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Form **990**

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01 , 2012, and ending 06-30 , 2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization American Legion

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P O Box 1093

Room/suite

City, town or post office, state, and ZIP code Hattiesburg, MS 39403

D Employer Identification no 64-6165812

E Telephone number (601)544-1205

G Gross receipts $ 2,118,705

F Name and address of principal officer Dr Charles H Junek III
702 Southeast Circle, Hattiesburg, MS 39402

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1928

M State of legal domicile MS

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OGDEN, UT
IRS-OSC

Part I Summary

1 Briefly describe the organization's mission or most significant activities U. S. Military Veterans Organization

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	96,609
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		1,659
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,223	(61)
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,614	265,412
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,837	267,010

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,095	142,089
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,686	43,436
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,632	63,663
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	286,413	249,188
19	Revenue less expenses Subtract line 18 from line 12	1,424	17,822

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	693,202	731,222
21	Total liabilities (Part X, line 26)	11,475	31,935
22	Net assets or fund balances Subtract line 21 from line 20	681,727	699,287

Fund Balances Net Assets or

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

Sign Here

Jon Mark Herrington
Signature of officer

Date Sept 10 2013

Jon Mark Herrington, Commander
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name CHARLES H JUNEK III JD CPA	Preparer's signature CHARLES H JUNEK III JD CPA	Date 09-09-2013	Check ☐ if self-employed	PTIN P00395632
Firm's name ▶ CHARLES H JUNEK III JD CPA PC			Firm's EIN ▶	
Firm's address ▶ 702 SOUTHEAST CIRCLE HATTIESBURG MS 39402			Phone no 601-268-0137	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

EEA

SCANNED OCT 21 2013

GB 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

U. S. Military Veterans Organization

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 225,310 including grants of $ _____) (Revenue $ _____)

U. S. Military Veterans Organizations and Programs

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 225,310

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		X
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		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		
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		X
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		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	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	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 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 to individuals located outside the United States? If "Yes," complete Schedule F, Parts 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	X	
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		

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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable 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	

Part V 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	1a	1		
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	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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	
b	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 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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	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 any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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 ☒

Section 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	1a	13		
	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	1b	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?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MS

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) 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)

19 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ American Legion Post 24 (601)545-1205 P O Box 1093 Hattiesburg, MS 39403

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) Carol M Burns 2nd Vice Commander	1.00			X					0	0	0
(2) Clarance Williams Judge Advocate	1.00			X					0	0	0
(3) Clif Evans Exexutive Committeeman	1.00			X					0	0	0
(4) Dr Charles H Junek III Finance Officer	10.00			X					6,000	0	0
(5) Dr James F Ghents Adjutant	4.00			X					6,000	0	0
(6) George Herrington Sergeant at Arms	1.00			X					0	0	0
(7) Jon Mark Herrington Commander	11.00			X					6,000	0	0
(8) Robert Hall Historian	1.00			X					0	0	0
(9) Ted Tibbett Past Commander	1.00			X					0	0	0
(10) Terence M Polk 1st Vice Commander	40.00			X					0	0	0
(11) Wayne M Felts Chaplain	1.00			X					0	0	0
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								18,000	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			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	3		X
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	4		X
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		X

