Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

2018 Open to Public Inspection

For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19 D Employer identification number C Name of organization AMERICAN LEGION POST 28 Check if applicable BONNIE SLOAN Address change 35-0719232 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) 812-945-1944 1930 MCDONALD LANE Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 3,529,753 NEW ALBANY IN 47150 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending DAVID THOMAS 1930 MCDONALD LANE H(b) Are all subordinates included? **NEW ALBANY** IN 47150 If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) N/A Website > H(c) Group exemption number X Corporation M State of legal domicile Form of organization Association Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities CONTRIBUTIONS TO OTHER ORGANIZATIONS AND ACTIVITIES OF MEMBERS OF Governance ORGANIZATION. 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 11 3 Number of voting members of the governing body (Part VI, line 1a) త 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 22 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 3,811 6.470 8 Contributions and grants (Part VIII, line 1h) 17,867 16,596 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 477,834 551,357 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 571,764502,171 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,906 12,887 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 112,217 90,728 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 343,465 264,210 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 479,588 367,825 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) RECEIVED 134,346 92,176 19 Revenue less expenses Subtract line 18 from line 12 ing of Current Year End of Year 818,475 725,458 Ñ 20 Total assets (Part X, line 16) JAN 02 2020 4,903 4,062 21 Total liabilities (Part X, line 26) 721 396 813,572 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block <u>OGDFN</u> 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 \geq Sign nature of office ✓ Here DAVID THOMAS COMMANDER Type or print name and title PTIN Print/Type preparer's name 12/16/19 P00382234 MARC J. MCCORMICK, CPA MARC J. MCCORMICK, CPA self-employed Preparer RODEFER MOSS & CO, PLLC 35-1663728 F∉rm's EIN ▶ Firm's name Use Only 301 E. ELM STREET **S** 812-945-5236 NEW ALBANY IN 47150 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Form 990 (2018) Al	MERICAN LEGI	ON POST 28	35-07192	232		Page 2
Part III Stat	ement of Program	Service Accomplishme				
1 Briefly describe	the organization's missi	on	S AND ACTIVITIES	OF MEMBERS OF	?	
prior Form 990	• =		g the year which were not listed o	on the	Yes	X No
3 Did the organiz services?	ation cease conducting,	or make significant changes ir	n how it conducts, any program		Yes	X No
4 Describe the or expenses Sect	tion 501(c)(3) and 501(c)	vice accomplishments for eac	th of its three largest program ser to report the amount of grants an orted			
4a (Code CONTRIBUT ORGANIZAT		476,848 including R ORGANIZATION	grants of \$ 23,9 S AND ACTIVITIES	006) (Revenue \$ FOR MEMBERS (OF)
4b (Code) (Expenses \$	2,740 including	grants of \$) (Revenue \$		
	S FOR MEMBER	RS OF ORGANIZAT	ION.			
4c (Code N/A) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4d Other program (Expenses \$	services (Describe in Sc	hedule O) including grants of \$) (Revenue	· \$)	
4e Total program s	service expenses	479,588				
)AA					Form 9	90 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
_	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_	├	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		\vdash
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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	<u>X</u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		x
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		110	\neg	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
''	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ĺ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u></u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	- 1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19	x	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg \neg$	х
b	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		\Box	_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Form **990** (2018)

_P	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c	1	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a		270		<u> </u>
204	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	250		
	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	İ	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20				
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27		26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ļ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	<u> </u>	
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)	20-		x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001	l	v
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	j		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
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 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]		l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)				<u> </u>
					Yes	No
2a	Enter'the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		_	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		· 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)]		
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	0		_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	its (FBAR)	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				ļ
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				1	ļ.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		<u> </u>	.	<u>.</u>
	and services provided to the payor?			7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	↓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is		ŀ		}
	required to file Form 8282?			7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f	<u> </u>	L_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	<u>7g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file	e a Form 1098-	C? <u>7h</u>	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			ļ	.	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	↓	
0	Section 501(c)(7) organizations. Enter			1	1	ł
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	. ,				
а	Gross income from members or shareholders	11a		——┤.	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources				1	
_	against amounts due or received from them)	11b			<i>-</i>	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	<u>12a</u>	₩	├
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				'
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Ļ,	ļ
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 . 1				
	the organization is licensed to issue qualified health plans	13b				:
С	Enter the amount of reserves on hand	13c			ļ	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b	<u> </u>	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration o	or			
	excess parachute payment(s) during the year?			15	—	Х
_	If "Yes," see instructions and file Form 4720, Schedule N					<u>-</u> '
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	e?	16		X
	If "Yes " complete Form 4720. Schedule O.			I		l

