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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2012**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year, or tax year beginning <u>January 01</u> , 2012, and ending <u>December 31</u> , 2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>AMERICAN LEGION #14</u> Doing Business As <u>AMERICAN LEGION #14</u> Number and street (or P.O. box if mail is not delivered to street address) <u>100 ARMORY LANE</u> City, town or post office, state, and ZIP code <u>VERGENNES, VT 05491-1365</u> <b>F</b> Name and address of principal officer: <u>W. Howard</u> <u>100 Armory Lane, Vergennes, VT 05491-1365</u> <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(19) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <u>  </u> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u>  </u> <b>L</b> Year of formation: <u>1920</u> <b>M</b> State of legal domicile: <u>VT</u>
<b>D</b> Employer identification number <u>03-0175067</u> <b>E</b> Telephone number <u>802-877-6790</u> <b>G</b> Gross receipts \$ <u>780,196</u> <b>H(a)</b> Is this a suspension for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <u>0925</u>	

**Part I Summary**

SCANNED APR 04 2013 Activities & Governance

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To provide services for Veterans of the United States Armed Forces according to the laws passed by the Congress of the United States and to Aid National &amp; Local Charities.</u>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>0</u>
<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>9</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>15</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>
	Prior Year      Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	14,591      12,987
<b>9</b> Program service revenue (Part VIII, line 2g)	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(4,139)      46,556
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240,236      134,168
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	250,688      193,710
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,269      40,177
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	15,128      4,539
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,322      81,717
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b> Total fundraising expenses (Part IX, column (A), line 20)	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,997      43,139
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,716      174,185
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	(19,028)      19,525
	Beginning of Current Year      End of Year
<b>20</b> Total assets (Part X, line 16)	1,073,447      1,083,080
<b>21</b> Total liabilities (Part X, line 26)	9,834      10,041
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,063,613      1,073,039

**Part II Signature Block**

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.

<b>Sign Here</b>	<u>Wally W. Howard</u> Signature of officer	<u>FINANCE OFFICER</u>	<u>3/15/2013</u> Date
	<u>Wally W. Howard</u> Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address				
				Firm's EIN	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

To provide services for Veterans of the United States Armed Forces according to the laws passed by the Congress of the United States and to Aid National & Local Charities.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
SEE ATTACHED

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 174,185

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	N/A
b Is the organization 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 . . . . .	25b	N/A
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	N/A
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	N/A
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
4a 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)?	4a	✓
b If "Yes," enter the name of the foreign country: <u>N/A</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	N/A
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	N/A
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	N/A
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/A
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	N/A
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A
c Enter the amount of reserves on hand	13c	N/A
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/A

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent . . . . . 1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? . . . . . 6	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . 7a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . 7b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . . 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? . . . . . 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . 9		<input checked="" type="checkbox"/>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . . . . 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . 10b		<input checked="" type="checkbox"/>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11a		<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . . 12a		<input checked="" type="checkbox"/>
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . 12a		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . 12b		<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . 12c		<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy? . . . . . 13		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy? . . . . . 14		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . . . . 15a		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization . . . . . 15b		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16a		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . 16b		<input checked="" type="checkbox"/>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► VERMONT

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☐ Upon request ☒ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dennis Steady Commander	3			✓				0	0	0
(2) W. Howard 1st V. Commander	2			✓				0	0	0
(3) T Steady Adjutant	3			✓				0	0	0
(4) W Howard Finance Officer	5			✓				0	0	0
(5) R Wenzel Sgt-at Arms	2			✓				0	0	0
(6) M Gutreuter Chaplain	2			✓				0	0	0
(7) D Armell Historian	2			✓				0	0	0
(8) W Magoon Service Officer	2			✓				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	0	