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,659				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f ▶			1,659			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			(61)	(61)		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a		2,051,051				
	b Less direct expenses b		1,769,864				
	c Net income or (loss) from gaming activities ▶			281,187	168,778	112,409	
	10a Gross sales of inventory, less returns and allowances a		66,031				
	b Less cost of goods sold b		81,831				
	c Net income or (loss) from sales of inventory ▶			(15,800)		(15,800)	
	Miscellaneous Revenue	Business Code					
	11a						
	b Miscellaneous	452000		25	25		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			25			
	12 **Total revenue.** See instructions ▶			267,010	168,742	96,609	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	142,089	142,089		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,000		18,000	
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	19,650	19,650		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,786	3,020	2,766	
11 Fees for services (non-employees)				
a Management				
b Legal	5,300	5,300		
c Accounting	1,215	1,215		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1	1		
13 Office expenses				
14 Information technology	45	45		
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	4,346	4,346		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,431	14,047	384	
23 Insurance				
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)				
a Office Supplies & Expense	3,665	2,932	733	
b Dues - State & National	23,531	23,531		
c Repairs & Maintenance	6	6		
d				
e All other expenses	11,123	9,128	1,995	
25 Total functional expenses. Add lines 1 through 24e	249,188	225,310	23,878	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	150,782	1	115,669
	2	Savings and temporary cash investments	247,017	2	244,882
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,780	8	10,936
	9	Prepaid expenses and deferred charges		9	14,840
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 593,830			
	b	Less accumulated depreciation — 10b: 248,935	291,623	10c	344,895
	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)	693,202	16	731,222
Liabilities	17	Accounts payable and accrued expenses		17	21,955
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	*Escrow or custodial account liability Complete Part IV of Schedule D*		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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	3,936	24	7,693
	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	7,539	25	2,287
	26	**Total liabilities.** Add lines 17 through 25	11,475	26	31,935
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	681,727	27	699,287
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	681,727	33	699,287
	34	Total liabilities and net assets/fund balances	693,202	34	731,222

Part 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	267,010
2	Total expenses (must equal Part IX, column (A), line 25)	2	249,188
3	Revenue less expenses Subtract line 2 from line 1	3	17,822
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	681,727
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	(262)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	699,287

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 reviewed on separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
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		

Name(s) as shown on return: American Legion

FEIN: 64-6165812

PG01
Statement #50

FORM 4562 - LINE 19B

BASIS	RP	CV	METHOD	DEDUCTION
922	5	HY	SL	92
179	5	HY	SL	18
1,390	5	HY	SL	139
6,741	5	HY	SL	674
2,595	5	HY		519
732	5	HY	SL	73
188	5	HY	SL	19
465	5	HY	SL	47
105	5	HY	SL	11
138	5	HY	SL	14
178	5	HY	SL	18
492	5	HY	SL	49
182	5	HY	SL	18
504	5	HY	SL	50
TOTALS				**1,741**

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

Employer identification number: 64-6165812

Part I 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
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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 ▶ $ _____

2 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 ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		377,635	234,504	143,131
c Leasehold improvements				
d Equipment		216,195	14,431	201,764
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				344,895

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Sales Taxes	
(3) Payroll Taxes	2,287
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,287

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

American Legion

Employer identification number

64-6165812

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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

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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	2,051,051			2,051,051
Direct Expenses	2 Cash prizes	1,538,747			1,538,747
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	231,117			231,117
	6 Volunteer labor	☐ Yes ____ % ☒ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(1,769,864)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				281,187

9 Enter the state(s) in which the organization operates gaming activities MS

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ 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 ☒ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a 100.000 %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Terrence M. Polk

Address ▶ 298 Green Street Hattiesburg, MS 39401

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ 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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Terrence M. Polk

Gaming manager compensation ▶ $ 10,645

Description of services provided ▶ Manages and supervises all bingo operati

☐ Director/officer ☒ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **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 I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

American Legion

Employer identification number

64-6165812

Part I 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? . . . . . ☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations 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

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 assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) US Military Veterans Organizations and Pr 39402		Various					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **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.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

1. Monitoring procedures (Part I, line 2)

The Exective Committee determines and reviews all grants and contributions.

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

American Legion

Employer identification number

64-6165812

01. Members or stockholder classes and rights (Part VI, line 6)

The organization has memebers who must be meet the requirements of the National Office of the American Legion.

02. Member election for additional members (Part VI, line 7a)

The governing body (officers) is elected annually by the memebership.

03. Governing body decisions (Part VI, line 7b)

There is a monthly memebership meeting.

04. Form 990 governing body review (Part VI, line 11)

The officers (governing body) are presented with the Form 990 and Form 990T before filing with the Internal Revenue Service.

05. Conflict of interest policy compliance (Part VI, line 12c)

The executive committee monitors compliance with the Conflict of Interst Policy.

06. CEO, executive director, top management comp (Part VI, line 15a)

The Exective Committee determines and reviews compensation for all officers and directors.

07. Other officer or key employee compensation (Part VI, line 15b

The Exective Committee determines and reviews compensation for all employees.

