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 private foundations)

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

<u>A</u>	For the	e 2017 c	alendar year, or tax year begi			18		
B	Check if a	pplicable		RICAN LEGION POST	28		D Employer	dentification number
	Address c	change	BON	NIE SLOAN				
	Name cha	ange	Doing business as					719232
\exists	Initial retu	-	Number and street (or P O box if mail 1930 MCDONALD LA	· · · · · · · · · · · · · · · · · · ·		Room/suite	E Telephone	945-1944
님	Final retur		City or town, state or province, countr				011	
닏	terminated		NEW ALBANY	IN 47150	•		G Gross rece	eipts\$ 3,244,944
	Amended	return	F Name and address of principal officer				G Gioss lece	
	Applicatio	n pending	DAVID THOMAS			H(a) Is this a gro	up return for su	ıbordınates? Yes X No
			1930 MCDONALD	T.ANE		H(b) Are all sub	ordinates inclu	uded? Yes No
			NEW ALBANY	IN 47	150	If "No,"	' attach a list ((see instructions)
_	Tay ayar	mpt status	501(c)(3) X 501(c) (4	47(a)(1) or 527	4		
÷	Website		/A	2) (insertino) 43	47(a)(1) di 327 U	H(c) Group exer	mation aumbei	, b
<u>. </u>		organization	X Corporation Trust	Association Other	1	Year of formation	приоттилье	M State of legal domicile
<u>``</u> F	art I		ımmary	70300:1dd011	1 =	Total of lottinoson		W Older of logar controls
·			scribe the organization's mission	on or most significant activities	<u>'</u>			
•	1	-	RIBUTIONS TO OTHER	_		MEMBERS (OF	
ĕ			NIZATION.				-	
€		01.01.						
83	1 20	Check th	is box	discontinued its operations of	disposed of more than :	25% of its net ass	ets	
وق	3		of voting members of the govern	•	disposed of more than a	2070 01 110 1101 430	3	11
-8 8	1 4 1		of independent voting members	• , , , ,	/L line 1b)		4	11
Ş	5		nber of individuals employed in		·		5	11
₹ 5	6 -		nber of volunteers (estimate if r	•			6	22
ุร	7a		elated business revenue from F	• •			7a	
تِ	bı		ated business taxable income f				7b	0
	1					Prior Yea		Current Year
₹,	8 (Contribut	ions and grants (Part VIII, line	lh)			714	6,470
湿	9 F	Program	service revenue (Part VIII, line	2g)		19	9,186	17,867
Revenue Activities & Configure	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			17	0
ı.	11 (Other rev	enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		5,110	477,834
	12	Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,027	502,171
	13 (Grants a	nd similar amounts paid (Part I)	(, column (A), lines 1-3)		12	2,365	12,887
	14	Benefits	paid to or for members (Part IX	, column (A), line 4)		<u> </u>		0
es	15 5	Salaries,	other compensation, employee	benefits (Part IX, column (A)	, lines 5–10)	70	0,568	90,728
Expenses	16a i	Profession	onal fundraising fees (Part IX, co	olumn (A), line 11e)				0
ğ	b ⁻	Total fun	draising expenses (Part IX, colu	ımn (D), line 25) ▶	0		4 0 60	064 040
ш	'' `	•	oenses (Part IX, column (A), lin				4,863	264,210
		•	enses Add lines 13-17 (must o		25)	_	7,796	367,825
- 6	19 F	Revenue	less expenses Subtract line 18	3 from line 12		Beginning of Cur	7,231	134,346 End of Year
Net Assets or	20 -	Total aca	ets (Part X, line 16)	DES			1,626	725,458
Asse	20		ilities (Part X, line 16)	RECEIVED	7		4,576	4,062
É	2 2		ts or fund balances Subtract li		ol		7,050	721,396
	Part II			3 1 DEC 31 2018			. , 000	,22,330
			perjury, I declare that I have examin	-1		nents and to the he	ast of my kn	owledge and belief it is
tr	ue, corre	ect, and o	omplete Declaration of preparer to	ther than officers a based on all in	formation of which prepare	r has any knowledg	e	owiedge and belief, it is
	_	, L	11/2 1 17	OGUEN, UT			Т-	
Sig	an	1 S	ignature of officer			· - · · · · · ·	Date	
He	_		DAVID THOMAS		COMM	ANDER	16	2-14-2018
		7	ype or print name and title	· · · · · · · · · · · · · · · · · · ·			,,,	. ,
_	_	Print/Type	e preparer's name	Preparer's signature		Date	Check	ıf PTIN
Pai	d		. MCCORMICK, CPA	MARC J. MCCOR	MICK, CPA	12/12	/18 self-em	□ "
Pre	parer	Firm's na	· DODERED A	MOSS & CO, PLLC		1	irm's EIN	35-1663728
Us	e Only		301 E. EI		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		Firm's ad	. NEEL ALDAN				hone no	812-945-5236
Ma	y the IR		s this return with the preparer s		s)			Yes No
_			uction Act Notice, see the separa					Form 990 (2017)

