990 Form

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047 2007

Open to Public Inspection

				year, or tax y	ear beginnin	<u> </u>	 		, 20	or, and c	Tunig			, 20		
В	Check if applicable		Please C	Name of o	ganization, r	umber and	street, city, to	wn, state	e, and a	ZiP code	D Em		r identificatio			
	Address		abel or								L	7.5	5-60511	11		
	Name ch	nange F	I TYPE 1							E Tele	ephon	e number				
	Initial retu	urn								l	903-657-2867					
	Terminat		Instruction PO BOX 824								F Acc	cctg. method. Cash Accrual				
	Amended	1	tions.	HENDE	RSON TY	75653	3-0824				\Box	Other	(specify) ▶	_		
П	Application	on pending	• Se	ction 501(c)(3) organizat	ions and 49	47(a)(1) non	exempt		Handla	are not a	pplica	ble to section	527 organizations		
			cha	aritable trùsi orm 990 or 99	s must attac	ch a comple	ted Schedul	e A		H(a) is t	his a group	return fo	or affiliates?	Yes X No		
G	Websit	te: ▶	(, -							H(b) #"	res," enter	number	of affiliates	>		
J	Organi	ization ty	pe (check c	only one)	501(c)(19) (Insert no) 4947(a)	(1) or	527	H(c) Are	all affiliates	ınclude	ed?	Yes No		
	Check		` 	organization				tionand	its				ee instructions)			
	gross re	eceipts ar	ت re normali	ly not more th	an \$25,000	A return is n	ot required, b	ut if the					n filed by an ly a group ruling?	X Yes No		
	_			le a return, be					Ì	l Gro	up Exen	ption	Number ▶	0925		
						-			İ	M Che	ck ▶	X if t	he organizatio	on is not required		
L	Gross r	receipts A	Add lines	6b, 8b, 9b, ar	nd 10b to line	12 ▶	17	2,60	1.			_	_)-EZ, or 990-PF)		
	art I			xpenses, a									ructions)			
	1 Cc			rants, and si						-	•		<u> </u>	<u></u>		
	1			nor advised f				1 a		7,6	29.					
	1			ort (not includ)		1 b		, -						
		•		ort (not inclu		•		1c								
		•	• • •	butions (gran		•	a)	1 d								
				through 1d)			•	ash \$			١	1 e		7,629.		
	1			venue includ				· · —	VII line	031	′	2		7,023.		
	1	-		and assessm		ont ices and	contracts (iii	oni i ait i	VII, 1111C	30,		3		1,465.		
			•	and tempora		etmonte						4		61.		
	ľ		_	est from sect	-	sunents						5		01.		
		Gross ren		est ironi seci	mues			6a				3				
	1							6b								
	1	Less rent	•	or (loss) Subl	raat lina 6h f	rom lina 6a						6 c				
0 <u>e</u>	1			`							\	7				
	1			come (descri sales of ass	- $ -$	- 145	Beguntles	 		(B) Other	. /					
2 2010 Revenue	1	than inven		Sales Ul ass	202-00101-7-6	(4)		8a		(D) Cale						
2	1	l occ cost	tory	basis & sales	WAY.	# 2Ai0	18	8b				ĺ				
		Com or /lo	or onler	ch schedule)	expenses	1	E	8c								
NOC ON					3 3 3 3 3 3 3 3	(A) and 10\~						8 d				
	, "	Social av	onto and	combine ine activities (att			- sement	mina ol	hook b	oro L []	ŀ					
(Le.)				including \$		-y-ii-aliy-alii	of	iming, ci	HECK III	eie 🖍 🖂	ł					
	1			ed on line 1b			_ "	9a			İ	- 1				
	1		•	es other than		avnoncoc		9b				Ī				
Ĉ) from specia			from line 0a	[30]				9 c				
(P)			-	ntory, less ret			nom me sa	10a	1	63,4	46					
		ess cost			uris and and	Walles		10b		20,2						
	i .) from sales o	of inventory (attach schoo	lula) Subtrac				" "	10 c		43,159.		
	i	•	•	n Part VII, line		allacii scriec	iule) Sublial	inie ioi	D HOIH	iiie iua	}	11	 -	45,155.		
			-		•	9d 0o 10o	and 11				-	12		52,314.		
				lines 1e, 2, 3		00, 90, 100,	and 11					13		1,250.		
es	ļ	_	-	rom line 44, c eneral (from l		nn (C)\					}	14		30,687.		
Expenses	ı			ne 44, columi		(0//					}	15		50,007.		
×pe	i			es (attach sch							}	16		1,522.		
Ш		-		d lines 16 an		(Δ)					-	17		33,459.		
<u>,v</u>				or the year Si			2					18		18,855.		
Net Assets				alances at be				(A))			}	19		17,982.		
As				t assets or fu				ハヘル			 	20	<u>_</u>	11, 702.		
Net			_	alances at er			-	20			}	21		36,837.		
	_ IV	0335(3	or intia n	walloss at 61	iu ui yeai. U	משווות שוויהיוייי	וט, וש, מווע	LV					1.	00,001.		

