

Return of Organization Exempt From Income Tax

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions. American Legion #348, Post 348 Challenger 7, 8169 Canaveral Blvd., Cape Canaveral, FL 32920-2834

D Employer identification no. 59-2903617

E Telephone number (321) 799-1060

F Accounting Method: Cash, Accrual, Other (specify)

G Web site:

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

J Organization type (check only one) 501(c)(19) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN 0925

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 206,795.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants...; 2 Program service revenue...; 3 Membership dues...; 4 Interest on savings...; 5 Dividends...; 6a Gross rents...; 7 Other investment income...; 8a Gross amount from sales...; 9 Special events...; 10a Gross sales of inventory...; 11 Other revenue...; 12 Total revenue...; 13 Program services...; 14 Management and general...; 15 Fundraising...; 16 Payments to affiliates...; 17 Total expenses...; 18 Excess or deficit...; 19 Net assets at beginning...; 20 Other changes...; 21 Net assets at end of year.

SCANNED JUN 06 2005

RECEIVED MAY 6 2005

OGDEN, UT

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) 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 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 1,547. noncash \$ _____)	1,547.			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	43,689.			
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	3,769.			
30	Professional fundraising fees				
31	Accounting fees	2,780.			
32	Legal fees				
33	Supplies	5,096.			
34	Telephone	750.			
35	Postage and shipping	626.			
36	Occupancy	36,570.			
37	Equipment rental and maintenance				
38	Printing and publications	708.			
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	3,608.			
43	Other expenses not covered above (itemize):				
b	Schedule Attached	14,786.			
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	113,929.			

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	(Grants and allocations \$ _____)	
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash-non-interest-bearing .....	7,161.	<b>45</b>	7,710.
	<b>46</b> Savings and temporary cash investments .....	106,025.	<b>46</b>	121,147.
	<b>47 a</b> Accounts receivable .....	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		<b>47c</b>
	<b>48 a</b> Pledges receivable .....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....	4,289.	<b>52</b>	5,321.
	<b>53</b> Prepaid expenses and deferred charges .....	4,513.	<b>53</b>	3,763.
	<b>54</b> Investments-securities(attach schedule) .....		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>
	<b>55 a</b> Investments-land, buildings, and equipment: basis .....	<b>55a</b> 44,025.		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b> 36,857.	7,350.	<b>55c</b> 7,168.
<b>56</b> Investments-other (attach schedule) .....			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b>		<b>57c</b>	
<b>58</b> Other assets (describe ► _____ )			<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	129,338.	<b>59</b>	145,109.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	1,498.	<b>60</b>	2,018.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe ► _____ )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....	1,498.	<b>66</b>	2,018.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted .....		<b>67</b>	
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds .....	127,840.	<b>70</b>	143,091.
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	127,840.	<b>73</b>	143,091.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	129,338.	<b>74</b>	145,109.	

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.  
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**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

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

**b** Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . . . \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants . . . . . \$ \_\_\_\_\_

(4) Other (specify): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line **a** minus line **b** . . . . . ▶ **c**

**d** Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 . . . . . \$ \_\_\_\_\_

(2) Other (specify): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total revenue per line 12, Form 990 (line **c** plus line **d**) . . . . . ▶ **e**

**a** Total expenses and losses per audited financial statements . . . . . ▶ **a**

**b** Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 \$ \_\_\_\_\_

(4) Other (specify): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line **a** minus line **b** . . . . . ▶ **c**

**d** Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 . . . . . \$ \_\_\_\_\_

(2) Other (specify): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total expenses per line 17, Form 990 (line **c** plus line **d**) . . . . . ▶ **e**

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see the 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 & deferred compensation	(E) Expense account and other allowances
Traci Rack Cape Canaveral	Commander 15	0.	0.	0.
Dale Hendaicks Cape Canaveral	Finance Offi 10	0.	0.	0.
Don Olson Cape Canaveral	Adjuant Gen 10	0.	0.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule--see the instructions.