Form 99	(2017) AMERICAN	LEGION I	POST 28	35-07192	32		Page 2
Part	II Statement of P	rogram Serv	ice Accomplishment	S			
	Check if Sched	ule O contains	s a response or note to	any line in this Part III			
1 Bri	efly describe the organizat						
CON	TRIBUTIONS TO	OTHER O	RGANIZATIONS	AND ACTIVITIES	OF MEMBERS	OF	
ORG	CANIZATION.						
2 Di	the organization undertak	e any significant	program services during the	e year which were not listed o	n the		
	or Form 990 or 990-EZ?	, g	,	•		Yes	X No
-	Yes," describe these new s	services on Schei	dule O				
			e significant changes in how	w it conducts, any program			
	vices?	madoling, or man	o organicant on angeo in no	w it boridable, any program		☐ Yes	X No
	Yes," describe these chan	nes on Schedule	0				[==]
		-		its three largest program sen	ucos, as mossurad by		
	-	-					
				eport the amount of grants and	a allocations to others,		
the	total expenses, and rever	iue, if any, for eac	ch program service reported	1			
4a (C			59,953 including gra		87) (Revenue \$)
		O OTHER O	RGANIZATIONS .	AND ACTIVITIES	FOR MEMBERS	S OF	
ORG	ANIZATION.						
4b (C	ode) (Expense	s \$	7,872 including gra	nts of \$) (Revenue \$	- · · ·)
			F ORGANIZATIO		, ,		•
4 (0	\ /_			-1	· · · · · · · · · · · · · · · · · · ·		
4c (C	ode) (Expense	s \$	including gra	nts or \$) (Revenue \$)
			,				
4d Ott	ner program services (Des	cribe in Schedule	0)				
	penses \$		uding grants of \$) (Revenue	\$	١	
	al program service expens		367,825	/ (Increside	·	,	
	a. program service expens		30,,023				

DOG 8 40 AM

Page 3

Part IV Checklist of Required Schedules

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V V 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 VII 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 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 perport 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 IXI 11d X e 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 IXI 11d X 11d X b Ut the organization orbit and its 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 11d X 12a Dd the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asserted in section 170(b)(1)(b)(l)(l)(l)(l)? If "Yes," complete Schedule E 12a X b Ut the organization aschool described in section 170(b)(1)(b)(l)(l)(l)(l)? If "Yes," complete Schedule E 12b X b Ut the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investme	•	•		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Is the organization engage in interest or indirect organization control organization organization control organization orga	1				¥
3 Define cognization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "If "ex", "complete Schedule C, Part II" 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fr) efection in effect during the tax year? If "Pex", "complete Schedule C, Part II 5 is the organization as section 501(c)(4), 501(c)(6), 501(c)(2	· · · · · · · · · · · · · · · · · · ·		-	
candidates for public office? If "Yes," complete Schedule C, Part I 8 Section 501(c)(4) organizations. Did the organization engage in libbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 1 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 Procedule 9-197 if "Yes," complete Schedule C, Part III 2 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 3 X 4 X 5 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 5 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, delet management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 5 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, delet management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 5 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 6 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 7 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 8 Did the organization report an amount for lend provides schedule D, Part X 8 Did the organi			-		
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3		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\longrightarrow	X
If "Yes," complete Schedule G, Part III	19				
		If "Yes," complete Schedule G, Part III	19	X	