Form 990 (2018) 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 $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 Enter the number of voting members of the governing body at the end of the tax year 1a 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 1b 11 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b 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 Х 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 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 > AMERICAN LEGION POST #28 1930 MCDONALD LANE

NEW ALBANY

812-945-1944

IN 47150

35	-1	n	7	1	a	2	3	2
	_	u	•	_	3	~		~

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K 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	verage Position urs per (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								_	_
COMMANDER	0.00	X		X	<u> </u>			0	0	0
(2) MICHAEL CRUMP					ŀ					
	0.00								_	_
1ST VICE COMMANDER	0.00	X			_	\vdash		0	0	0
(3) ANTHONY CLAYTON										
	0.00	1						_	0	o
2ND VICE COMMANDER	0.00	X		_	┝	╁		0		
(4) JIM DEXTER	0.00	1								
an Timanim	0.00	x						o	0	0
ADJUTANT (5) RONALD TORAN	0.00	12	_		_	+				
(5) RONALD TORAN	0.00					1				
FINANCE OFFICER	0.00	x						o	0	0
(6) BOB TAYLOR	0.00	 	_			+ +				
(0)202 21122011	0.00									
EXECUTIVE MEMBER	0.00	x				$ \cdot $		0	0	0
(7) BOB ALLES										
(,,====================================	0.00									
EXECUTIVE MEMBER	0.00	X						0	0	0
(8) CURTIS BISHOP										
	0.00					1				
EXECUTIVE MEMBER	0.00	X	ļ					0	0	0
(9) BILL COOK										
	0.00									
EXECUTIVE MEMBER	0.00	X	L			\sqcup		0	0	0
(10) DONALD THOMAS										
	0.00							_	_	
EXECUTIVE MEMBER	0.00	X	_			\sqcup		0	0	0
(11) RON GRANGIER										
	0.00								_	
EXECUTIVE MEMBER	0.00	X	<u> </u>	l				0	0	0

12/16/20	19 3 22 PM Page 8	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	l Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	bo	x, unle icer a	Pos check ess pe	เรอก	than of the highest o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		line)	trustee	al trustee		oyee	Highest compensated employee				
										·	
								_			
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion A	<u> </u>	<u> </u>	<u> </u>	<u>▶</u>			
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
3	Did the organization list any fo				trust	ee l	cev e	mpl	lovee or highest compensa	ated	Yes No
	employee on line 1a? If "Yes,"	complete Sched	dule	J for	suc	h inc	lividu	ıal			3 X
4	For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	thar	роп 1 \$15	abie 60,00	007 /	f "Ye	sauc s,"c	complete Schedule J for su	ch	
5	individual Did any person listed on line 1	a receive or acc	rue (comp	oens	atıor	n fron	n an	ny unrelated organization oi	rındıvıdual	4 X
Sact	for services rendered to the or ion B. Independent Contractor	_	'es, "	com	plete	Sc.	hedu	le J	for such person		5 X
1	Complete this table for your five	ve highest comp	ensa	ited i	nde	pend	ent o	ont	ractors that received more	than \$100,000 of	
	compensation from the organi	(A) business address	omp	ensa	tion	tor t	ne ca	lene	dar year ending with or with	nin the organization's tax ye (B) stion of services	(C) Compensation
	Hante and	ousiness address							Возопр	don or services	Compensation
-											
		<u>_</u>						-			
2	Total number of independent of received more than \$100,000								se listed above) who	0	
DAA											Form 990 (2018)

