DLN: 93493041012150 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable AMERICAN LEGION POST 91 ☐ Address change 34-1130149 ☐ Name change % THOMAS MORGAN Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 91 AMERICAN LEGION PKWY ☐ Application pending (440) 234-0091 City or town, state or province, country, and ZIP or foreign postal code BEREA, OH  $\,$  44017  $\,$ G Gross receipts \$ 1,280,122 Name and address of principal officer H(a) Is this a group return for ED LEOPOLD □Yes ☑No subordinates? 91 AMERICAN LEGION PKWY H(b) Are all subordinates BEREA, OH 44017 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (19) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1958 M State of legal domicile ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE SOCIAL AND BENEFIT SERVICES TO ITS MEMBERS WHO ARE VETERANS ITS MISSION IS TO HELP PROMOTE SERVICES TO THE COMMUNITY STATE Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 12 Number of independent voting members of the governing body (Part VI, line 1b) 5 17 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 35 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 224,152 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 72,631 110,213 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 414 1,358 267,868 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 281,865 379,439 354,910 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 84,408 77,747 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 135,291 150,088 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 149,849 153,778 369,548 381,613 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -14,638 -2,174 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 312,429 294,468 82,639 21 Total liabilities (Part X, line 26) . 98,426 22 Net assets or fund balances Subtract line 21 from line 20 211.829 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 2020-02-10 Signature of officer Sign Here THOMAS MORGAN FINANCE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check 🗹 ıf 2020-02-10 P00953144 Paid self-employed Firm's name Firm's EIN Preparer Use Only Firm's address Phone no (330) 347-3998 ☐ Yes ☑ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

-	Check if Sched	<u> </u>	•	hments							
-	iefly describe the or	<u> </u>									
-	,		se or note to a	any line in this Part III		🗆					
POST 91	DD 01/17 EC COCTAL	ganızatıon's mıssıon		·							
		AND BENEFIT SERVICE COMMUNITY, STSTE A		BERS WHO ARE VETER	ANS OF MILITARY SERVICES IT'S N	MISSION IS TO HELP AND					
	E SERVICES TO THE	E COMMONITY, STOTE A	NATION								
<b>2</b> Die	Did the organization undertake any significant program services during the year which were not listed on										
the	e prior Form 990 or	990-EZ?				☐ Yes 🗹 No					
If	"Yes," describe thes	se new services on Sche	dule O								
<b>3</b> Did	d the organization c	ease conducting, or ma	ke significant i	changes in how it cond	ucts, any program						
se	services?										
If	If "Yes," describe these changes on Schedule O										
Se	ection $501(c)(3)$ and		s are required	to report the amount of	largest program services, as measu of grants and allocations to others, t						
<b>4a</b> (C	ode	) (Expenses \$	27,001	ıncludıng grants of \$	) (Revenue \$	)					
Se	e Additional Data										
<b>4b</b> (Co	ode	) (Expenses \$	6,293	ıncludıng grants of \$	) (Revenue \$	)					
Se	e Addıtıonal Data										
<b>4c</b> (C	ode	) (Expenses \$	44,453	including grants of \$	) (Revenue \$	)					
Se	e Addıtıonal Data										
4d Ot	ther program service										
(E	xpenses \$	ınclud	ling grants of	\$	) (Revenue \$	)					
4e To	otal program servi	ice expenses ▶	77,7	47							

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
С	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		No

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . 🔧

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

12a

12b

13

14a

14b

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19

20a

20b

21

Yes

Yes

Yes

Nο

Nο

Nο

No

No

Nο

Nο

No

Nο

No

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b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Part V

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J.</i>	23		No
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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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 disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35b