OIIII 330 (2017) IZZINI GIZI ZZGIGI I GOI		
Part IV	Checklist of Required Schedules (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- 1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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	ļ		
	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 25a	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), 501(c)(4), and 501(c)(29) 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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		i	
	disqualified persons? 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)	ŀ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_		v
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22	ŀ	x
~~	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
25.	or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		- 21
b		35b		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
36	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	-50		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R;			
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	

Page 5

,Pa	art V 'Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		٠,,	
þ	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" to line 3b, 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	· · · · · · · · · · · · · · · · · · ·			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	1.		. ,
_	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		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	, y	6-		x
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	65		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		-
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	70		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.0		
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. Did a donor advised fund maintained by the	<u> </u>		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	7		
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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Vac " has it filed a Form 720 to report these payments? If "No. II arrived an evaluation in Calculute O	العمما		

Form 990 (2017) AMERICAN LEGION POST 28 35-0719232 Page 6 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 1b 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 2 2 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 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 X one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 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? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Sect	ion '	C.	Discl	losure

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

organization's exempt status with respect to such arrangements?

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 X 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records 🕨

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

AMERICAN LEGION POST #28

1930 MCDONALD LANE

812-945-1944

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form 990.(2017)	AMERICAN	LEGION	POST	28

35-0719232

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DAVID THOMAS	0 00									
COLAGNIDED	0.00 0.00	x		x				o	o	0
COMMANDER (2) MIKE CRUMP	0.00	^		Λ		╁		0	<u> </u>	
(2)MIRE CROMP	0.00									
1ST VICE COMMANDER	0.00	x						О	0	0
(3) ANTHONY CLAYTON	0.00_	 								
(0,000.000.000.000.000.000.000.000.000.0	0.00									
2ND VICE COMMANDER	0.00	X						0	0	0
(4) JIM DEXTER										
	0.00									
ADJUTANT	0.00	X	L					0	0	0
(5) RONALD TORAN										
	0.00									
FINANCE OFFICER	0.00	X	<u> </u>					0	0	0
(6) BOB TAYLOR										
	0.00	l								
EXECUTIVE MEMBER	0.00	X	<u> </u>			\vdash		0	0	0
(7) BOB ALLES	0.00					1 1				
	0.00	\ . .						_	^	_
EXECUTIVE MEMBER (8) CURTIS BISHOP	0.00	X				₩		0	0	0
(8) CORITS BISHOP	0.00									
EXECUTIVE MEMBER	0.00	x						0	0	0
(9) BILL COOK	0.00	1	-			t				
(5) 2 2 2 2 2 2 3 3 3 3	0.00									
EXECUTIVE MEMBER	0.00	X						О	0	0
(10) DONALD THOMAS										
	0.00									
EXECUTIVE MEMBER	0.00	x						0	0	0
(11) RON GRANGIER										
	0.00								•	
EXECUTIVE MEMBER	0.00	X						0	0	<u> </u>
DAA										Form 990 (2017)