For	n 990	0 (2018) AM E	ERICAN LI	EGIC	N POS	T 28		35-0719232	<u> </u>	Page
Pa	ırt.V		ment of Reve					in this Dort VIII		
		Спеск	or Schedule	O cor	itains a r	esponse	or note to any line		(C)	(D)
					,		Total revenue	(B) Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
र र	40	Federated car		140				revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership of		1a 1b						
QE	6	Fundraising e		1c						
ifts ar A	4	Related organ		1d						
0,E	<u>.</u>	Government grants		1e						
Siz	f	All other contributio		16		_				
돌	•		s not included above	1f		3,811				
Ę	g	Noncach contribute	ons included in lines 1a	$\overline{}$	 \$	3,011				
25	9	Total. Add line		-11	Ψ		3,811		,	
<u></u>	-"	TOtal. Add lill	es 1a-11			Busn Code	3,022			
Program Service Revenue	2a	MEMDEDO	HIP DUES		ŀ	Bush Code	16,596			16,596
Şe.	2a b	MEMBERS	HIP DUES		ŀ		20,000			20,000
8	C				ŀ					
eΣ	d				F					
S E	e				ŀ	-				
gra	_	All other progr	ram service reve	nue	-			-		
Pro		Total. Add line		iluc	L	•	16,596			
_	3		come (including	dıvider	nds interes					
		and other sim		aiviac.	ido, interes	,., •				•
	4		nvestment of tax	-exem	nt bond or	ceeds •				
	5	Royalties		CACIII	pr bond pr	>				
	•	Royanies	(ı) Real		(a) Pe	rsonal				
	6a	Gross rents		, 644			'			
	b	Less rental exps		, , , , ,						
l		Rental inc or (loss)	7	, 644						
İ	ď			me or (loss)			7,644			7,644
	7a	Gross amount from	(i) Securities		(11) (Other	.,,,,,			
		sales of assets other than inventory					ļ			
	b	Less cost or other					İ			
	_	basis & sales exps								
	c	Gain or (loss)				-			1:	
	d	Net gain or (lo	uss)		1	•			·	
		-	om fundraising eve	ents [•
ž		(not including \$	g			•			1	
š			reported on line 1c	, 1						
Ϋ́		See Part IV, line	-	a						
Other Revenue	ь	Less direct ex		ь						
0			· (loss) from fund	Iraising	events	•				
	9a	Gross income fro	om gaming activitie	es T						· —
		See Part IV, line	19	а	3,1	32,744				•
	b	Less direct ex	kpenses	ь	2,7	788,579				
	С	Net income or	· ·(loss) from gam	ing ac	tivities	>	344,165	526,873		-182,708
			f inventory, less	- 1						
		returns and all		a	3	38,519				
	b	Less cost of	goods sold	b		69,410		<u></u>		
		-	(loss) from sale	s of inv		•	169,109			169,109
			cellaneous Revenue			Busn Code				
	11a	HOUSE INC	COME				17,313			17,313
	b	MEMBERSHI	P ACTIVITY		Γ		10,955			10,955
	С	ATM FEE I	NCOME		· ·		1,703			1,703
	d	All other rever	nue				468			468
	е	Total. Add line	es 11a-11d		_	•	30,439			
	12	Total revenue	e. See instruction	ns		>	571,764	526,873	0	41,080

Form 990 (2018) **Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 23,906 23,906 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 100,939 100,939 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 11,278 11,278 Payroll taxes Fees for services (non-employees) Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 6,379 6,379 (A) amount, list line 11g expenses on Schedule O) 350 350 Advertising and promotion 12 346 346 Office expenses 13 176 176 14 Information technology 15 Royalties 108,232 108,232 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 31,514 31,514 22 Depreciation, depletion, and amortization 13,001 13,001 23 Insurance 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) 118,967 118,967 CASH OVER/SHORT/DISCREP 24,438 24,438 ENTERTAINMENT b 14,972 14,972 MEMBERSHIP DUES C 4,151 4,151 LEASE EXPENSE d 13,939 13,939 e All other expenses 479,588 479,588 0 0 Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2018) AMERICAN LEGION POST 28
Part X | Balance Sheet