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	10,963			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,024			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	Total. Add lines 1a-1f . . . . .		12,987			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	Total. Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		46,556	46,556		
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
	<b>b</b>	Less: direct expenses . . . . .	b				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a	489,487			
	<b>b</b>	Less: direct expenses . . . . .	b	471,670			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		17,817	17,817		
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a	205,276			
	<b>b</b>	Less: cost of goods sold . . . . .	b	114,815			
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .		90,461	90,461		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	VENDING MACHINES . . . . .		1,064	1,064			
<b>b</b>	MISC. POST & SOCIAL REVENUE . . . . .		14,826	14,826			
<b>c</b>	SALE OF A PROPERTY LOT . . . . .		10,000	10,000			
<b>d</b>	All other revenue . . . . .						
<b>e</b>	Total. Add lines 11a-11d . . . . .		25,890				
<b>12</b>	Total revenue. See instructions . . . . .		193,710	180,724			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	40,177	40,177		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	4,539	4,539		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	73,625	73,625		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,612	4,612		
10 Payroll taxes	8,093	8,093		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	3,064	3,064		
14 Information technology				
15 Royalties				
16 Occupancy	30,603	30,603		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	640	640		
20 Interest				
21 Payments to affiliates	8,833	8,833		
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	174,185	174,185		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,803	<b>1</b>	10,124
	<b>2</b> Savings and temporary cash investments . . . . .	58,007	<b>2</b>	8,655
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		
	<b>11</b> Investments—publicly traded securities . . . . .	552,088	<b>10c</b>	542,088
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>11</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	452,550	<b>12</b>	
	<b>14</b> Intangible assets . . . . .		<b>13</b>	522,213
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	1,073,448	<b>15</b>		
<b>17</b> Accounts payable and accrued expenses . . . . .	9,834	<b>16</b>	1,083,080	
<b>18</b> Grants payable . . . . .		<b>17</b>	10,041	
<b>19</b> Deferred revenue . . . . .		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>24</b>		
<b>26</b> Total liabilities. Add lines 17 through 25 . . . . .	9,834	<b>25</b>		
<b>27</b> Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		<b>26</b>	10,041	
<b>28</b> Unrestricted net assets . . . . .		<b>27</b>		
<b>29</b> Temporarily restricted net assets . . . . .		<b>28</b>		
<b>30</b> Permanently restricted net assets . . . . .		<b>29</b>		
<b>31</b> Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		<b>30</b>		
<b>32</b> Capital stock or trust principal, or current funds . . . . .		<b>31</b>		
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	351,579	<b>32</b>	332,451	
<b>34</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	1,063,614	<b>33</b>	1,073,039	
<b>35</b> Total net assets or fund balances . . . . .	1,073,448	<b>34</b>	1,083,080	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VII, column (A), line 12)	<b>1</b>	193,710
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	174,185
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,525
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,063,614
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(59)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,083,080

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>	N/A	
<b>3a</b>		✓
<b>3b</b>	N/A	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

American Legion #14

Employer identification number

03-0175067

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

- |  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .              |                         |                              |
| 2 Aggregate contributions to (during year) . . . . . |                         |                              |
| 3 Aggregate grants from (during year) . . . . .      |                         |                              |
| 4 Aggregate value at end of year . . . . .           |                         |                              |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a NONE                         |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ NONE
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ NONE
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ NONE
- b Assets included in Form 990, Part X . . . . . ▶ \$ NONE

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **N/A**
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- N/A**
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		✓

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	50,000			50,000
b Buildings	492,088			492,088
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				542,088

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EDWARD JONES MUTUAL FUNDS	522,213	ACTUAL VALUE PER STATEMENT 522,213
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	522,213	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	2a	
<b>b</b>	Donated services and use of facilities	2b	
<b>c</b>	Recoveries of prior year grants	2c	
<b>d</b>	Other (Describe in Part XIII.)	2d	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b>	Other (Describe in Part XIII.)	4b	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	2a	
<b>b</b>	Prior year adjustments	2b	
<b>c</b>	Other losses	2c	
<b>d</b>	Other (Describe in Part XIII.)	2d	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b>	Other (Describe in Part XIII.)	4b	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

None

**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

**2012**

Open to Public Inspection

Name of the organization

Employer identification number

American Legion Post #14

03-0175067

**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 <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

*None*

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 and address 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			
1 NONE						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

NONE

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶					

**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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>1</b> Gross revenue . . . . .		489,487		489,487
<b>2</b> Cash prizes . . . . .		396,324		396,324
<b>3</b> Noncash prizes . . . . .		0		0
<b>4</b> Rent/facility costs . . . . .		49,281		49,281
<b>5</b> Other direct expenses . . . . .		26,065		26,065
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 471,670 )
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				17,817

**9** Enter the state(s) in which the organization operates gaming activities: VERMONT

**a** Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |       |
|--------------------------------------|------------|-------|
| <b>a</b> The organization's facility | <b>13a</b> | 100 % |
| <b>b</b> An outside facility         | <b>13b</b> | 0 %   |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Roxanne McGuire

Address ► 100 Armory Lane, Vergennes, VT 05491-1365

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ► N/A

Address ►

**16** Gaming manager information:

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- 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 ► \$ \_\_\_\_\_ Not Specified

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**  
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number  
03-0175087

American Legion #14

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

**Part II**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEE ATTACHED					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

American Legion #14

Employer identification number

03-0175067

Part VI-SEC-A-L 6- The American Legion Post #14 is a Veterans Club and raises money for charities and is made up of 300 PLUS Members.