Part II , Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I	<u> </u>		services	and general	
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here▶	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here▶ ☐	22b	1250.	1250.		
23	Specific assistance to individuals (attach					
	schedule)	23		 -		
24	Benefits paid to or for members (attach schedule)	24			-	
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key					
	employees, etc listed in Part V-B	25b				
С	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25c			<u>.</u>	
26	Salaries and wages of employees not included on	0.0				
	lines 25a, b, and c	26			· · · · · -	
27	Pension plan contributions not included on lines	27				
20	25a, b, and c	27				
28 29	Employee benefits not included on lines 25a - 27 Payroll taxes	29	2674.		2674.	
	Professional fundraising fees.	30	2074.		2074.	
	Accounting fees	31	2250.		2250.	
	Legal fees	32		-		
	Supplies	33	8175.		8175.	
	Telephone.	34	894.		894.	
	Postage and shipping	35	550.		550.	
	Occupancy	36	12719.		12719.	
	Equipment rental and maintenance	37	2277.		2277.	
	Printing and publications	38	19.		19.	
	Travel	39				
40	Conferences, conventions, and meetings	40	50.		50.	
41	Interest	41			·	
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize)					
а	ADVERTISING	43a	60.		60.	
b	DUES & SUBSCRIPTIONS	43 b	410.		410.	
С	OFFICE EXPENSE	43c	609.		609.	
d.		43 d				
е.		43 e				
f.		43f				
g.		43 g				
	Total functional expenses. Add lines 22a through	}	ŀ			
	43g (Organizations completing columns	İ	01000	1050		
	(B) - (D), carry these totals to lines 13 - 15)	44	31937.	1250.	30687.	
	Costs. Check ► ☐ if you are following SOP 98-2			- 4 - 4 (- PO P		ា. គា
	y joint costs from a combined educational campaign and	ı tundra	-		_	Yes X No
	" enter (i) the aggregate amount of these joint costs\$			mount allocated to P	_	
(III) the	amount allocated to Management and general \$	·	; and (IV) the	amount allocated to		Form 990 (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments Program Service What is the organization's primary exempt purpose? Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients (Required for 501(c)(3) and (4) orgs, and served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) optional for others) a SPONSOR BOYSCOUTS OF AMERICA, AID AND ASSIST CHARITABLE ORGANIZATIONS, EDUCATIONAL AND MISSIONARY UNDERTAKING, COOPERATE WITH PUBLIC SCHOOLS IN HONORING STUDENTS FOR THEIR ACCOMPLISHMENTS AND GIVING AID TO THE ELDERLY AND INDIGENT (Grants and allocations \$ If this amount includes foreign grants, check here If this amount includes foreign grants, check here (Grants and allocations \$ (Grants and allocations \$ If this amount includes foreign grants, check here d (Grants and allocations \$ If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here f Total of Program Service Expenses (should equal line 44, column (B), Program services) \blacktriangleright

Form **990** (2007)