		Check if Schedule O contains a response or note	to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			242,490	1	345,245
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		, [3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former off	ficers, dire	ectors,			1
		trustees, key employees, and highest compensated emp	ployees	_			· · · · · · · · · · · · · · · · ·
	1	Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	sons (as d	lefined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contr	buting employers and			1
	}	sponsoring organizations of section 501(c)(9) voluntary e	employee	s' beneficiary			,
ţ		organizations (see instructions) Complete Part II of Sch	nedule L			6	·
Assets	7	Notes and loans receivable, net				7_	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	1,162,456			
	ь	Less accumulated depreciation	10b	689,226	482,968	10c	473,230
	11	Investments—publicly traded securities				11	<u> </u>
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		<u> </u>		14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		725,458	16	818,475
	17	Accounts payable and accrued expenses		Ļ	4,062	17	4,903
	18	Grants payable	<u> </u>		18		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	f Schedul	e D		21	
es	22	Loans and other payables to current and former officers,	, directors	,	•		ı
Liabilities		trustees, key employees, highest compensated employe	es, and	-			
iat		disqualified persons Complete Part II of Schedule L		<u> </u>		22	
-	23	Secured mortgages and notes payable to unrelated third	-	<u> </u> -		23	
	24	Unsecured notes and loans payable to unrelated third pa		<u> </u>		24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	Complete	Part X			
		of Schedule D		<u> </u>	4 060	25	4 000
	_26	Total liabilities. Add lines 17 through 25			4,062	26	4,903
ű		Organizations that follow SFAS 117 (ASC 958), check	k here ▶	X and			· ·
ဥ		complete lines 27 through 29, and lines 33 and 34.		~	701 206		013 570
<u>a</u>	27	Unrestricted net assets		<u> -</u>	721,396	27	813,572
8	28	Temporarily restricted net assets		ļ		28	
or Fund Balances	29	Permanently restricted net assets				29	
7		Organizations that do not follow SFAS 117 (ASC 958)), cneck r	nere ▶ 📋 and			
ŝ	20	complete lines 30 through 34.		-			
Net Assets	30	Capital stock or trust principal, or current funds	المراجعة	<u> -</u>		30	
ا ۲	31	Paid-in or capital surplus, or land, building, or equipment		.da		31	
ž	32	Retained earnings, endowment, accumulated income, or	r otner tur	lus	721 206	32	012 572
	33 34	Total liabilities and not assets/fried belonges		}-	721,396 725,458	33	813,572 818,475
	<u></u>	Total liabilities and net assets/fund balances			123,430	34	

Forn	1 990 (2018) 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	ın thıs Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	1	5	71,	764
2	Total expenses (must equal Part IX, column (A), line 25)		2	4	79,	588
3	Revenue less expenses Subtract line 2 from line 1		3		92,	176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, c	olumn (A))	4	7	21,	396
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 e	qual Part X, line				
	33, column (B))		10	8	13,	<u>572</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	ın thıs Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accru	al Other		_		
	If the organization changed its method of accounting from a prior year or check	ed "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an indep	endent accountant?		<u>2</u> a	X	
	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					
	Separate basis Consolidated basis Both consolidated and	· ·				
b	Were the organization's financial statements audited by an independent account	ntant?		2b		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	-				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes					
	of the audit, review, or compilation of its financial statements and selection of			2c		
	If the organization changed either its oversight process or selection process du	ring the tax year, explain in		Ì		
	Schedule O			-	-	
3a	As a result of a federal award, was the organization required to undergo an aud	lit or audits as set forth in				
_	the Single Audit Act and OMB Circular A-133?			<u>3</u> a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization					
	required audit or audits, explain why in Schedule O and describe any steps take	en to undergo such audits		3b	-000	
				For	m 990	(2018)

