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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning Jun 1 , 2007, and ending May 31 , 2008

B Check if applicable
- [X] Address change
- [X] Name change
- [X] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ALFRED J. JUREK POST 1672 AMERICAN LEGION

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 759 | Room/suite

City or town, state or country, and ZIP + 4: EAST AMHERST NY 14051

D Employer identification number: 16-6094018

E Telephone number: (716) 861-3356

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [X] Cash [ ] Accrual Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Organization type (check only one) — [X] 501(c) (19) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [X] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 27,100.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	10,500.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory Subtract ln 5b from ln 5a (attach schd)		5c	
	6	Special events and activities (attach schedule) If any amount is from **gaming**, check here ►[X]			
	a	Gross revenue (not including $ 0. of contributions reported on line 1)	6a 7,000.		
	b	Less direct expenses other than fundraising expenses	6b 5,250.		
	c	Net income or (loss) from special events and activities Subtract line 6b from line 6a	See L-6 Stmt	6c	1,750.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a		7c	
	8	Other revenue (describe ► See Other Revenue Statement)		8	9,600.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	21,850.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	3,695.
	12	Salaries, other compensation, and employee benefits		12	0.
	13	Professional fees and other payments to independent contractors		13	0.
	14	Occupancy, rent, utilities, and maintenance		14	11,598.
	15	Printing, publications, postage, and shipping		15	3,654.
	16	Other expenses (describe ► SUPPLIES)		16	3,525.
	17	**Total expenses** (add lines 10 through 16) ►		17	22,472.
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 9		18	-622.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	5,250.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	4,628.

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SCANNED JUL 22 2010

Part II Balance Sheets – If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,250.	22	4,628.
23 Land and buildings	0.	23	0.
24 Other assets (describe ►)	0.	24	0.
25 **Total assets**	5,250.	25	4,628.
26 **Total liabilities** (describe ►)	0.	26	0.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,250.	27	4,628.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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23 65

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? VETERANS ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	PROVIDING ACTIVITIES AND SUPPORT FOR VETERANS AND FAMILIES.		
	(Grants $) If this amount includes foreign grants, check here ► ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** Add lines 28a through 31a ►	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
TIMOTHY VAN PATTEN PO BOX 759 E.AMHERST NY 14051	COMMANDER 15.00	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations* Enter.			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			

Part V Other Information (Note the statement requirement in the instructions.) *(Continued)*

40a *501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A

		Yes	No
b *501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A			
d Enter amount of tax on line 40c reimbursed by the organization ► N/A			
e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed ►

42a The books are in care of ► TIMOTHY VAN PATTEN Telephone no ► (716) 861-3356

Located at ► PO BOX 759 E.AMHERST NY ZIP + 4 ► 14051

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**			
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041*** — Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

Please Sign Here

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

► Tim Van Patten — Signature of officer — Date 4-26-10

► Tim Van Patten Cmoe — Type or print name and title — 4-26-10

Paid Preparer's Use Only

Preparer's signature ► JEFF JOHNSON Jeff Johnson	Date 04/26/10	Check if self-employed ► X	Preparer's SSN or PTIN (See General Instruction X) P00042139
Firm's name (or yours if self employed), address, and ZIP + 4 ► JAJ BUSINESS SERVICES, 20 MARILYN DRIVE, GRAND ISLAND NY 14072		EIN ►	Phone no ► (716) 773-1347

Form 990-EZ, Part I, Line 8
Other Revenue Statement

Other revenue (describe)	
PANCAKE BREAKFASTS	1,750.
HALL RENTALS	2,250.
POST FUNCTIONS	2,975.
OTHER	2,625.
Total	9,600.

Form 990-EZ, Part I, Line 6
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
BELL JAR	7,000.	0.	7,000.	5,250.	1,750.
Total	7,000.	0.	7,000.	5,250.	1,750.