Line 7a- The members hold elections annually and elect officers who maintain the operation of the Club within the guidelines of its By-Laws.

Line 7b- Decisions made by the governing body are brought to a Monthly Meeting and either approved or denied.

Line 8a- The Monthly proceedings are recorded by the Adjutant and reviewed by the body at the next meeting.

Line 8b- Each Committee needs to report it's activities at the Monthly meetings and have to to be approved by the Body.

SEC B Line 11b- The 990 is reviewed by the governing body and presented at a Monthly Meeting and a copy is made available for review upon  
Request.

**SECTION C:**

Line 19- A copy of the 990 and it's financial Statements are made available upon request to the Public

PART XI—Line 11d- This Amount was Transferred by General Journal entry from Retained to Balance it's Accounts.

14 VERENNES  
Profit & Loss Detail  
January through December 2012

Type	Date	Num	Name	Memo	Amount
<b>Income</b>					
<b>Expense</b>					
<b>FORM 990 PART IX</b>					
<b>01L-Grants &amp; Allocations Grps.</b>					
<b>914 - Regular Post Charities</b>					
Check	1/25/2012	5726	NORTH STAR FIREWO...		3,500.00
Check	2/3/2012	5731	DAV CHAPTER OF VT.	JULY 3 FIREWORKS	50.00
Check	3/2/2012	5745	CVAA BOWL-A-THON	1/2 PAGE YR. BK. AD	100.00
Check	3/2/2012	5746	AMERICAN CANCER SO...	TRACY JEROME	50.00
Check	3/2/2012	5747	AMERICAN RED CROSS...	RELAY FOR LIFR ( MIKE JACK...	50.00
Check	5/3/2012	5771	WOWSERS	ANNUAL FUND DR.	50.00
Check	5/3/2012	5772	JULIE GRACE - VT.HIST...	DONATION	50.00
Check	5/14/2012	5779	DEPARTMENT SERVICE...	2011 HOSPITAL ASSESSMENT	118.75
Check	6/8/2012	5818	CHAMPLAIN VALLEY AG...	DONATION	100.00
Check	6/8/2012	5821	CITY OF VERGENNES	VERGENNES DAY	100.00
Check	6/9/2012	5822	ADDISON COUNTY CHA...	DONATION	100.00
Check	7/5/2012	5840	VERGENNES AREA RE...	DONATIONS FOR EQUIP. PUR...	1,000.00
Check	7/5/2012	5842	AMERICAN CANCER SO...		50.00
Check	7/5/2012	5843	HOSPICE VOLUNTEER ...	DONATION	50.00
Check	8/3/2012	5851	ADDISON COUNTY HU...	donation	50.00
Check	11/3/2012	5892	AMERICAN CANCER SO...		50.00
Check	11/23/2012	5897	JACKMAN FUELS, INC.	NEEDY FOR CHRISTMAS	2,000.00
Check	12/6/2012	5904	JOHN GRAHAM EMERG...	DONATION	100.00
Check	12/6/2012	5903	VERGENNES FOOD SH...	DONATION	500.00
<b>Total 914 - Regular Post Charities</b>					<b>8,068.75</b>
<b>916 - Memorial Day Expenses</b>					
Check	4/30/2012	5769	FIRST BANKCARD	GRAVE FLAGS ( FULL AMOU...	249.92
Check	5/23/2012	5783	V.U.H.S.SR HIGH SCH...	MEMORIAL DAY	300.00
Check	5/23/2012	5784	V.U.H.S. MIDDLE SCH...	MEMORIAL DAY	300.00
Check	5/23/2012	5785	MUHS SR HIGH SCHOO...	MEMORIAL DAY	400.00
Check	5/23/2012	5786	MUHS JR HIGH SCHOO...	MEMORIAL DAY	400.00
Check	5/23/2012	5787	VERGENNES ELEMENT...	MEMORIAL DAY	200.00
Check	5/23/2012	5788	FERRISBURG ELEMENT...	MEMORIAL DAY	200.00
Check	5/23/2012	5789	BRIDPORT CENTRAL S...	MEMORIAL DAY	200.00
Check	5/23/2012	5790	MT. ABRAHAM UNION H...	MEMORIAL DAY	325.00
Check	5/23/2012	5791	HANNAIFORDS VOLUN...	MEMORIAL DAY	550.00
Check	5/23/2012	5792	ST. ANDRES PIPE & DR...	MEMORIAL DY	800.00
Check	5/23/2012	5793	CARIO TEMPLE DRUM ...	MEMORIAL DAY	350.00