08. Governing documents, etc, available to public (Part VI, line 19)

Those docuements which are subject to public inspection are available at the Post home

Name of the organization: American Legion

Employer identification number: 64-6165812

during normal business hours.

09. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Other deductions to Net Assets:

☐

Unrealized Gains and Losses	$128
Nondeductable Expenses	$134
Total	$262

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
American Legion	FORM 990 - 1	64-6165812

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,331

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property Statement #50						
c	7-year property Statement #51						
d	10-year property						
e	15-year property Statement #52						
f	20-year property						
g	25-year property		3,185	25 yrs	MM	S/L	90
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property Statement #53			39 yrs	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	14,431
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 Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2012)

EEA

* Item was disposed of dunng current year

Depreciation Detail Listing

Program Services
For your records only

2012

Name(s) as shown on return

American Legion

Social security number/EIN

64-6165812

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	Land	20070607	500	500	100.00		0	0		0					
2	Cash Register	19960201	161		100.00		161	7		0		161			
3	Folding Chairs	19960411	187		100.00		187	7		0		187			
4	Tables	19960424	88		100.00		88	7		0		88			
5	Folding Chairs	19960509	150		100.00		150	7		0		150			
6	Tables	19960509	132		100.00		132	7		0		132			
7	Furniture and Equipme	19960730	1,339		100.00		1,339	7		0		1,339			
8	Televisons	19970430	1,033		100.00		1,033	5		0		1,033			
9	Electronic Bingo Mach	19970529	12,086		100.00		12,086	5		0		12,086			
10	Electronic Bingo Mach	19970921	11,952		100.00		11,952	5		0		11,952			
11	Electgronic Bingo Mac	19971031	11,952		100.00		11,952	5		0		11,952			
12	Electgronic Bingo Mac	19990511	24,232		100.00		24,232	5		0		24,232			
13	Chairs	20000321	12,118		100.00		12,118	7		0		12,118			
15	TRS Computer	19991221	2,482		100.00		2,482	5		0		2,482			
16	TRS Copier/Fax	20000531	1,198		100.00		1,198	5		0		1,198			
17	Tables	20000714	242		100.00		242	7		0		242			
19	Refrigator - Canteen	20030708	1,067		100.00		1,067	7		0		1,067			
20	Ice Machine - Canteen	20030729	1,808		100.00		1,808	7		0		1,808			
21	Stove - Canteen	20031210	708		100.00		708	7		0		708			
22	TechPro Computer	20050415	2,365		100.00		2,365	5		0		2,365			
23	Security System	20050523	4,275		100.00		4,275	5		0		4,275			
25	Security System	20060427	25,886		100.00		25,886	5		0		25,886			
26	Computers	20051027	10,234		100.00		10,234	5		0		10,234			
27	Ice machsine - Drink	20050926	2,563		100.00		2,563	5		0		2,563			
28	Canteen Drink Machin	20070125	1,530		100.00		1,530	5		0		1,530			
29	Canteen Furniture an	20070509	192		100.00		192	7	SL HY	14.286		192			
30	Trophy Case	19941020	481		100.00		481	7		0		481			
31	Trophy Case	19941021	471		100.00		471	7		0		471			
32	Table	19950209	239		100.00		239	7		0		239			
33	Air Conditioner	19950321	400		100.00		400	7		0		400			

