

Form **990-EZ**

# 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)

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public  
Inspection

**A For 2009 calendar year, or tax year beginning** FEBRUARY 01, 2009, **and ending** JANUARY 31, 20 10

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> AMERICAN LEGION POST 152 KNIGHTSTOWN</p> <p>Number &amp; street (or P.O. box, if mail is not delivered to street addr) Room/suite 224 E MAIN ST</p> <p>City or town, state or country, and ZIP + 4 Knightstown IN 46148</p>	<p><b>D Employer identification number</b> 35-0823700</p> <p><b>E Telephone number</b> (765) 345-5227</p> <p><b>F Group Exemption Number</b> ▶</p>
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● 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**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.post152.org/

**J Tax-exempt status** (check only one) –  501(c)(19) ◀ (insert no) | 4947(a)(1) or | 527

**H Check**  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 432,911

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

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	6,399
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	8,632
	4 Investment income	4	377
	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 line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) (If any amount is from gaming, check here <input checked="" type="checkbox"/> )		
	a Gross revenue (not including reported on line 1)	6a	37,591
	b Less direct expenses other than fundraising expenses	6b	8,762
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	28,829	
REVENUE	7a Gross sales of inventory, less returns and allowances	7a	346,733
	b Less cost of goods sold	7b	202,223
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	144,510
8 Other revenue (describe ▶ See attachment #2)	8	33,179	
9 <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	221,926	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	75,987
	13 Professional fees and other payments to independent contractors	13	1,330
	14 Occupancy, rent, utilities, and maintenance	14	57,413
	15 Printing, publications, postage, and shipping	15	521
	16 Other expenses (describe ▶ See attachment #3)	16	92,029
17 <b>Total expenses.</b> Add lines 10 through 16	17	227,280	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,354
	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	236,387
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	231,033

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,522	30,779
23	Land and buildings	363,446	363,446
24	Other assets (describe ▶ )		
25	<b>Total assets</b>	404,968	394,225
26	<b>Total liabilities</b> (describe ▶ See attachment #4)	168,581	163,192
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	236,387	231,033

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

Form **990-EZ** (2009)

SCANNED APR 23 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	See attachment #8	
	Located at	Telephone no	
		ZIP + 4	
42b	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)?	Yes	No
	If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
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		<input type="checkbox"/>
		43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |   |     | Yes                      | No                                  |
|---|-----|--------------------------|-------------------------------------|
| 46 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 | 46  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization?  | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** ▶ Michael L. Riggs ▶ 3/31/10  
 Signature of officer Date

Type or print name and title ▶ \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature <span style="float: right;">▶ <u>Heles Lonn</u></span>	Date <span style="float: right;">▶ <u>3-25-10</u></span>	Check if self-employed <input type="checkbox"/>	Preparer's identifying no (See instr) <span style="float: right;">▶ <u>P00160547</u></span>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <span style="float: right;">▶ <u>H &amp; R Block</u> <u>19 S WASHINGTON</u> <u>Knightstown, IN 46148</u></span>	EIN <span style="float: right;">▶ <u>351521593</u></span>	Phone no <span style="float: right;">▶ <u>765-345-7246</u></span>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
**AMERICAN LEGION POST 152 KNIGHTSTOWN**

Employer identification number  
**35-0823700**

**Part I**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FLAG SALES (event type)	GOLF OUTING (event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	4,673	4,727		9,400	
2	Less Chantable contributions					
3	Gross income (line 1 minus line 2)	4,673	4,727		9,400	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,107	284		2,391
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 2,391 )
11	Net income summary Combine line 3, column (d), and line 10				7,009	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))	
1	Gross revenue			28,191	28,191	
DIRECT EXPENSES	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			6,371	6,371
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				( 6,371 )	
8	Net gaming income summary Combine line 1, column d, and line 7				21,820	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? ...	9a	X
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ..	10a	X
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? ..	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..	12	X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	X
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

# SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For  
Your Records

For calendar year 2009 or tax period beginning 02-01-2009 , and ending 01-31-2010.