Part	IV_	Balance Sheets (See the instructions)	· · · · · · · · · · · · · · · · · · ·			
No	te:	Where required, attached schedules and amounts v	within the description	(A)	1	(B)
		column should be for end-of-year amounts only		Beginning of year		End of year
	45	Cash - non-interest-bearing		1,957.	45	7,349.
	46	Savings and temporary cash investments		706.	46	6,470.
	'	camiga and ampoint, cach, modernia			+	<u> </u>
	472	Accounts receivable	47a		1	
	1	Less allowance for doubtful accounts	47b		47c	
	"	Less allowance for doubtful accounts	478		476	
	1	PL to a second the	40-			
		Pledges receivable	48a		1 - 1	
	b	Less. allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, dire	ctors, trustees, and key		1 1	
	1	employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as d	efined under section 4958(f)(1)		1 1	
	İ	and persons described in section 4958(c)(3)(B) (a	ttach schedule)		50b	
	51a	Other notes and loans receivable (attach				
	1	schedule)	51a			
ın	Ь	Less allowance for doubtful accounts	51b		51c	
ssets	52	Inventories for sale or use		2,050.	52	2,955.
Asi	53	Prepaid expenses and deferred charges			53	
	1	Investments - publicly-traded securities	► ∏ Cost ∏ FMV		54a	
	ı	Investments - other securities (attach schedule)	► Cost FMV	· · · · · · · · · · · · · · · · · · ·	54b	
	1	Investments - land, buildings, and	, Desk Dimi	 -	1 340	
	334	-	55a			
	١.	equipment basis	334		1 1	
	D	Less accumulated depreciation (attach	l sex		1 - 1	
		schedule)	55b		55c	
	1	Investments - other (attach schedule)	1 1 100 710		56	
	1	Land, buildings, and equipment basis	57a 123,713.			
	b	Less: accumulated depreciation (attach				
	ľ	schedule)	57b	118,313.	57c	123,713.
	58	Other assets, including program-related investment	its			
	1	(describe ▶)		58	
	59	Total assets (must equal line 74) Add lines 45 three	ough 58	123,026.	59	140,487.
	60	Accounts payable and accrued expenses		5,044.	60	574.
	61	Grants payable			61	
	62	Deferred revenue			62	
ties	63	Loans from officers, directors, trustees, and key en	nployees (attach			
Ħ		schedule)			63	
Liabilit	64a	Tax-exempt bond liabilities (attach schedule)			64a	
_		Mortgages and other notes payable (attach schedu	le)		64b	
	1	Other liabilities (describe ► TABC TAX &			65	3,076.
						
	66	Total liabilities. Add lines 60 through 65 .	i	5,044.	66	3,650.
		 	and complete lines 67	5,5111		3,030.
	_	through 69 and lines 73 and 74] [
Ś	l	Unrestricted			67	
ວິ		Temporarily restricted	F		68	· · · · · · · · · · · · · · · · · · ·
ala		Permanently restricted	F		69	
8		inizations that do not follow SFAS 117, check he	re ► 🛛 and complete		"	-
<u>=</u>		lines 70 through 74	and complete			
<u>ا</u>		•			70	
ts (Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equ	unmont fund		71	
SSE		Retained earnings, endowment, accumulated incon	· —	117,982.	72	136,837.
Net Assets or Fund Balances		Total net assets or fund balances.Add lines 67 th		111, 502.	- 12	130,031.
ž		70 through 72. (Column (A)must equal line 19 and	· ·	117,982.	73	136,837.
		Total liabilities and net assets/fund balances.Add	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	123,026.	74	
	14	Total natificies and het assets/fund balances.Add	umes oo and 73.	123,020.	74	140,487.