	rt VII Section A. Officers						oyee	s, a	and Highest Compensated			<u> </u>	age o
, ,	.' (A) Name and title	(B) Average hours per week (list any	(di bo off	o not o x, unte icer a	Pos check ess pe	C) sition more erson	than o	one an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compen	ated nt of er sation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 miles)	organiz and rei organiz	ation lated	
											-		
												<u></u>	
						_	ļ						
	Sub-total Total from continuation she	ets to Part VII,	Secti	on A	<u> </u>	<u> </u>	<u>1</u>	>					
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in	ncluding but not l	ımıte	d to	thos	e lis	sted a	bov	(e) who received more than	\$100,000 of			
	reportable compensation from									 		Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,	" complete Sche	dule	J for	suc	h ind	dıvidi	ıal			3		x
4	For any individual listed on lin organization and related organization										4		x
5	Individual Did any person listed on line									ındıvıdual			x
Sect	for services rendered to the o ion B. Independent Contracto		es, "	com	piete	9 50	neau	ie J	for such person		5		
1	Complete this table for your fit compensation from the organ												
	Name and	(A) business address						<u> </u>	Descrip	(B) tion of services	c	(C) ompensa	tion
									1				
							_	\vdash			-		
								_			-		
													
2	Total number of independent received more than \$100,000	contractors (incli	uding 1 fror	but n the	not e ora	lımıt anız	ed to	tho ►	se listed above) who	0			
DAA		•						-			Fo	rm 99 ((2017)