**Part VI Other Information** (See specific instructions.)

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .		X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .		X
<b>b</b>	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b>	Enter direct or indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>   _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>82 a</b>	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? . . . . .		X
<b>b</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.) . . . . . <b>82b</b>   _____		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year . . . . .		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>   _____		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>   _____		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>   _____		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>   _____		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		
<b>86</b>	<b>501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>   _____		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>   _____		
<b>87</b>	<b>501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders . . . . . <b>87a</b>   _____		
<b>b</b>	gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>   _____		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or 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 . . . . .		X
<b>89 a</b>	<b>501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____</b>		
<b>b</b>	<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 a statement explaining each transaction . . . . .</b>		
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>N/A</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) <b>90b</b>   _____		
<b>91</b>	The books are in care of ▶ <u>Finance Officer</u> Telephone no. ▶ <u>321-799-1060</u> Located at ▶ <u>8169 Canaveral Blvd, Cape Canaveral</u> ZIP + 4 ▶ <u>32920</u>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> -Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>   _____		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> Donations from members			1	7,867.	
<b>b</b> Donations from Public			1	719.	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					7,365.
<b>95</b> Interest on savings and temporary cash investments					3,512.
<b>96</b> Dividends and interest from securities					14.
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					211.
<b>102</b> Gross profit or (loss) from sales of inventory					96,175.
<b>103</b> Other revenue: <b>a</b> Vending machine					4,201.
<b>b</b> Sales tax collect allow					287.
<b>c</b> Fundraisers					8,829.
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				8,586.	120,594.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					129,180.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	Schedule Attached for Lines 94, 95, 101, 102, 103

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instruction.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: [Signature] Date: 05/07/05

Type or print name and title: DAVE HENORICKS FINANCE OFFICER

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 04/21/05 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): 074-32-0909

Firm's name (or yours if self-employed): L. George Leonard, CPA, PA EIN: 59-3243538

address, and ZIP + 4: 1485 N. Atlantic Avenue #102 Phone no.: (321) 799-1691

Cocoa Beach, FL 32931

Page 1 - Line 9, Special Events and Activities

Description	Gross Receipts	Less Contribs	Gross Revenue	Direct Expense	Income or Loss
Steak dinner nites	5788.		5788.	3491.	2297.
Functions	6811.		6811.	8897.	-2086.
Totals:	<u>12599.</u>		<u>12599.</u>	<u>12388.</u>	<u>211.</u>

Page 1 - Line 10, Sales of Inventory

Sales - Sales - Bar

Page 2 - Line 22, Grants & Allocations paid by due date

Donee's Name	Cash	Non-Cash
Various	1,547.	
Totals:	<u>1,547.</u>	<u>0.</u>

Page 2, Part II - Line 43, Other expenses

Description	Program services	Management & general	Fundraising	Total
Taxes, licenses & fees				1,114.
Bank charges				554.
Insurance				5,841.
Office expense				1,988.
Cash over/short				81.
Miscellaneous				195.
State & Nat'l Dues				4,662.
Function expenses				321.
Advertising				30.
Totals:				<u>14,786.</u>

Page 3 - Line 55, Investments-Land, Buildings, & Equipment

Description	Cost	Accumulated Depreciation	Book Value
See attached schedule	44,025.	36,857.	7,168.
Totals:	<u>44,025.</u>	<u>36,857.</u>	<u>7,168.</u>

Page 6; Part VIII

Line    (a) Exempt purpose explanation / (b) excluded from gross inc...

- 94        (a) Provides the basis for organization into an entity in support of all aspects of service accomplishments (Part III)
- 95        (a) Provides for the upkeep and upgrade of facilities for use of members (Part III(c)).
- 101       (a) Provides social, fraternal, and recreational services to member and families (Part III(c)).
- 102       (a) Provides social, fraternal and recreational services (Part III (c)) and further supports the means to accomplish the services of Part III (d)
- 103       (a) Provides for the feeling of being a part of the organization (Part(b)). 103(b) and (c) provides recreational and social services to members and their families (Part III(c))

Note 1

Note 2

PART III

(a) Dedicated to God and Country, the American Legion promotes patriotism, strong national security, adequate care for veterans, their widows and orphans, and community service and wholesome development of the nation's youth.