Part IV-A Reconciliation of Revenue per Audited	Financial Statements With	Revenue per Return	
(See the instructions)			
a Total revenue, gains, and other support per audited financial stater	nents	а	
b Amounts included on linea but not on Part I, line 12			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify)			
	b4		
Add lines b1 through b4		ь	
c Subtract line b from line a		С	
d Amounts included on Part I, line 12, but not on linea:		,	
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify)			
	d2		
Add lines d1 and d2	<u> </u>	d l	
Total revenue (Part I, line 12) Add lines c and d		▶ e	
Part IV-B Reconciliation of Expenses per Audited	Financial Statements With	Expenses per Return	
Total expenses and losses per audited financial statements		а	
Amounts included on linea but not on Part I, line 17			
1 Donated services and use of facilities .	b1	·	
2 Prior year adjustments reported on Part I, line 20	b2	,	
3 Losses reported on Part I, line 20	b3		
4 Other (specify)			
· · · · · · · · · · · · · · · · · · ·	b4		
Add lines b1 through b4	<u> </u>	b	
Subtract line b from line a		c	
Amounts included on Part I, line 17, but not on linea:			
1 Investment expenses not included on Part I, line 6b	d1	,	
2 Other (specify)			
	d2		
Add lines d1 and d2		d	
Total expenses (Part I, line 17) Add lines c and d		▶ e	
Part V-A Current Officers Directors Trustees and	Koy Employees (List see	person who was an officer dur	

trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A)	(B)		(C)	(D) Contributions to	(E)
Name and address	Title and average i		Compensation (If	employee benefit plans	
	per week devoted to p	osition	not paid, enter -0)	& deferred comp plans	and other allowances
DOUG MORTON					
KILGORE TX 75662	COMMANDER	15	0		
JOAL RILEY			<u> </u>		
GARY TX 75643	ADJUTANT	35	0		
NOLAN PRINCE					
HENDERSON TX 75652	1ST VICE C	7	0		
GAYLORD SMITH					
HENDERSON TX 75654	SERVICE OF	7	. 0		
RONALD DONAHOO					
JOINERVILLE TX 75658	FINANCE OF	30	0		
JERALD HOEPKER					
HENDERSON TX 75654	JUDGE ADVO	7	0		
DON JARRELL			· ·		
HENDERSON TX 75653	HISTORIAN	7	0		
EARL SEWARD					
NEW LONDON TX 75682	CHAPLAIN	_ 7	0		
W C LEWIS					
HENDERSON TX 75652	SERGEANT A	7	0		
	4				
					Form 990 (2007)