36

37

38

0

1a

Yes

Yes

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Nο

No

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a 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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2			" resp	onse to i	lines
		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	uie U	See Instructions			<b>✓</b>
Se	ction	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	12			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	12			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?			2		No
3	Did th	ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other					No
4		ne organization make any significant changes to its governing documents since the			4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organ	nızatıoı	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to bers of the governing body?		t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	memi	pers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	undert	aken during the year by			
а	The g	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			<b>8</b> b		No
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						
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenue	e Code	≘.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
Ь	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?						
11a	Has th	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually int cts?	erests	that could give rise to	12b		No
c	Dıd th Schea	ne organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c		No
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	ne organization have a written document retention and destruction policy?			14	Yes	
15		ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a • •	rrangement with a	16a		No
b		s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu					
	status	s with respect to such arrangements?	•	·	16b		1
Se		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed					
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the	at app	ly			
		Own website   🗆 Another's website 🗹 Upon request 🔲 Other (explain in So					
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organ 1 MORGAN 91 AMERICAN LEGION PKWY BEREA, OH 44017 (440) 234-0091	ızatıon	's books and records			

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 . 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, or 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	Position than o	on (do ne bo	(C o no ox, u n of	) t ch unle: ficer	eck moss pers and a ee)	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) ED LEOPOLD COMMANDER	15 00			x				0	0	0	
(2) MEL BAHER 1ST VICE	15 00			х				0	0	0	
(3) JEFF MEYERS EXECUTIVE BOARD	5 000	x						0	0	0	
(4) GEORGE MASIE ADJUTANT	10 00			×				0	0	0	
(5) TOM MORGAN FINANCE OFFICER	15 00			x				0	0	0	
(6) ANDY DICKSON EXECUTIVE BOARD	10 00			x				0	0	0	
(7) LEN DRAGER EXECUTIVE BOARD	5 000	Х						0	0	0	
(8) GLEN CAMMERATA EXECUTIVE BOARD	5 000	Х						0	0	0	
(9) RAY KOZLOWSKI EXECUTIVE BOARD	5 000	х						0	0	0	
(10) BRIAN RIDDLE EXECUTIVE BOARD	5 000	х						0	0	0	
(11) DON VAJI EXECUTIVE BOARD	10 00	X						0	0	0	
(12) TONY MAZZEO EXECUTIVE BOARD	5 000	X						0	0	0	
										Form <b>990</b> (2018)	

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Part VII Section A. Office	ers, Directors, Trustees	, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t cho unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
										_

1h Sub-Total										

c Tota	1b Sub-Total											
	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 ▶											
											10	

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on

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	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
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	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mnenestion	1

	navidual	4	No				
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	No				
S	ection 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.						

		i	No							
Se	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 Comper							

30	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						

Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who	received more than \$100,000 of	

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compensation from the organization  $\blacktriangleright$ 