Form 990 (2017) AMERICAN LEGION POST 28 Part VIII

Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

			Check if Schedule (O con	tains a	response o	r note to any line in	this Part VIII		
1						•		Related or exempt function	Unrelated business	Revenue excluded from tax under sections
1	ts st	1a	Federated campaigns	1a						
1	rar	b	· -	1						
1	Ω,E	۰	•							
1	ifts	4	<u> </u>							•
1	O in	٦	<u>-</u>							
1	Sign	,			•					
1	ributi	'	and similar amounts not included above			6,470				
1	Sont	g		1f :	\$		6.470			
1	e		·			Busn Code			-	
1	ven	2a	MEMBERSHIP DUES				17,867			17,867
1	æ	b					-			
1	5	c								
1	Šen	d								
1	Ē	e								
1	g	f	All other program service reve	nue						
3 Investment income (including dividends, interest, and other similar amounts)	P	ءُ ا				•	17,867		-	
A Income from investment of tax-exempt bond proceeds S Royalties Note	_			dividen	ds. intere	est.				
Income from investment of tax-exempt bond proceeds			· -		,	▶				
S Royaltes		4	•	-exem	ot bond to	roceeds 🕨				
Company Comp				0.00111	pt bond p			-		
See Part V, line 19 See		ľ	•		(u) F	Personal				
D Less rental exps C Rental inco (ross) D C Rental income or (loss) D Rental income or (loss) D Rental income or (loss) D Rental income or (loss) Rental		62		915	(,	0.00.10.				
C Rental inc or (loss)		Ι.	,	720						
d Net rental income or (loss)		l		915						
The state of the				913			6 915			6 915
Sales of assets Sales of a			Croce amount from			Othor	0,913			0,313
b Less cost or other bass & sales exps c Gain or (loss) d Net gain or (loss) 3a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			sales of assets		(11)	Other				
Desir & Sales exps		١.	·							
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 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 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busin Code 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 6,888 6,888		þ								
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busin Code 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME b MISCELLANEOUS INCOME 12,088 c MEMBERSHIP ACTIVITY 8,811 d All other revenue 6,888			,		<u> </u>					
8a Gross income from fundraising events (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 See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME b MISCELLANEOUS INCOME 1 12,088 c MEMBERSHIP ACTIVITY 8,811 d All other revenue 6,888		C								
(not including \$ of contributions reported on line 1c) See Part IV, line 18				. 1						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 12,088 c MEMBERSHIP ACTIVITY d All other revenue 13,749 6,888		8a	_	nts						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 2,880,603 330,015 514,699 -184,684 199,368 399,368 199,368 199,368 13,749 13,749 13,749 13,749 12,088 6,888	en		•							
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 12,088 c MEMBERSHIP ACTIVITY d All other revenue 13,749 6,888	ě)						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 12,088 c MEMBERSHIP ACTIVITY d All other revenue 13,749 6,888	er F		See Part IV, line 18	a						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY d All other revenue 12,088 c MEMBERSHIP ACTIVITY d All other revenue 13,749 6,888	Ŧ	ı	·	(
See Part IV, line 19 a 2,880,603 b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities ▶ 330,015 514,699 -184,684 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 99,368 99,368 99,368 99,368 13,749 13,749 13,749 13,749 13,749 12,088 12,088 12,088 12,088 12,088 6,888	•	ı			events					
b Less direct expenses b 2,550,588 c Net income or (loss) from gaming activities ▶ 330,015 514,699 -184,684 10a Gross sales of inventory, less returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 99,368 Miscellaneous Revenue Bush Code 13,749 13,749 13,749 13,749 13,749 13,749 12,088 c MEMBERSHIP ACTIVITY 8,811 8,811 8,811 d All other revenue 6,888		9a		s						
c Net income or (loss) from gaming activities ▶ 330,015 514,699 -184,684 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory ▶ 99,368 99,368 Miscellaneous Revenue Busn Code 13,749 13,749 11a DISHONESTY LOSS INCOME b MISCELLANEOUS INCOME c MEMBERSHIP ACTIVITY 12,088 12,088 c MEMBERSHIP ACTIVITY b All other revenue 6,888 6,888			See Part IV, line 19	a						
10a Gross sales of inventory, less returns and allowances 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 Miscellaneous Revenue Busn Code 11a DISHONESTY LOSS INCOME 13,749 b MISCELLANEOUS INCOME 12,088 c MEMBERSHIP ACTIVITY 8,811 d All other revenue 6,888		b	Less direct expenses	ь[2,	550,588				
returns and allowances a 291,553 b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 Miscellaneous Revenue Busn Code 11a DISHONESTY LOSS INCOME 13,749 13,749 b MISCELLANEOUS INCOME 12,088 c MEMBERSHIP ACTIVITY 8,811 d All other revenue 6,888		С	Net income or (loss) from gam	ing ac	tivities	•	330,015	514,699		-184,684
b Less cost of goods sold b 192,185 c Net income or (loss) from sales of inventory ▶ 99,368 Miscellaneous Revenue Busn Code 11a DISHONESTY LOSS INCOME 13,749 b MISCELLANEOUS INCOME 12,088 c MEMBERSHIP ACTIVITY 8,811 d All other revenue 6,888		10a	Gross sales of inventory, less			ł		j		
c Net income or (loss) from sales of inventory ▶ 99,368 99,368 Miscellaneous Revenue Busn Code 11a DISHONESTY LOSS INCOME 13,749 13,749 b MISCELLANEOUS INCOME 12,088 12,088 c MEMBERSHIP ACTIVITY 8,811 8,811 d All other revenue 6,888 6,888			returns and allowances	a		291,553				
c Net income or (loss) from sales of inventory ▶ 99,368 99,368 Miscellaneous Revenue Busn Code 11a DISHONESTY LOSS INCOME 13,749 13,749 b MISCELLANEOUS INCOME 12,088 12,088 c MEMBERSHIP ACTIVITY 8,811 8,811 d All other revenue 6,888 6,888		b	Less cost of goods sold	b		192,185				
Miscellaneous Revenue Busn Code				s of inv	ventory	•	99,368			99,368
b MISCELLANEOUS INCOME 12,088 12,088 c MEMBERSHIP ACTIVITY 8,811 8,811 d All other revenue 6,888 6,888						Busn Code				<u> </u>
b MISCELLANEOUS INCOME 12,088 12,088 c MEMBERSHIP ACTIVITY 8,811 8,811 d All other revenue 6,888 6,888		11a	DISHONESTY LOSS INCOM	Œ			13,749	Ì		13,749
c MEMBERSHIP ACTIVITY 8,811 8,811 d All other revenue 6,888 6,888									-	
d All other revenue 6,888 . 6,888										
						- +				
o roun mos ria-riu										3,000
12 Total revenue. See instructions > 502,171 514,699 0 -18,998				16				514 600		-10 000
Form 990 (2017)	_	12	Total revenue. See instruction	13			302,111	514,039		