Forn	990 (2007) CHARLES P RA	NKINE AMERICAN I	LEGION	75-6	05111	1 F	age 6
		rectors, Trustees, and K		(continued)		_	No
75a	Enter the total number of officers, dire	ectors, and trustees permitted to	vote on organization b	usiness at board	_		
	meetings			•	_		
b	Are any officers, directors, trustees, o	r key employees listed in Form 9	990, Part V-A, or highes	st compensated employees			
	listed in Schedule A, Part I, or highes	t compensated professional and	other independent con	tractors listed in Schedule A,			
	Part II-A or II-B, related to each other	through family or business relati	ionships? If "Yes," attac	ch a statement that identifies			
	the individuals and explains the relati	onship(s)			75b		X
С	Do any officers, directors, trustees, or	key employees listed in Form 99	90, Part V-A, or highes	t compensated employees lis	ted		
	in Schedule A, Part I, or highest comp	pensated professional and other	independent contracto	rs listed in Schedule A, Part I	I-A		
	or II-B, receive compensation from an	y other organizations, whether ta	ax exempt or taxable, ti	hat are related to the organiza	a		
	tion? See the instructions for the defin	nition of "related organization "			▶ 75c		X
	If "Yes," attach a statement that include	des the information described in	the instructions				
đ	Does the organization have a written	conflict of interest policy?			75 d	X	
Pa	rt V-B Former Officers, Di	ectors, Trustees, and Ke	ey Employees Tha	at Received Compens	ation		
	or Other Benefits	•		·			
		tor, trustee, or key employee rec	ceived compensation or	other benefits (described be	low) durin	a the	vear.
	• •	enter the amount of compensati	•	•		_	•
	•		(C) Compensation		(E) Expe		
	(A) Name and address	(B) Loans and Advances	(if not paid,	1 ' '	and other		
			enter -0-)	& deferred comp plans			
			·····				
		7					
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		- 1	· · · · · · · · · · · · · · · · · · ·				
		-					
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		_					
	<u> </u>	1					
]					
Pai	other Information	(See the instructions)				Yes	No
76	Did the organization make a change in	its activities or methods of cond	ducting activities?				
	If "Yes," attach a detailed statement of	each change			76		_X_
	Were any changes made in the organi	zing or governing documents bu	it not reported to the IR	S۶	77		X
77	If "Yes," attach a conformed copy of th	e changes					
	• •	-	or more during the year	covered by this return?	78a	ļ	Х
	Did the organization have unrelated but		3 ,	•	78b		
78a	Did the organization have unrelated by If "Yes," has it filed a tax return on Form	n 990-T for this year?					
78a b	If "Yes," has it filed a tax return on Form	·	tion during the vear? If	"Yes." attach a statement	79	1	Х
78a b 79	If "Yes," has it filed a tax return onForr Was there a liquidation, dissolution, te	rmination, or substantial contract	• •		79	-	<u>X</u>
78a b 79 80a	If "Yes," has it filed a tax return on Forr Was there a liquidation, dissolution, te Is the organization related (other than	rmination, or substantial contract by association with a statewide c	or nationwide organizati	ion) through common			
78a b 79 80a	If "Yes," has it filed a tax return on Forr Was there a liquidation, dissolution, te Is the organization related (other than membership, governing bodies, trustee	rmination, or substantial contract by association with a statewide c es, officers, etc , to any other exe	or nationwide organizati	ion) through common	79 80 a		<u>X</u>
78a b 79 80a	If "Yes," has it filed a tax return on Forr Was there a liquidation, dissolution, te Is the organization related (other than	rmination, or substantial contract by association with a statewide of es, officers, etc., to any other execution •	or nationwide organization	ion) through common anization?	80 a		
78a b 79 80a b	If "Yes," has it filed a tax return on Forr Was there a liquidation, dissolution, te Is the organization related (other than membership, governing bodies, trusted If "Yes," enter the name of the organization.	rmination, or substantial contract by association with a statewide c es, officers, etc , to any other exe ation and c	or nationwide organization or nonexempt or nonexempt organization of the check whether it is	exempt or nonexempt	80 a		
78a b 79 80a b	If "Yes," has it filed a tax return on Forr Was there a liquidation, dissolution, te Is the organization related (other than membership, governing bodies, trustee	rmination, or substantial contract by association with a statewide c es, officers, etc., to any other exe ation and c ditures (See line 81 instructions	or nationwide organization or nonexempt or nonexempt organization of the check whether it is	ion) through common anization?	80 a		

US990\$\$6

Form	1990 (2007) CHARLES P RANKINE AMERICAN LEGION 75-6	05111	1 Pa	age 7
	ort VI Other Information (continued)		Yes	No
_	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	substantially less than fair rental value?	82a		_X_
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b	_		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Χ	 -
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b,do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures 85d			
d	Coolin 102(c) 1055) ing and pointed of pointed of	_		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. Tayable amount of lobbying and political expenditures (line 85d less 85e) 85e	\dashv 1		
f	Taxable amount of the periods of the period of the periods of the periods of the period of the periods of the period of the period of the periods of the period of the pe	ا _{ود م} ا		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	8 5g	i	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	85h	1	
06	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) orgs. Enter.a Initiation fees and capital contributions included on line 12	8511		
86 b	Gross receipts, included on line 12, for public use of club facilities 86b	-		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	-	İ	
b b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them)		- 1	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		İ	
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		Χ
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning			
	of section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.	[-		
	section 4911▶, section 4912 ▶; section 4955 ▶	_ \		
b	501(c)(3) and 501(c)(4) orgs. 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		- 1	
	a statement explaining each transaction	[89b	ļ	
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	i		
	sections 4912, 4955, and 4958	-		
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization	- 1 1	ı	v
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
, f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	I	Λ.
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations are fund mountained by a proposing organization, have exceed by supporting the very support of the supporting organization.	1 1	1	Х
90a	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed	89g		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b			<u>-</u>
91a	The books are in care of ▶ JERRY GRIFFITH Telephone no ▶ 403 -	7.4%	-4	725
	Located at ▶ PO BOX 824, HENDERSON TX ZIP+4▶ 75653-0824	p T W		مست
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	Γ	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	-		
	Accounts			
		Form 9	90 (2	007)