11:50 AM  
01/28/13  
Accrual Basis

# 14 VERENNES Profit & Loss Detail January through December 2012

Type	Date	Num	Name	Memo	Amount
Check	5/23/2012	5794	CHAMPLAIN VALLEY R...	MEMORIAL DAY	275.00
Check	5/23/2012	5795	MATT BROUGHTON	TENT RENTAL	325.00
Check	5/23/2012	5796	MIDDLEBURY EXPLOR...	TRAFFIC CONTROL	250.00
Check	5/23/2012	5797	CARIO TEMPLE MINI M...	MEMORIAL DAY	150.00
Check	5/23/2012	5798	DEAN FANDERS	GOLF CART RENTALS	175.00
Check	5/23/2012	5799	BURLINGTON CELLARS...	MEMORIAL DAY	400.00
Check	5/24/2012	5800	DON CARPENTER	REINB.	171.88
Check	5/29/2012	5804	ARK PRE-SCHOOL JR. ...	JR. DIV 1 ST. PLACE FLOAT	250.00
Check	5/29/2012	5805	CHRISTAIN PRE-SCHOOL	2 DN PRIZE JR. DIV	200.00
Check	5/29/2012	5806	EVERGREEN PRESCHO...	3 RD. JR. DIV.	100.00
Check	5/29/2012	5807	VERGENNES LIONS CL...	1 ST PLACE SR. DIV.	300.00
Check	5/29/2012	5808	VERGENNES ROTARY ...	2 ND PLACE DIV.	200.00
Check	5/29/2012	5809	NORTHLAND JOB COR...	3 RD. PLACE FLOAT	100.00
Check	5/31/2012	5810	FIRST BANKCARD	FLAGS	86.04
Check	6/1/2012	5811	P & P SEPTIC SERVICE	PORTABLE TOILET IN PARK	110.00
Check	6/7/2012	5816	VOID		
Total 916 · Memorial Day Expenses					7,347.65
920 · Donations to Auxiliary					
Check	1/16/2012	27401	AMERICAN LEGION AU...	for 1/12/2012	115.26
Check	1/23/2012	27414	AMERICAN LEGION AU...	for 1/21/2012	100.10
Check	2/22/2012	27500	AMERICAN LEGION AU...	FOR 2/18/2012	119.25
Check	3/8/2012	27542	AMERICAN LEGION AU...	FOR NATIONAL PRESIDENTS ...	100.00
Check	4/2/2012	27598	AMERICAN LEGION AU...	FOR 3/31/2012	112.00
Check	4/30/2012	27666	AMERICAN LEGION AU...	FOR 4/20/2012	100.00
Check	6/6/2012	27751	AMERICAN LEGION AU...	FOR 6/2/2012	169.00
Check	6/11/2012	27778	AMERICAN LEGION AU...	FOR 6/9/2012	129.80
Check	6/18/2012	27801	AMERICAN LEGION AU...	FOR 6/16/2012	187.80
Check	6/26/2012	27821	AMERICAN LEGION AU...	FOR 6/23/2012	100.00
Check	7/8/2012	27843	AMERICAN LEGION AU...	FOR 6/5/2012	118.55
Check	8/28/2012	27961	AMERICAN LEGION AU...	FOR 8/25/2012	125.00
Check	9/30/2012	28047	AMERICAN LEGION AU...	FOR 9/15/2012	183.00
Check	9/30/2012	28048	AMERICAN LEGION AU...	FOR 9/22/2012	84.50
Check	10/14/2012	28096	AMERICAN LEGION AU...	FOR 10/7/2012	112.50
Total 920 · Donations to Auxiliary					1,836.76
Total 01L-Grants & Allocations Grps.					17,253.16

