assistance (book, FMV, appraisal, other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	501(c)(3) and govern ganizations listed in t	ment organizations liste he line 1 table	d in the line 1 table		:	A A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instruc	tions for Form 990.				Schedi	Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)
Part III Grants and C

Part III can be duplicated if additional space is needed.	eded.		•		•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash	(e) Method of valuation (book, FMV, appraisal,	(f) Description of non-cash assistance
			assistance	other)	
1FAMILY AND NON PROFIT ASSIST	2300	24,608.			
2YOUTH BASEBALL	300	11,718.			
3VET FUNERALS-UNIFORMS/FLAGS	20	2,903.			
4					
\$					
9					
Part IV Supplemental Information. Complete the	his part to provide the in	Complete this part to provide the information required in Part I, line 2, and any other additional information	t I, line 2, and any othe	r additional information	
ssistance to families and non p	profit organ	izations is m	nonitored by	organizations is monitored by the American	
gion Post Commander, Sr Vice Co	Commander, Jr	Jr Vice Commander,	ler, Finance	Officer, and	
djutant. Board of Directors ap	approve all a	ssistance to	families an	assistance to families and non profits	