Name of Organization

AMERICAN LEGION POST 152 KNIGHTSTOWN

Employer Identification Number

35-0823700

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
FOOD, DRINK AND MISC CLOTHING INCOME	346,733	202,223	144,510
Total	346,733	202,223	144,510

**SCHEDULE OF OTHER REVENUE**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	02-01-2009, and ending	01-31-2010.
Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN			Employer Identification Number 35-0823700

Description of Other Revenue	Amount
PARKING LOT FUND	110
GENERAL FUND	60
HATS	98
RENT AND MISC INCOME	32,911
<b>Total</b>	<b>33,179</b>

## SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 02-01-2009, and ending 01-31-2010.
Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN	Employer Identification Number 35-0823700

Description of Liability	Beginning of Year	End of Year
LIABILITIES	168,581	163,192
Totals	168,581	163,192

**SCHEDULE OF OTHER EXPENSES**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	02-01-2009, and ending	01-31-2010.
Name of Organization		Employer Identification Number	
AMERICAN LEGION POST 152 KNIGHTSTOWN		35-0823700	

Description of Other Expenses	Amount
MORTGAGE INTEREST	12,524
PAYROLL TAXES	6,719
FLOOR MAINTENANCE	4,110
DUES PAID OUT	10,268
FUNERAL EXPENSE	1,788
VETERANS TRIP	2,762
REFUNDS	130
VETERANS DINNER	35
COMMANDERS EXPENSE	14
GIFTS	37
GENERAL EXPENSES	211
EDUCATION EXPENSE	125
PARKING LOT MAINTENANCE	401
COMPUTER EXPENSE	45
INSURANCE	6,627
MISC EXPENSE	13,741
SUPPLIES	19,039
DEPRECIATION	13,453
<b>Total</b>	<b>92,029</b>

**PRIMARY EXEMPT PURPOSE**

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 02-01 , and ending 01-31-2010.
Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN	Employer Identification Number 35-0823700

Primary Purpose

THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS TO PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE PEOPLE OF THE COMMUNITY AND THE GOOD OF THE AMERICAN LEGION, TO ASSIST AND CARE FOR VETERANS AND THEIR FAMILIES.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	02-01-2009, and ending	01-31-2010.
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Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN	Employer Identification Number 35-0823700
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Part III - Statement of Program Service Accomplishments

Grants and allocations	4,673	Amount includes foreign grants	Program service expenses	2,107
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### Exempt Purpose Achievements

WE HAVE A FLAG PROGRAM THAT DISPLAYS FLAGS ON THE STREETS OF KNIGHTSTOWN, SCHOOLS, AND WHERE THEY ARE NEEDED. WE ALSO REPLACE THEM WHEN REQUIRED BECAUSE OF WEAR AND TEAR.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	02-01-2009, and ending	01-31-2010.
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Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN	Employer Identification Number 35-0823700
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Part III - Statement of Program Service Accomplishments

Grants and allocations	3,444	Amount includes foreign grants	Program service expenses	1,788
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Exempt Purpose Achievements

WE PROVIDE MILITARY SERVICES AT FUNERALS FOR VETERANS AND FALLEN SOLDIERS.  
WE HAVE A VETERANS MEMORIAL PARK THAT IS MAINTAINED AND HONORS VETERANS.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 02-01-2009, and ending 01-31-2010.
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Name of Organization AMERICAN LEGION POST 152 KNIGHTSTOWN	Employer Identification Number 35-0823700
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
Ron Rayl 224 E MAIN ST Knightstown, IN 46148	Commander 5.00	0	0	0
PAUL LOVEALL 224 E MAIN ST Knightstown, IN 46148	1st Vice Commander 3.00	0	0	0
MIKE ALTER 224 E MAIN ST Knightstown, IN 46148	2nd Vice Commander 2.00	0	0	0
Darrell Haines 224 E MAIN ST Knightstown, IN 46148	Adjutant 5.00	0	0	0
ROBERT WYATT 224 E MAIN ST Knightstown, IN 46148	Chaplain 2.00	0	0	0
Danny White 224 E MAIN ST Knightstown, IN 46148	Finance Officer 5.00	0	0	0
Bob Johnson 224 E MAIN ST Knightstown, IN 46148	Service Officer 3.00	0	0	0
CHARLIE BRAMMER 224 E MAIN ST Knightstown, IN 46148	Sgt at Arms 3.00	0	0	0
JERRY JORDAN 224 E MAIN ST	TRUSTEE 3.00	0	0	0
MIKE RIGGS 224 E MAIN ST Knightstown, IN 46148	TRUSTEE 3.00	0	0	0
STIRL BACK 224 E MAIN ST Knightstown, IN 46148	TRUSTEE 3.00	0	0	0
GREG RHOADES 224 E MAIN ST Knightstown, IN 46148	TRUSTEE 3.00	0	0	0
JIM NEWKIRK 224 E MAIN ST Knightstown, IN 46148	TRUSTEE 3.00	0	0	0
STEVE WRIGHT 224 E MAIN ST Knightstown, IN 46148	TRUSTEE 3.00	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection **For calendar year 2009 or tax period beginning** 02-01 , **and ending** 01-31-2010.