Form 990 (20	007) CHARLES P RAN	KINE AM	ERICAN LEGI	ON	75	5-60511	11 Page 8
Part VI	Other Information (con	tinued)					Yes No
<u>-</u>	time during the calendar year, d	_	tion maintain an office	outside of the Uni	ted States?	91c	
	" enter the name of the foreign of						_
	4947(a)(1) nonexempt charitab	_			1	_ 1	▶ [
	ter the amount of tax-exempt int				<u> </u>	2	
	Analysis of Income-Pro		business income		ection 512, 513, or 514	<u> </u>	
otherwise ind		(A)	(B)	(C)	(D)	— '	(E) or exempt
	m service revenue.	Business code	Amount	Exclusion code	1	I	n income
•							
f Medica	re/Medicaid payments						
g Fees ar	nd contracts from government						
agencie	ľ	_	 	<u> </u>			4.65
	rship dues and assessments						L,465.
	on savings and temporary						<i>C</i> 1
	vestments						61.
	ds and interest from securities			 			
real esta	tal income or (loss) from	İ					
	anced property		·· ···· ···	 			
	t-financed property			-			
	al income or (loss) from						
	Il property	1				[
•	vestment income						
100 Gain or	(loss) from sales of assets						
other the	an inventory						
101 Net income	or (loss) from special events						
102 Gross profi	it or (loss) from sales of inventory		····-				
103 Other re	venue a				<u></u>		
b							
c				1			
d							
e				 			506
	(add columns (B), (D), & (E))			<u> </u>			,526.
-	dd line 104, columns (B), (D), ar				-	<u>_</u>	,526.
Part VIII	S plus line 1e, Part I, should equipment Relationship of Activities			f Evernt Burn	OSOS (Son the inc	-trustions \	
	Explain how each activity for wh						ent of the
1	organization's exempt purposes				ned importantly to the	accomplianing	ant of the
	ID AND ASSIST CH				ANIZATIONS	THROUGH	<u> </u>
	NCOME PROVIDED E						
Part IX	nformation Regarding Ta	axable Subs					
Name, add	(A) dress, and EIN of corporation,	(B) Percentage	e of Nature of	activities	(D) Total income	End-o	∃) f-vear
	ship, or disregarded entity	ownership	nt.				sets
			%				
			%				
			%				
Part V I	oformation Pagardine To	ranefore Ac-	%	reonal Ronofi	Contracts (C-	the restauration	
	nformation Regarding Tr					the instruction	 _
	organization, during the yr., receing anization, during the year, pay		· · ·			ntract? Ye	H.
	" to (b), file Form 8870 and Forn	•	-				
						Form	990 (2007)

Form 990 (2007)

P00642185

Phone no ▶ 903-657-0240

EIN ▶75-2528647

Paid

Preparer's

Use Only

signature

Firm's name (or yours

address, and ZIP + 4

ıf self-employed),

RICHARD LOUGHLIN,

Henderson TX 75653-

PO BOX 1716

04/21/2010

CPA

75-6051111

US 990	Payments to Affilia	ates: Page 1, Line 16	200
• 	Name and Address of Affiliate	Amount	Purpose of Payment
MERICAN	LEGION-DEPT OF TEXAS	1,522.	STATE DUES
		1,522.	

75-6051111

Other Grants and Allocations 990: Page 2, Line 22b; 990-EZ: Page 1, Line 10 US 990° 2007 Class of Activity Donee's Name and Address Relationship Amount NONE RUSK COUNTY CHILD WELFARE DONATION 1,250. 1,250.

Land, Buildings and Equipment 990: Page 4, Line 57; 990-PF: Page 2, Line 14 **US 990**

2007 Accumulated Cost / Basis Depreciation Book Value Description 113,960. 113,960. BUILDINGS 1,592. 1,592. FURNITURE AND FIXTURES 8,161. MACHINERY AND EQUIPMENT 8,161. 123,713. 123,713.