11:50 AM  
01/29/13  
Accrual Basis

14 VERENNES  
Profit & Loss Detail  
January through December 2012

Type	Date	Num	Name	Memo	Amount
02L-Grants/allocations to Ind					
913 - Baseball Fund					
Check	10/12/2012	5888	ADDISON COUNTY LEG...		700.00
Total 913 - Baseball Fund					700.00
915 - C/Y Charities					
Check	1/10/2012	5716	VERGENNES AREA YO...	DONATION	50.00
Check	1/10/2012	5716	SPECIAL OLYMPICS VT.		150.00
Check	1/10/2012	5718	MAKE-A-WISH FOUNDA...	DONATION	50.00
Check	1/28/2012	5728	EMILEE TRUDO	ORATORICAL CONTEST	100.00
Check	1/28/2012	5728	STEPHANIE ANDERSON	3 PLACE ORATORICAL CONT...	50.00
Check	1/28/2012	5727	CASEY BRINKMAN	2 PLACE ORATORICAL CONT...	50.00
Check	2/3/2012	5730	SPECIAL OLYMPICS VT.	ANNUAL RENEWAL	50.00
Check	2/3/2012	5732	MIDDLEBURY EXPLO...	DONATION	100.00
Check	2/8/2012	5733	GREEN MOUNTAIN CO...	ETHAN SAUSVILLE	200.00
Check	2/8/2012	5737	GREEN MOUNTAIN CO...	JONATHON C. JEROME	200.00
Check	3/2/2012	5749	GIRL SCOUTS OF GRE...	DONATION	42.00
Check	3/2/2012	5744	VUHS VT. HISTORY CLUB	WASHINGTON DC & VIRGINIA...	500.00
Check	3/2/2012	5748	VERMONT ACHIEVEME...	DONATION	50.00
Check	4/10/2012	5760	DEPT. OF MOTOR VEHI...	REG. SCOUT TRAILER	46.00
Check	4/10/2012	5761	EVERGREEN PRESCHO...	DONATION	50.00
Check	4/10/2012	5762	VUHS ACTIVITIES	DONATION	50.00
Check	5/4/2012	5773	.18	BALANCE TO FOLLOW IN JUNE	2,200.00
Check	5/4/2012	5774	GREEN MOUNTAIN CO...	BUSHEY	200.00
Check	5/8/2012	5775	GREEN MOUNTAIN CO...	E. DEVINO, L. KESSLER, J. W...	750.00
Check	5/29/2012	5801	VOID		
Check	6/4/2012	5813	.18		2,415.00
Check	6/8/2012	5817	SPECIAL OLYMPICS VT.	DONATION	50.00
Check	6/8/2012	5819	VERGENNES SWIM TEAM	DONATION	100.00
Check	6/8/2012	5820	CAMP THORPE	DONATION	50.00
Check	6/26/2012	5831	NADIA J. ROBTOT	SCHOLARSHIP CONGRAT...	2,000.00
Check	6/26/2012	5832	TABATHA J. DANYOW	SCHOLARSHIP CONGRATUL...	2,000.00
Check	6/26/2012	5833	MACKENZIE W. SULLIV...	SCHOLARSHIP CONGRATUL...	2,000.00
Check	6/26/2012	5834	MONICA D. BIRCHMORE	SCHOLARSHIP CONGRATULA...	2,000.00
Check	6/26/2012	5835	HANNAH E. CURLER	SCHOLARSHIP CONGRATUL...	2,000.00
Check	6/26/2012	5836	HAYLEY R. WALDRON	SCHOLARSHIP CONGRATUL...	2,000.00
Check	6/26/2012	5837	HUNTER J. MOWERY	SCHOLARSHIP CONGRATUL...	2,000.00
Check	7/5/2012	5841	BACK TO SCHOOL SHOP		50.00
Check	8/3/2012	5853	JACKIE RIVERS ( AWA...	DONATION	100.00

14 VERENNES  
Profit & Loss Detail  
January through December 2012

Type	Date	Num	Name	Memo	Amount
Deposit	8/28/2012		DEPOSIT		
Check	9/18/2012	5869	CITY OF VERGENNES P...	REFUND FROM CONSERVATI...	-200.00
Check	10/4/2012	5852	VOID	DONATION	421.23
Check	11/3/2012	5893	AMERICAN LEGION DE...	COMMANDERS PROJECT	50.00
Check	12/7/2012	5910	PAT SULLIVAN(MAGICI...	CHILDRENS CHRISTMAS PAR...	150.00
Total 915 · C/Y Charities					22,074.23
941 · Memorial & Funeral Expenses					
Check	1/1/2012	5710	ADDISON COUNTY HO...	MEMORY OF HAROLD LEACH	50.00
Check	6/19/2012	5826	AMERICAN LEGION PO...	IN MEMORY OF DEAN LEONA...	50.00
Check	12/7/2012	5905	ADDISON COUNTY HO...	DONATION	50.00
Total 941 · Memorial & Funeral Expenses					150.00
Total 02L-Grants/allocations to Ind					22,924.23
Total FORM 990 PART IX					40,177.39
Total Expense					40,177.39
Net Income					-40,177.39