Form 990 (2017) AMERICAN LEGION POST 28 Statement of Functional Expenses

0000	Check if Schedule O contains a respons	·		ioto ooiamii (r y	X
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,887	12,887		
2	Grants and other assistance to domestic	,	,		
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				· <u> </u>
	organizations, foreign governments, and foreign				
	individuals 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				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		,		
7	Other salaries and wages	79,430	79,430	-	
8	Pension plan accruals and contributions (include	75/150	.3/130		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	11,298	11,298		
10	Fees for services (non-employees)	11,250	11,230		
11	` ' ' ' '				
a	Management				
	Legal				
۲ C	Accounting Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g					
y	(A) amount, list line 11g expenses on Schedule O)	13,785	13,785	,	
42	Advertising and promotion	328	328		
13	Office expenses	5,056	5,056	······································	
14	Information technology	784	784		
15	Royalties	,04			
16	Occupancy	92,312	92,312		
17	Travel	32/312	32/312		
18	Payments of travel or entertainment expenses			····	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	483	483		
20	Interest	403	303		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,378	28,378		
23	Insurance	8,859	8,859		
24	Other expenses Itemize expenses not covered		7,000	,	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O)				
а	ENTERTAINMENT	25,223	25,223		
b	CASH OVER/SHORT/DISCREP	22,650	22,650		
c	MEMBERSHIP DUES	15,253	15,253		
d	REPAIRS AND MAINT-EQUIP	10,800	10,800		
-	All other expenses	40,299	40,299		
25	Total functional expenses Add lines 1 through 24e	367,825	367,825	0	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 following SOP 98-2 (ASC 958-720)		33.,323		

AMERICAN LEGION POST 28 Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 242,490 161,726 Cash-non-interest bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 180 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,140,679 other basis Complete Part VI of Schedule D 10a 657,711 10b 429,720 482,968 b Less accumulated depreciation 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 15 591,626 725,458 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,505 17 17 Accounts payable and accrued expenses 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 Loans and other payables to current and former officers, directors, 22 Liabilities 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 71 24 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 4,576 26 4,062 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 587,050 27 721,396 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 587,050 721,396 725,458 33 Total net assets or fund balances 33 591,626 Total liabilities and net assets/fund balances

Form	990.(2017) AMERICAN LEGION POST 28 35-0719232			Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	02,	171	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	67,	825	
3	Revenue less expenses Subtract line 2 from line 1	3	1	34,	346	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	87,	050	
5	Net unrealized gains (losses) on investments					
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, column (B))	10	7	21,	<u> 396</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X	
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in			1		
	Schedule O			1		
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	<u> </u>	<u> </u>	
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	<u> </u>		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

	of the organization		Employer id	entification number
	MERICAN LEGION POST 28		35_07	19232
	ONNIE SLOAN art I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds o		
Pä	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6	i Accounts	•
	Complete if the organization answered Tes Off	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(a) Borior devices tarios	(=)	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
Д	Aggregate value at end of year		-	· · · · ·
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or don			
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.	-		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically in	mportant land	area
	Protection of natural habitat	Preservation of a certified hist	oric structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a co	nservation	
	easement on the last day of the tax year		Н	eld at the End of the Tax Year
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 inc	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25	i/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organ	ization during	the
	tax year ▶	. •		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		□ v □ v-
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	n easements o	luring the year
_	A section of the sect	. I. I		- the
7	Amount of expenses incurred in monitoring, inspecting, handling of vice \$	biations, and enforcing conservation eas	sements dunn	g trie year
0	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h)/4)/8	3)/1)	
0	and section 170(h)(4)(B)(ii)?	the requirements of section (70(f)(4)(s	3)(1)	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense stater	ment and	
3	balance sheet, and include, if applicable, the text of the footnote to the			e
	organization's accounting for conservation easements			-
Pa	art III Organizations Maintaining Collections of Art	, Historical Treasures, or Othe	er Similar A	ssets.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement ai	nd balance she	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irtherance of	
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these iter	ms	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and b	alance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irtherance of	•
	public service, provide the following amounts relating to these items			
	(i) Revenue included on 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, o	r other similar assets for financial gain,	provide the	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990, Part X		•	¢