		0 (2018)							Page <b>9</b>
Part	٧								
		Check if Schedul	e O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	<b>1a</b> Federated campaig	ns	1a			revenue		512 - 514
st st	!   <b>'</b>	<b>b</b> Membership dues			20,649				
rar		·		1b					
%		c Fundraising events		1c	26,959				
Contributions, Gifts, Grants   and Other Similar Amounts		d Related organizatio		1d	32,235				
E :		e Government grants (co	·	1e					
ig is		f All other contributions and similar amounts n		1f	30,370				
but the		above							
		g Noncash contribution in lines 1a - 1f \$	ons included						
		h Total. Add lines 1a	-1f		🕨	110,213			
	Π				Business				
Ę	2;	a							
Š		b		- 					
3		с —							
ž		d							
Ē		е ———		_		+			
Program Service Revenue		<b>f</b> All other program se	rvice revenue						
Ě	,	<b>9Total.</b> Add lines 2a–2	.f		<b>&gt;</b>				
	3	Investment income (ii	-			1,358	1,358		
	4	sımılar amounts) I Income from ınvestm	 ent of tax-exe		ond proceeds •				
						-			
			(ı) Real		(II) Personal				
	6	a Gross rents							
		<b>b</b> Less rental expenses		21,939 4,233		-			
		c Rental income or (loss)		17,706					
		d Net rental income o	r (loss)				i i		
			(ı) Securit	ıes	(II) Other				
	7	<b>'a</b> Gross amount from sales of				1			
		assets other than inventory							
		<b>b</b> Less cost or				4			
		other basis and sales expenses							
		C Gain or (loss)				1			
		<b>d</b> Net gain or (loss) .			<b>&gt;</b>	_			
_	8	Gross income from fi (not including \$	undraising eve 26,960	ents					
nue		contributions reporte	ed on line 1c)		J				
₹ •		See Part IV, line 18		а	,	-			
ď.		<b>b</b> Less direct expense		ь	15,072		,	7,497	
Other Revenue		c Net income or (loss)  a Gross income from g			ents •	7,497		7,437	
δ	-	See Part IV, line 19			J				
				a	770,452	_			
		<ul><li>b Less direct expense</li><li>c Net income or (loss)</li></ul>		b	653,792			116,660	
		DaGross sales of invent		activit	les ▶	7		110,000	
		returns and allowand			J				
				а		_			
		<b>b</b> Less cost of goods s		Ь		_  99,995		99,995	
		c Net income or (loss) Miscellaneous		invent	Business Code	55,555		33,333	
	1	.1a <sub>ATM</sub>			72244	4,019	4,019		
		b FUNTION SALES			72244	0 7,178	7,178		
		c LOTTERY SALES			72244	0 14,813	14,813		
		d All other revenue .							
		e Total. Add lines 11a	-11d		>	26.010			
	1	. <b>2 Total revenue.</b> See	Instructions			26,010			
						379,439	27,368	224,152	Form <b>990</b> (2018)

Forr	n 990 (2018)				Page <b>10</b>
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	` ,	_
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	77,747	77,747		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	97,766		97,766	-
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	12,700		12,700	_
10	Payroll taxes	39,622		39,622	
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal				-
(	Accounting	2,400		2,400	
(	ILobbying				
6	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)	4,631		4,631	
12	Advertising and promotion				
13	Office expenses	7,070		7,070	
14	Information technology	160		160	
15	Royalties				
16	Occupancy	77,742		77,742	
	Travel				_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	2,718	2,718		
20	Interest	6,340		6,340	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,223		27,223	
23	Insurance	7,420		7,420	
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 LICENSES	1,620		1,620	
	b MEMBERSHIP DUES & SUB	14,484	14,484		
	c KITCHEN SUPPLIES	1,970		1,970	
	d				
	e All other expenses				

381,613

94,949

286,664

0

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

**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)

Page **11** 

82,639

82.639

211,829

211,829

294,468

Form **990** (2018)

17

18

19

20

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22

23

24

25

26

27 28

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34

2.023

96.403

98.426

214,003

214,003

312,429

Pa	art X	Balance Sheet					<del>-</del>
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	44,001	1	25,345		
	2	Savings and temporary cash investments .		[	30,620	2	56,978
	3	Pledges and grants receivable, net		. [		3	
	4	Accounts receivable, net		[		4	
ssets	5	Loans and other receivables from current and for trustees, key employees, and highest compensor Part II of Schedule L	nployees Complete		5		
	7	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	B(c)(3)(B), and of section 501(c)(9) istructions) Complete		6		
SS	8	Inventories for sale or use				8	
Ø	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	916,070			
	b	Less accumulated depreciation	<b>10</b> b	703,925	237,808	10c	212,145
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .	[		12	
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		[		15	
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	312,429	16	294,468

•	9
	10a
	ь
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	15
	16
	17

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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			379,439
2	Total expenses (must equal Part IX, column (A), line 25)	2			381,613
3	Revenue less expenses Subtract line 2 from line 1	3			-2,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			214,003
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			211,829
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
	Accounting method used to prepare the Form 990				Ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	За		No
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	red	3b		

## **Additional Data**

**Software Version:** ta18mefv1.0 **EIN:** 34-1130149

**Software ID:** 18007426

Name: AMERICAN LEGION POST 91

Form 990 (2018)

Form 990, Part III, Line 4a:

GIFTS FOR THE YANKS

Form 990, Part III, Line 4b: VETERANS SERVICES

## Form 990, Part III, Line 4c: NUMEROUS CONTRIBUTIONS TO LOCAL AND NATIONAL CHARITABLE ORGANIZATIONS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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.