Name(s) as shown on return

American Legion

Social security number/EIN

64-6165812

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
35	Central Air/Heat	19960321	4,559		100.00		4,559	39.5	SL MM	2.532	115	2,296			115
36	Sink	19960930	3,487		100.00		3,487	20	SL MQ	5		3,487			
37	Bathroom Renovation	19990331	9,767		100.00		9,767	39.5	SL MM	2.532	247	7,559			247
38	Electrical Upgrade	19990521	7,200		100.00		7,200	39.5	SL MM	2.532	182	2,780			182
39	Flag Pole	19990629	2,900		100.00		2,900	12		0		2,900			
40	New Roof	19981204	36,700		100.00		36,700	39.5	SL MM	2.532	929	14,603			929
41	Sears Air Conditioner	20000927	214		100.00		214	5		0		214			
42	Lowes Table Saw	20000913	614		100.00		614	5		0		614			
43	Cap Mac Wheelchair	20001114	800		100.00		800	5		0		800			
44	Stage Curtain	20001114	9,950		100.00		9,950	7		0		9,950			
45	Stage Lights	20010104	7,350		100.00		7,350	7		0		7,350			
46	Yard Irrigation	20000808	6,375		100.00		6,375	12	SL HY	8.333		6,375			
47	Building Rehab	20010101	55,000		100.00		55,000	39.5	SL MM	2.532	1,392	18,868			1,392
48	Awnings	20021001	24,788		100.00		24,788	39.5	SL MM	2.532	628	7,398			628
49	Wheel Chair	20021201	642		100.00		642	5		0		642			
50	Parking Lot	20050101	15,232		100.00		15,232	39.5	SL MM	2.532	386	4,354			386
51	Parking Lot	20070502	5,717		100.00		5,717	39.5	SL MM	2.532	145	815			145
52	Building Improvements	20090625	37,315		100.00		37,315	39	SL MM	2.564	957	3,868			957
53	Parking Lot	20091209	79,324		100.00		79,324	39	SL MM	2.564	2,034	7,204			2,034
54	Smoking Area	20100615	3,698		100.00		3,698	39	SL MM	2.564	95	289			95
55	Improvements	20100628	11,379		100.00		11,379	39	SL MM	2.564	292	888			292
56	General Improvements	20100211	47,654		100.00		47,654	39	SL MM	2.564	1,222	4,124			1,222
57	Smoking Area	20100714	2,470		100.00		2,470	39	SL MM	2.564	63	187			63
58	Pavers	20100831	6,088		100.00		6,088	39	SL MM	2.564	156	449			156
59	Improvements	20101021	4,484		100.00		4,484	39	SL MM	2.564	115	311			115
60	Equipment	20110516	1,341		100.00		1,341	7	SL MQ	14.286	192	408			192
61	Equipment	20110527	1,325		100.00		1,325	7	SL MQ	14.286	189	402			189
62	6 Vizio Bingo Monitor	20120620	1,913		100.00		1,913	5	SL MQ	20	383	431			383
63	Canteen Ice Machine	20120629	2,140		100.00		2,140	5	SL MQ	20	428	482			428
65	Bingo Machine	20121231	17,354		100.00		17,354	7	SL HY	7.143	1,240	1,240			1,240

* Item was disposed of during current year

Depreciation Detail Listing

Program Services
For your records only

2012

Name(s) as shown on return

American Legion

Social security number/EIN

64-6165812

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
66	Building Improvements	20120925	650		100.00		650	39.5	SL MM	2.004	13	13			13
67	Building Improvements	20121129	2,215		100.00		2,215	39.5	SL MM	1.582	35	35			35
69	Building Improvements	20121207	840		100.00		840	39.5	SL MM	1.371	12	12			12
70	Building Improvements	20130626	3,124		100.00		3,124	39.5	SL MM	.105	3	3			3
71	Building Improvements	20130626	6,823		100.00		6,823	15	SL HY	3.333	227	227			227
72	Building Improvements	20130626	3,558		100.00		3,558	39.5	SL MM	.105	4	4			4
73	Canteen Flatware & Di	20130416	922		100.00		922	5	SL HY	10	92	92			92
74	Panasonic Telephone S	20120802	179		100.00		179	5	SL HY	10	18	18			18
76	Folding Chairs (28)	20120814	1,390		100.00		1,390	5	SL HY	10	139	139			139
78	Four file cabinets	20120925	552		100.00		552	7	SL HY	7.143	39	39			39
79	Chairs 150	20120930	6,741		100.00		6,741	5	SL HY	10	674	674			674
80	Tables (5)	20121004	840		100.00		840	7	SL HY	7.143	60	60			60
81	Chairs (12)	20121011	539		100.00		539	7	SL HY	7.143	39	39			39
82	Container (20 foot)	20121016	2,860		100.00		2,860	25	SL MM	2.833	81	81			81
83	Security System	20121026	2,595		100.00		2,595	5		20	519	519			389
84	Televisions (3 - 26")	20121026	732		100.00		732	5	SL HY	10	73	73			73
85	Container Shelves	20121026	325		100.00		325	25	SL MM	2.833	9	9			9
86	Security Monitor	20121113	188		100.00		188	5	SL HY	10	19	19			19
87	Borther Printer	20121210	465		100.00		465	5	SL HY	10	47	47			47
88	Security Systme Upgr	20130114	1,289		100.00		1,289	7	SL HY	7.143	92	92			92
89	Drapes and Blinds	20130122	4,662		100.00		4,662	15	SL HY	3.333	155	155			155
91	Furniture -Ladies Lo	20130126	1,176		100.00		1,176	7	SL HY	7.143	84	84			84
92	Pressure Washer	20130205	138		100.00		138	5	SL HY	10	14	14			14
93	New Telephones	20130211	178		100.00		178	5	SL HY	10	18	18			18
94	AUdio System	20130222	1,037		100.00		1,037	7	SL HY	7.143	74	74			74
95	Wireless Mic	20130318	492		100.00		492	5	SL HY	10	49	49			49
96	Security System Moni	20130401	182		100.00		182	5	SL HY	10	18	18			18
97	Laptop	20130607	504		100.00		504	5	SL HY	10	50	50			50
	Totals		585,047	500			584,547				14,047	245,516			13,917