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

	•	•
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	(Ilivestillerit)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1a Land		61,815		61,815
b Buildings		868,084	463,638	404,446
c Leasehold improvements				
d Equipment		210,780	194,073	16,707
e Other			=-	
Total. Add lines 1a through 1e (Column (d) must ed	482,968			

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Page	7

(A) (B) (C) (C) (D) (E) (F) (G) (H) Iotal. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Blook value (c) Method of valuation (cast or end-driyear market value) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Blook value (c) Blook value (d) Blook value (e) Blook value (f)	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV Jir	ne 11h See Form 990 P	art X line 12
Cost or cod dyses market value					
			,,	Cost or end-of-year	r market value
(A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	1) Financial o	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	2) Closely-he	eld equity interests			
(B) (C) (C) (D) (E) (E) (F) (G) (G) (E) (F) (G) (G) (E) (F) (G) (G) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	3) Other				
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(A)				
(B) (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Column (b) must equal Form 990, Part X, col (B) line 13 ▶ Column (b) must equal Form 990, Part X, col (B) line 13 ▶ Column (b) must equal Form 990, Part X, col (B) line 13 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 13 ▶ Column (b) must equal Form 990, Part X, col (B) line 13 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 № Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form 990, Part X, col (B) line 25 № Column (b) must equal Form	(B)				
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			1		
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(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		income taxes	-	- ,	
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(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶				-	
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(9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶				┨	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				1	
		(h) must equal Form 000. Det V. and (B) line 35 \	 	4	
I PROBLEM FOR THE CONTROL OF THE PROBLEM THE PROBLEM TO THE PROBLEM TO THE PROBLEM TO THE PROBLEM THE			-44-4-4	francial at-t	

<u>4a</u> 4b

> <u>4c</u> 5

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990 for the latest instructions AMERICAN LEGION POST 28

Employer identification number Name of the organization 35-0719232 BONNIE SLOAN Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations d 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? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or (II) Activity from activity fundraiser listed in organization or entity (fundraiser) control of contributions col (ı) Yes No 10

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

Total

Page 2

Company Comp	·P	than \$15,000 of	rents. Complete if the organic fundraising event contribution reater than \$5,000			
1 Gross recepts 1 Gross recepts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 5 Noncash prizes 7 Food and beverages 8 Entertamment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 1 1 Net income summary Subtract line 10 from line 3, column (d) 1 The minus 10 Saming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (e) Divit labulmistant (e) Divit		g		(b) Event #2	(c) Other events	
2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 12 Cash graing. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (e) Bingo (e) Pull laberinitian bingopropressive bingo (e) Other genting (ed) Total genting (ed) oct (e) through cot (e) th	е		(event type)	(event type)	(total number)	col (c))
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3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 8 Ves No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?	ď	1 Gross revenue	469,276	2,174,927	236,400	2,880,603
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5 Other direct expenses 36,529 97,717 18,982 153,23 Yes % Yes % Yes % Yes % No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities IN a Is the organization licensed to conduct gaming activities in each of these states?	nses	2 Cash prizes	017,451	1,003,773	110,130	2,337,300
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Yes % Yes % X No Yes % X Yes Moderate No Yes % X Y	۵	4 Rentracinty costs				
6 Volunteer labor X No		5 Other direct expenses				153,228
7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?		6 Voluntoor labor				
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9 Enter the state(s) in which the organization conducts gaming activities IN a Is the organization licensed to conduct gaming activities in each of these states?		7 Direct expense summary	Add lines 2 through 5 in column (d)		▶	2,550,588
9 Enter the state(s) in which the organization conducts gaming activities IN a Is the organization licensed to conduct gaming activities in each of these states?		Net gaming income summ	nary Subtract line 7 from line 1, colu	ımn (d)	•	330,015
a Is the organization licensed to conduct gaming activities in each of these states?		<u>g mengamin</u>				
• • • • • • • • • • • • • • • • • • • •			· ·			.
D II 110, Explain		_	conduct gaming activities in each o	of these states?		X Yes No
		110, CAPIGIII				
						L) (##)
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain Yes			gaming licenses revoked, suspend	ded, or terminated during the tax	year?	Yes X No
- · · · · · · · · · · · · · · · · · · ·	_	ee, enposit				