Open to Public

Schedule D (Form 990) 2018

DLN: 93493041012150 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection Name of the organization **Employer identification number** AMERICAN LEGION POST 91 34-1130149 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No 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" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? ✓ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, Hi	istori	cal T	reası	ıres, oı	r Other	Similar A	ssets (ca	ntınued	1)	
3		ng the organization's acq ns (check all that apply)	uisition, accessior	n, and other	records, o	check a	any of	the fo	llowing t	hat are a	significant i	use of its	collectio	n	
а		Public exhibition				d		Loan	or exch	ange prog	ırams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	e generations												
4		vide a description of the : XIII	organization's col	lections and	explain h	ow the	y furtl	her the	e organız	zation's ex	xempt purpo	ose in			
5		ing the year, did the org ets to be sold to raise fur									nılar	☐ Yes	<b>~</b>	No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.	odial Arrange ganization answ	<b>ments.</b> vered "Yes"	' on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou				—— t
1a		he organization an agent uded on Form 990, Part I		an or other	ntermedia	ary for	contri	bution	s or othe	er assets	not	☐ Yes	<b>✓</b>	No	
ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the foll	owina	table				Α	mount			
С		inning balance		'		,				1c					
d	Add	itions during the year								1d					
е	Dist	ributions during the year	r							1e					
f	End	ing balance								1f					
2a	Did	the organization include	an amount on Fo	rm 990. Par	t X. line 2	1. for	escrow	v or cu	ıstodial a	ccount lia	ability?	☐ Ves	<b>~</b>	No.	
		es," explain the arrange												110	
	rt V	Endowment Fund													
		Lindowniene Fan	asi complete ii	(a)Curren			rior yea				(d)Three ye		<b>e)</b> Four y	ears ba	ıck
<b>1</b> a	Begir	nning of year balance .													
b	Conti	ributions													
c	Net i	nvestment earnings, gair	ns, and losses												
d	Gran	ts or scholarships													
е		r expenditures for facilition	es												
f	Admı	nistrative expenses .													
g	End o	of year balance													
2	Pro	vide the estimated perce	ntage of the curre	ent year end	balance (	(line 1g	g, colu	mn (a	)) held a	S					
а	Boa	rd designated or quasi-e	ndowment 🟲												
b	Peri	manent endowment 🟲													
c	Ten	porarily restricted endov	wment 🟲												
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	)%										
3a		there endowment funds anization by	not in the posses	sion of the o	organizatio	on that	are h	eld an	d admın	istered fo	r the		Ye	s No	
	_	unrelated organizations										3a			
	(ii)	related organizations .										3a(	ii)		
b		res" on 3a(II), are the re	_					?.				3	b		_
4	Des	cribe in Part XIII the inte			n's endow	ment f	unds								
Pa	rt VI	Land, Buildings, Complete if the ore			' on Forn	n 990	. Part	TV li	ne 11a	. See Foi	rm 990 Pa	ert X line	10		
	Desc	ription of property	(a) Cost or oth (investme	er basis	(b) Cost o						depreciation		) Book v	alue	
1a	Land						į	50,000						50	0,000
	Build							47,696			612,418				5,278
		ehold improvements						25,200			7,560				7,640
		ment						93.174	<del> </del>		83,947				9.227

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c	) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13 )	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column  Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 <b>(b)</b> Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
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Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Schedule D (Form 990) 2018