**Name of Organization**  
AMERICAN LEGION POST 152 KNIGHTSTOWN

**Employer Identification Number**  
35-0823700

Part V - Line 42a

Individual Name \_\_\_\_\_

or

**Business Name**  
AMERICAN LEGION

Street Address . . . . . 224 E Main St

U S Address

Zip code 46148 City Knights town State IN

or

Foreign Address

City . . . . . \_\_\_\_\_

Province or State . . . . . \_\_\_\_\_

Country . . . . . \_\_\_\_\_

Postal code . . . . . \_\_\_\_\_

Phone Number . . . . . (765) 345-5227

Fax Number . . . . . \_\_\_\_\_

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>AMERICAN LEGION POST 152 KNIGHTS FOR FORM 990</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>35-0823700</b>
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**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount See the instructions for a higher limit for certain businesses	<b>1</b>	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	\$800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	250,000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn use only)</b>	<b>(c) Elected cost</b>
7 Listed property Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	250,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	<b>13</b>	

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

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

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

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	<b>17</b>	13,453
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

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

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	<b>22</b>	13,453
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

## 2009 Federal Depreciation Schedule

AMERICAN LEGION POST 152 KNIGHTSTOWN  
35-0823700

02-15-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
assets	01-01-90	S/LMM	31 5	105,396	0	0	0	105,396	66,919	3,346
ASSETS	01-01-90	S/LMM	31 5	46,201	0	0	0	46,201	29,339	1,467
BUILDING	03-17-05	S/LMM	39	73,050	10,000	0	0	63,050	6,748	1,617
FIXTURES	06-01-07	200DBHY	7	14,500	0	0	0	14,500	5,623	2,536
REMODELING	06-01-07	S/LMM	39	175,000	0	0	0	175,000	7,296	4,487
5 Assets			Totals	414,147	10,000	0	0	404,147	115,925	13,453
5 Assets			Grand Totals.	414,147	10,000	0	0	404,147	115,925	13,453

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

## 2009 AMT Depreciation Schedule

AMERICAN LEGION POST 152 KNIGHTSTOWN  
35-0823700

02-15-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
assets	01-01-90	S/LMM	40	105,396	5,270	2,635	3,346	711
ASSETS	01-01-90	S/LMM	40	46,201	1,466	1,467	1,467	0
BUILDING	03-17-05	S/LMM	39	63,050	3,234	1,617	1,617	0
FIXTURES	06-01-07	150DBHY	7	14,500	4,327	2,179	2,536	357
REMODELING	06-01-07	S/LMM	39	175,000	7,296	4,487	4,487	0
5 Assets	Totals:			404,147	21,593	12,385	13,453	1,068
5 Assets	Grand Totals			404,147	21,593	12,385	13,453	1,068

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

2009 DETAIL STATEMENTS

AMERICAN LEGION POST 152 KNIGH  
35-0823700

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STATEMENT #1 - Contributions, gifts, grants (EZ1 PF1 Line 1)

VETERAN TRIP DONATIONS.....	2,755
FUNERAL FUND DONATIONS.....	3,444
ONEAL FUND DONATIONS.....	200

TOTAL CARRIED TO EZ1 PF1 Line 1.....	6,399
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