(b) The American Legion also provides advice and assistance to veterans and/or their survivors on benefits available, and to unemployed veterans regarding programs and training.

(c) The American Legion provides fraternal, social, educational, and recreational activities for veterans and their families

(d) The American Legion also actively participates in civic and memorial affairs, visits with the sick and provides handicap equipment and blood. Support of the youth in educational and sports activities are also a part of the program.



Machinery and Equipment

Tax Depreciation Schedule (Printed 04/21/05)

Description	Date Acquired	Cost or Basis	%	M	Lf	Prior		Current		Accum Deprec	Adj Tax Basis	Depr & S179 Next Year
						S 179	Deprec	S 179	Deprec			
Flag Pole	09/15/90	360		M	10		360		0	360	0	0
Panic Bar on Door	09/15/90	271		M	10		271		0	271	0	0
Minor Equipment	09/25/90	1270		M	5		1270		0	1270	0	0
Freezer	03/01/91	200		M	3		200		0	200	0	0
Refrigerator2	03/15/91	550		M	7		550		0	550	0	0
Walk in cooler	10/15/91	1000		M	5		1000		0	1000	0	0
Typewriter	04/01/92	190		M	5		190		0	190	0	0
Beer Cooler 95	04/12/93	1470		M	10		1470		0	1470	0	0
Ice Machine	04/16/97	1840		M	5		1840		0	1840	0	0
Cash Register	04/28/98 M	647		M	5		647		0	647	0	0
Copy Machine	08/10/98	1400		M	5		1352		48	1400	0	0
Beer dispenser	03/18/01	700		M	5		448		101	549	151	101
Glass Washer	05/14/02 M	379		M	5		163		86	249	130	52
Gas Grill	05/23/02 M	169		M	3		117		35	152	17	17
Copier	01/27/03	5195		M	5		1039		1798	2837	2358	943
Computer	09/30/03 M	562		M	3		0		562	0	0	0
Totals		16203				0	10917	562	2068	13547	2656	1113
Total current expense								562	2068			
Ending balance (06/30/04)		16203								13547	2656	

Furniture

Tax Depreciation Schedule (Printed 04/21/05)

Description	Date Acquired	Cost or Basis	%	M	Lf	Prior		Current		Accum Deprec	Adj Tax Basis	Depr & S179 Next Year
						S 179	Deprec	S 179	Deprec			
18' Barmats	02/01/90	300		M	5		300		0	300	0	0
Chairs Blue 40	09/15/90	400		M	5		400		0	400	0	0
Metal Tables 9	09/15/90	810		M	5		810		0	810	0	0
Bar stools 14	09/15/90	607		M	5		607		0	607	0	0
Bar 22' x 13.5'	09/15/90	1500		M	7		1500		0	1500	0	0
Vertical Blind	10/01/90	150		M	10		150		0	150	0	0
Safe	12/01/90	670		M	10		670		0	670	0	0
Folding Tables Large 2	04/15/91	100		M	3		100		0	100	0	0
Podium Tables	05/15/91	150		M	7		150		0	150	0	0
Pool Table	05/21/91	900		M	5		900		0	900	0	0
Folding Tables Small 6	07/08/92	900		M	5		900		0	900	0	0
Bar stools 16	06/15/98	960		M	5		960		0	960	0	0
Bar Stools	09/01/02	260		M	5		52		83	135	125	50
Totals		7707				0	7499	0	83	7582	125	50
Total current expense								0	83			
Ending balance (06/30/04)		7707								7582	125	

Appliances

Tax Depreciation Schedule (Printed 04/21/05)