Land Amount
Net Depreciable Cost 585,047

ST ADJ:

* Item was disposed of during current year

Depreciation Detail Listing

Management & General

For your records only

2012

Name(s) as shown on return

American Legion

Social security number/EIN

64-6165812

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
14	Office Furniture	20000406	2,279		100.00		2,279	7		0		2,279			
18	Office Chairs	20010323	310		100.00		310	7		0		310			
24	Office Furniture	20050623	246		100.00		246	7		0		246			
34	Office Chair	19951119	185		100.00		185	7		0		185			
64	Office Computer - Se	20120628	610		100.00		610	5	SL MQ	20	122	137			122
68	Building Improvements	20120127	2,350		100.00		2,350	39.5	SL MM	2.532	59	59			59
75	Office Desks & Chairs	20120807	2,076		100.00		2,076	7	SL HY	7.143	148	148			148
77	Time Clock	20120830	622		100.00		622	7	SL HY	7.143	44	44			44
90	Brother Typewriter	20130124	105		100.00		105	5	SL HY	10	11	11			11
	Totals		8,783				8,783				384	3,419			384

Land Amount

Net Depreciable Cost 8,783

ST ADJ:

Name(s) as shown on return: American Legion

FEIN: 64-6165812

Equipment

Description	Amount
Canteen Equipment	$ 3,062
Furniture and equipment	93,276
Bingo Assets	119,857
Total:	**$ 216,195**

Other Income - Special Events

Description	Amount
Canteen Purchases	$ (45,922)
Canteen Sales	65,993
Electronic Bingo	493,485
Electronic Bingo Equipment Repairs	(43)
Electronic Bingo Prizes	(340,286)
Total:	**$ 173,227**

Slaries & Wages

Description	Amount
Bingo Wages	$ 17,895
Canteen Wages	29,378
Total:	**$ 47,273**

Taxes and Licenses

Description	Amount
MS Gaming Taxes	$ 6,327
Canteen License	15
MS Income Taxes	3,619
Payroll Taxes - Bingo	3,227
Payroll Taxes - Canteen	4,221
Sales taxes	1,952
Canteen Vendor's Compensation	(38)
Total:	**$ 19,323**

Name(s) as shown on return: American Legion

FEIN: 64-6165812

Bingo Receipts

Description	Amount
Bingo	$ 1,557,566
Electronic Bingo	493,485
Total:	**$ 2,051,051**

Bingo Prizes

Description	Amount
Bingo Prizes	$ 1,198,461
Electronic Bingo	340,286
Total:	**$ 1,538,747**

Bingo - Other Direct Costs

Description	Amount
Accounting	$ 1,020
Advertising	1,180
Bingo Supplies	27,188
Bookkeeping	15,157
Cash over and short	830
Electronic Bingo Repairs	43
Gaming Taxes	26,296
Grounds Maintenance	3,395
Insurance	12,264
Janitorial	12,889
MS Taxes	3,619
Payroll Taxes	13,412
Pest Control	641
Repairs & Maintenance	6,713
Salaries & Wages	74,375
Security	26,211
UBI Taxes	(14,559)
Utilities	20,443
Total:	**$ 231,117**