Sche	dule G (Form	990 or 990-EZ) 2017	35-071923	2	Page 3
11 1	Does the org	panization conduct gaming activities with nonmembers?		Ye	s 🗓 No
12	Is the organi	zation a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to ad	minister charitable gaming?		Ye	s 🗶 No
13	Indicate the	percentage of gaming activity conducted in			
а	The organiza	ation's facility	13a	100.	00 %
b	An outside fa	·	13b		%
14		me and address of the person who prepares the organization's gaming/special events books and			_
	records				
	Name >	AMERICAN LEGION POST #28			
		1930 MCDONALD LANE			
	Address ►	NEW ALBANY	IN 47150		
15a	Does the org	ganization have a contract with a third party from whom the organization receives gaming		_	_
	revenue?			Ye	s 🗓 No
b	If "Yes," ente	er the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of ga	aming revenue retained by the third party ▶ \$			
С	If "Yes," ente	er name and address of the third party			
	Name >				
	Address ▶	•			
	_		,		
16	Gaming mar	nager information			
	Name ▶				
	Gaming mar	nager compensation ▶ \$			
	Description of	of services provided ▶			
	D. D. a. ata.	Vetters			
	Director	/officer Employee Independent contractor			
17	Mandatory d	istributions			
а	Is the organi	zation required under state law to make charitable distributions from the gaming proceeds to		_	_
	retain the sta	ate gaming license?		∐ Ye	s X No
þ		nount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year ▶ \$			
Par	t IV Su	pplemental Information. Provide the explanations required by Part I, line 2b, o	columns (iii) and (v)	. and	
<u>.</u>	Pa	rt III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any ad-			
	Se	e instructions			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information

Open to Public Inspection

Name of the organization

AMERICAN LEGION POST 28 BONNIE SLOAN Employer identification number 35-0719232

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	PROGRAM	SERVICE	MGT & GENER	RAL	FUNDRAISIN	IG			
MISCELLANEC	US EXP								
	\$	9,220	\$	0	\$	0			
MEMBER ACTI	MEMBER ACTIVITY EXPENSE								
	\$	7,872	\$	0	\$	0			
HOUSE EXPEN	SE								
	\$	6,284	\$	0	\$	0			
LEASE EXPEN	SE								
	\$	3,783	\$	0	\$	0			
TAXES - OTH	ER								
	\$	3,207	\$	0	\$	0			
FINES & PENALTIES									
	\$	2,900	\$	0	\$	0			
SUPPLIES EXPENSE									
	\$	2,849	\$	0	\$	0			
LICENSE & FEES									

Schedule O (Form 990 o	or 990-EZ) (20	017)				Page 2
Name of the organization			· ·		Employer identificat	tion number
AMERICAN LE	EGION P	OST 28			<u>35-071923</u>	32
	\$	1,957	\$	0	\$	0
SMALL EQUIE	MENT			•		
,	\$	1,187	\$	0	\$	0
CREDIT CARL)/BANK	FEES		,		
	\$	1,040	\$	0	\$	0
TOTAL						
	\$	40,299	\$	0	\$	0