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

Inspection

2018 Open to Public

Employer identification number Name of the organization AMERICAN LEGION POST 28 35-0719232 **BONNIE SLOAN** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" 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 a 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 Held at the End of the Tax Year easement on the last day of the tax year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, 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) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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, 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

b Assets included in Form 990. Part X

Sche	dule D (Form 990) 2018 AMERICAL	N LEGION PO	ST 2	8		35-071	.9232	Page
Pa	rt III Organizations Maintaini	ng Collections o	f Art, I	Historical T	reasures,	or Other S	imilar Assets	
	Using the organization's acquisition, access collection items (check all that apply)							
а	Public exhibition	d 🗌	Loan o	r exchange pro	grams			
b	Scholarly research	e	Other	3 ,	•			
С	Preservation for future generations	_						
4	Provide a description of the organization's	collections and expla	in how th	ney further the	organization	's exempt purp	oose in Part	
	XIII			-				
5	During the year, did the organization solici	t or receive donations	of art, h	istorical treasu	res, or other	sımılar		_
	assets to be sold to raise funds rather than	to be maintained as	part of the	he organization	n's collection	?		Yes No
Pa	rt IV Escrow and Custodial A Complete if the organization 990, Part X, line 21	•	s" on F	orm 990, Pa	art IV, line	9, or reporte	ed an amount	on Form
	Is the organization an agent, trustee, custo	adian or other interme	diany for	contributions	or other acce	te not		
	included on Form 990, Part X?	dian or other interme	ulary lui	Contributions	or other asse	ts not		Yes No
	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowina	table				
•	in res, explain the arrangement in rate x	in and complete the n	onownig	labic				Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount on	Form 990 Part X line	e 21 for	escrow or cus	todial accour	nt liability?	<u> </u>	Yes No
	If "Yes," explain the arrangement in Part X							
	rt V Endowment Funds.	in onediction in the c	- Piction	<u> </u>			·	
	Complete if the organization	on answered "Yes	on Fo	orm 990. Pa	rt IV, line	10		
		(a) Current year	T — —) Prior year	(c) Two yea		d) Three years back	(e) Four years back
1a	Beginning of year balance							
	Contributions							T
С	Net investment earnings, gains, and		1	-				
	losses							
	Grants or scholarships							
	Other expenditures for facilities and							<u> </u>
	programs							
	Administrative expenses		1					
	End of year balance		\vdash					
_	Provide the estimated percentage of the ci	rrent vear end haland	e (line 1	a column (a))	held as			_ -
	Board designated or quasi-endowment ▶	%		9, 00.0 (2//				
	Permanent endowment ▶ %	•						
	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c si							
	Are there endowment funds not in the post		ation tha	it are held and	administered	d for the		
	organization by	50001011 01 (110 01ga1112						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	ired on S	Schedule R?				3b
	Describe in Part XIII the intended uses of t	•						<u> </u>
	t VI Land, Buildings, and Eq		OWITTOTIC	Tarias				
	Complete if the organization	•	" on Fo	orm 990. Pa	rt IV. line 1	11a See Fo	orm 990. Part	X. line 10
	Description of property	(a) Cost or other		(b) Cost or o		(c) Accum		(d) Book value
		(investment)		(othe		depreci		• • • • • • • • • • • • • • • • • • • •
1a	Land			 	61,815			61,81
	Buildings				88,941		89,881	399,060
	Leasehold improvements			† -	<u> </u>	- 31		233,000
	Equipment			2	11,700	1 (99,345	12,355
	Other							<u> </u>
	Add lines 1a through 1e (Column (d) mus	t equal Form 990 Per	t X colu	mn (R) line 10	l		•	473,230
	mes a eag. to (column to) mas	. oqua omi 330, i ai	. A, colu	(2), 1110 10	-,_			dule D (Form 990) 201
							Sched	aure & LE VIIII 33VI ZUT

	Investments Other Securities		33-0719232	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV Ju	ne 11h See Form 000	Part Y June 12
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)	(b) book value	1	ear market value
(1) Financial	derivatives		 	
• •	eld equity interests			<u>-</u>
(3) Other	,			· <u> </u>
(A)				
(B)				
(C)				
(D)	•			
(E)				
(F)				
(G)			<u> </u>	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost ar end-of-ye	rai ilidiket value
(1)			 	
(2)		- · 		
(3)			 	
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶	-		
Part IX	Other Assets.		<u></u>	<u> </u>
L	Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11d See Form 990. I	Part X. line 15
	(a) Description	<u></u>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11e or 11f See Form	990, Part X,
	line 25	MA Bank of a		
1. Fordered	(a) Description of liability	(b) Book value	-	•
	income taxes	+	-	
(2)			-	•
(4)		<u> </u>	-	å.
(5)			-	
(6)			+	
(7)			+	
(8)		 	†	•
(9)			+	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		†	
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that reco	arts the
	liability for uncertain tax positions under FIN 48 (ASC 740)		·	_
gameation 5	The state of the s	onsor here it the text of the	comoto nas peen provided it	T ALL VIII

Part XIII Supplemental Information.