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII )		1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )		1	
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )		5	
Par	Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered 'Yes' on Form 990, Part IV, line		Returi	n.
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			
а	Donated services and use of facilities 2a			
b	Prior year adjustments		1	
c	Other losses		1	
d	Other (Describe in Part XIII )		1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 18 )		5	
Pai	t XIII Supplemental Information			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part $\mathbb N$ lines 2d and 4b. Also complete this part to provide any add	/, lines 1b and 2b, Part itional information	V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2018		Page <b>5</b>
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

SCHEDULE G
(Form 990 or 990-EZ)

SGRAPHIC print - DO NOT PROCESS

Supplemental Info
Fundraising or G

Department of the Treasury

Internal Revenue Service

licensing

## Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

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

omplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, o organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. 2018

**DLN: 93493041012150**OMB No 1545-0047

Open to Public Inspection

	RICAN LEGION POST 91						Lilipioyei ide	entineation number
1111	RICAN LEGION FOST 91						34-1130149	
Pa	Fundraising Activi	•	_		answered "Yes" on Fo	orm 990,	Part IV, line :	17.
L	Indicate whether the organiza	tion raised funds th	nrough an	y of the fo	ollowing activities Check	all that a	pply	
а	Mail solicitations			e	Solicitation of nor	-governm	ent grants	
b	☐ Internet and email solicita	tions		f	Solicitation of gov	ernment <u>c</u>	grants	
c	Phone solicitations			g	Special fundraisin	g events		
d	☐ In-person solicitations							
2a	Did the organization have a w or key employees listed in For							es 🗆 No
b	If "Yes," list the ten highest pa to be compensated at least \$5			ndraisers)	pursuant to agreements	s under wh	nich the fundrais	ser is
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
ota	al			•				
,	List all states in which the organ	vization is registere	d or licen	sad to sali	icit contributions or has b	ooon notifi	ed it is evennt	from registration or

sche	dule G (Form 990 or 990-EZ) 2018					Page 3
.1	Does the organization conduct gaming	activities with nonmembers	5?		☐ Yes	✓ No
L <b>2</b>	Is the organization a grantor, beneficial formed to administer charitable gaming		member of a partnership or other entity		□Yes	
L3	Indicate the percentage of gaming activ	rity conducted in				
а	The organization's facility			13a		1 000 %
b	An outside facility			13b		%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and r	cords		
	Name ►					
	Address ►					
	Does the organization have a contract version revenue?				□Yes	☑ No
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anızatıon ▶ \$ and tl	ne		
С	If "Yes," enter name and address of the	third party				
	Name					
	Address ►					
.6	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		<del></del>			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
.7	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		<b>✓</b> Yes	Пио
b		red under state law distribi	ited to other exempt organizations or spent		ı ≀es	□ IVO
	ın the organization's own exempt activi					
Pai			ions required by Part I, line 2b, column licable. Also provide any additional info			
	Return Reference		Explanation			

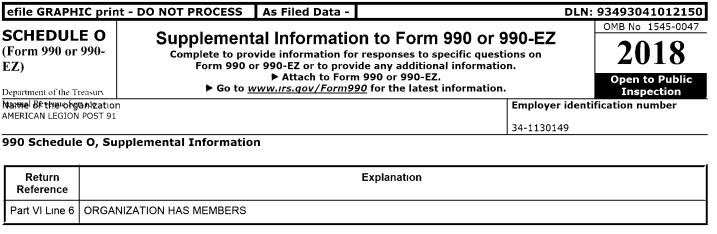
Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493041012150 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number AMERICAN LEGION POST 91 34-1130149 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Explanation

Return Reference



990 Schedule O, Supplemental Information Return Explanation Reference

Part VI Line MEMBERS ELECT THE GOVERNING BODY

990 Schedule O, Supplemental Information Return Explanation Reference Part VI Line MINUTES ARE MAINTAINED

Return Explanation

990 Schedule O, Supplemental Information

Reference
Part VI Line OUTSIDE CPA REVIEWED 990 AND 990-T WITH BOARD AT REGULAR BOARD MEETING

990 Schedule O, Supplemental Information Return Explanation Reference Part VI Line UPON REQUEST