Description	Date Acquired	Cost or %			Prior		Current		Accum Deprec	Adj Tax Basis	Depr & S179 Next Year	
		Basis	Bsns	M	Lf	S 179	Deprec	S 179				Deprec
Microwave Oven 2	04/15/91	300		M	3		300		0	300	0	0
Electric Cooker	05/15/91	400		M	5		400		0	400	0	0
Fish Fryer W Top	05/15/91	4500		M	7		4500		0	4500	0	0
Wheeled BBQ Cooker	06/01/91	3500		M	7		3500		0	3500	0	0
Smoke Eater 2	09/15/92	1800		M	7		1800		0	1800	0	0
19 inch TV Replaced 2	07/19/96	329		M	5		329		0	329	0	0
Oven Roaster	04/07/99 M	85		M	5		80		5	85	0	0
Smoke eaters	07/03/02	2047		M	5		409		655	1064	983	393
Dishwasher	07/15/02	217		M	5		43		70	113	104	42
Totals		13178				0	11361	0	730	12091	1087	435
Total current expense								0	730			
Ending balance (06/30/04)		13178								12091	1087	

Improvements

Tax Depreciation Schedule (Printed 04/21/05)

Description	Date Acquired	Cost or %			Prior		Current		Accum Deprec	Adj Tax Basis	Depr & S179 Next Year	
		Basis	Bsns	M	Lf	S 179	Deprec	S 179				Deprec
Leasehold Improvements	09/15/90	2500			3	5	2500		0	2500	0	0
AC Unit	08/05/98	1572		M	10		1108		93	1201	371	82
AC Unit	06/01/04 M	2865		M	10		0		72	72	2793	559
Totals		6937					0	3608	0	3773	3164	641
Total current expense									0	165		
Ending balance (06/30/04)		6937								3773	3164	

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.    ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return <u>American Legion #348</u>	Business or activity to which this form relates <u>990 - Page 1</u>	Identifying number <u>59-2903617</u>
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**Part I Election To Expense Certain Tangible Property Under Section 179**

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

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	\$100,000								
2	Total cost of section 179 property placed in service (see the instructions) . . . . .	2	3,427.								
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$400,000								
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4									
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions . . . . .	5	100,000.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">6</th> <th style="width: 45%;">(a) Description of property</th> <th style="width: 15%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> <tr> <td></td> <td>Computer</td> <td style="text-align: right;">562.</td> <td style="text-align: right;">562.</td> </tr> </table>				6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost		Computer	562.	562.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost								
	Computer	562.	562.								
7	Listed property. Enter the amount from line 29. . . . .	7									
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	562.								
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	562.								
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562. . . . .	10									
11	Business income limitation. Enter the smaller of business income (not less than -0-) or line 5 (see instructions) . . . . .	11	100,000.								
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	562.								
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 . . . ▶	13									

**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)**

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003 . . . . .	17	2,974.
18	If you are electing under section 168(i)(4) 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 2003 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		2,865.	10	MQ	200DB	72.
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	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C--Assets Placed in Service During 2003 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 the instructions)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> 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. . . . .	22	3,608.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A--Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B--Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C--Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see the instructions).

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>American Legion #348</u>	Employer identification number <u>59-2903617</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>8169 Canaveral Blvd.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Cape Canaveral, FL 32920-2834</u>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_, and ending 06/30, 2004

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with EFT coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**COPY**

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time--Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <u>American Legion #348</u>	Employer identification number <u>59-2903617</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>8169 Canaveral Blvd.</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see inst. <u>Cape Canaveral, FL 32920-2834</u>	

Check type of return to be filed (File a separate application for each return):

- Form 990       Form 990-EZ       Form 990-T (sec. 401(a) or 408(a) trust)       Form 1041-A       Form 5227       Form 8870
- Form 990-BL       Form 990-PF       Form 990-T (trust other than above)       Form 4720       Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/16, 20 05
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending 06/30, 20 04
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension Awaiting third party information

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Notice to Applicant--To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address**--Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)