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 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

n entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION POST 28

Employer identification number

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 а Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C d In-person solicitations 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 or entity (fundraiser) from activity fundraiser listed in organization control of ontributions? col (ı) Yes No 10

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Total

	than \$15,000 d	Z) 2018 AMERICAN LE Events. Complete if the organ of fundraising event contribution greater than \$5,000		Form 990, Part IV, line			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
Revenue	1 Gross receipts	(event type)	(event type)	(total number)	col (c))		
-	Less Contributions Gross income (line 1 minus line 2)						
nses	4 Cash prizes						
	5 Noncash prizes						
	6 Rent/facility costs				<u> </u>		
Direct Expenses	7 Food and beverages						
Direc	8 Entertainment						
	9 Other direct expenses						
	1	y Add lines 4 through 9 in column (d subtract line 10 from line 3, column (d		>			
P	art III J Gaming. Con	nplete if the organization answ on Form 990-EZ, line 6a	vered "Yes" on Form 990, P	art IV, line 19, or report	ed more		
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1 Gross revenue	533,183	2,493,936	105,625	3,132,744		
Ses	2 Cash prizes	657,355	1,902,298	55,574	2,615,227		
Direct Expense	3 Noncash prizes						
Direct	4 Rent/facility costs						
	5 Other direct expenses	58,536 Yes %	108,582	6,234 Yes %	173,352		
	6 Volunteer labor	X No	X No	X No			
	7 Direct expense summar	7 Direct expense summary Add lines 2 through 5 in column (d)					
	8 Net gaming income sum	mary Subtract line 7 from line 1, col	umn (d)	.	344,165		
а		ne organization conducts gaming acti to conduct gaming activities in each o			X Yes No		
	Were any of the organization	n's gaming licenses revoked, suspend	ded, or terminated during the tax y	vear?	Yes X No		

Sche	dule G (Form	990 or 990-EZ) 2018	AMERICAN	LEGION	POST 28	35-071	9232	Page 3
1	Does the or	ganization conduct gaming	activities with non	members?			Ye	s X No
2	Is the organ	ization a grantor, beneficia	ry or trustee of a tr	ust, or a memb	er of a partnership or other	entity	_	_
	formed to a	dminister charitable gaming	₁ 5				Ye	s ื No
13	Indicate the	percentage of gaming acti	vity conducted in					
а	The organiz	ation's facility					13a 100.	<u>00 %</u>
b	An outside f	acılıty					13b	%_
4	Enter the na records	me and address of the per	son who prepares	the organization	n's gaming/special events	books and		
	Name ▶	AMERICAN LEGIO	N POST #28					
		1930 MCDONALD	LANE					
	Address ▶	NEW ALBANY				IN 4715	0	
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			ng	Yes			
b		er the amount of gaming re aming revenue retained by			n ▶ \$	and the		_
С	_	er name and address of the		•				
	Name ▶							
	Address ▶							
6	Gaming mai	nager information						
	Name ▶							
	Gaming mai	nager compensation > \$						
	Description	of services provided >						
	Director	/officer Emp	oloyee [Independen	t contractor			
7	Mandatory d	Istributions						
a	•	zation required under state	law to make char	table distributio	ns from the gaming proces	eds to		
	-	ate gaming license?			0 01		Yes	X No
b		nount of distributions requir	ed under state law	to be distribute	d to other exempt organiza	ations or		_
		organization's own exempt						
Pa	Pa	art III, lines 9, 9b, 10b				, line 2b, columns (III) a de any additional inform		
		ee 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
2018

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.