Name(s) as shown on return: American Legion

FEIN: 64-6165812

FORM 4562 - LINE 19C

Statement #51

BASIS	RP	CV	METHOD	DEDUCTION
17,354	7	HY	SL	1,240
2,076	7	HY	SL	148
622	7	HY	SL	44
552	7	HY	SL	39
840	7	HY	SL	60
539	7	HY	SL	39
1,289	7	HY	SL	92
1,176	7	HY	SL	84
1,037	7	HY	SL	74
TOTALS				**1,820**

PG01

FORM 4562 - LINE 19E

Statement #52

BASIS	RP	CV	METHOD	DEDUCTION
6,823	15	HY	SL	227
4,662	15	HY	SL	155
TOTALS				**382**

PG01

FORM 4562 - LINE 19I

Statement #53

DATE	COST	RP	DEDUCTION
2012-09	650	39.5	13
2012-11	2,215	39.5	35
2012-12	840	39.5	12
2013-06	3,124	39.5	3
2013-06	3,558	39.5	4
TOTALS			**67**

990 **Overflow Statement** 2012

Name(s) as shown on return: American Legion

FEIN: 64-6165812

Investment Income

Description	Amount
Capital Gains	$ 194
Dividends	3,920
Interest Income	176
Realized Gains and Losses	(4,351)
Total:	**$ -61**

Bingo Receipts

Description	Amount
Bingo	$ 1,557,566
Total:	**$ 1,557,566**

Bingo Operations Receipts - UBI

Description	Amount
Electronic Bingo	$ 493,485
Total:	**$ 493,485**

Bingo Operations - Expenses

Description	Amount
Accounting	$ 775
Advertising	896
Bingo Prizes	1,198,461
Bingo Supplies	27,188
Bookkeeping	11,510
Cash over and short	630
Gaming Taxes	19,969
Grounds Maintenance	2,578
Insurance	9,313
Janitorial	9,788
Payroll Taxes	10,185
Pest Control	487
Repairs & Maintenance	5,098
Salaries & Wages	56,480
Security	19,905
Utilities	15,525
Total:	**$ 1,388,788**

Name(s) as shown on return: American Legion

FEIN: 64-6165812

Bingo Operations Expenes - UBI

Description	Amount
Accounting	$ 245
Advertising	284
Bookkeeping	3,647
Cash over and Short	200
Electronic Bingo Prizes	340,286
Equipment Repairs	43
Gaming taxes	6,327
Grounds Maintenance	817
Insurance	2,951
Janitorial	3,101
MS Income Taxes	3,619
Payroll Taxes	3,227
Pest Control	154
Repairs and Maintenance	1,615
Salaries & Wages	17,895
Security	6,306
UBI Taxes	(14,559)
Utilities	4,918
Total:	**$ 381,076**

Canteen - UBI

Description	Amount
Gross Sales	$ 65,993
Vender's Compensation	38
Total:	**$ 66,031**

Canteen Expenses - UBI

Description	Amount
Canteen Expenses	$ 8
Merchandise Purchases	45,922
Payroll Taxes	4,221
Sales Taxes	1,952
Wages & Salaries	29,378
License	15
Mileage	335
Total:	**$ 81,831**

Name(s) as shown on return: American Legion

FEIN: 64-6165812

Program Services - Other Expenses

Description	Amount
Bank Charges	$ 2,601
Equipment Rental	2,902
Equipment Repairs	623
Flowers	630
Office Expense	325
Pest Control	1
Postage and Delivery	1,468
Printing	151
Repairs	6
Supplies	421
Total:	**$ 9,128**

Management and General

Description	Amount
Janitorial	$ 11
Licenses	30
Repairs & Maintenance	637
Safety Deposit Bos	115
Secuirty	3
Software	318
Subscriptions	864
Utilities	17
Total:	**$ 1,995**

Changes in net Assets

Description	Amount
Unrealized Gains & Losses	$ (128)
Nondeductable Expenses	(134)
Total:	**$ -262**

Buildings and Improvements

Description	Amount
Building Improvements	$ 366,485
Land and Buildings	11,150
Total:	**$ 377,635**