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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

B Check if a			0/14							
Address o	applicable C Name of organization		D	Employe	r identification number					
_	change Ameri	can Legion Post 12								
Name cha	ange Doing Business As				<u> </u>					
$\equiv$	Number and street (or P O box if mail is	not delivered to street address)	Room/suite E	•	ne number					
Initial retu	35 River Street			802-	-848-7704					
Terminate	ed City or town, state or province, country, a	ind ZIP or foreign postal code	1							
Amended	return Richford	VT 05476	G	Gross receip	ots\$ 426,40°					
Annlication	F Name and address of principal officer	•								
	Robert St. Pier	re	H(a) Is this a group	return for sub-	ordinates? Yes X N					
	35 River Street		H(b) Are all subord	linates includ	ed? Yes N					
	Richford	VT 05476	If "No," at	tach a list (se	ee instructions)					
I Tax-exer		. 9 ) <b>◄</b> (insert no ) 4947(a)(1) or 527								
J Website	/ "		H(c) Group exemp	tion number	•					
		sociation Other >	L Year of formation 19		State of legal domicile V					
Part I	Summary			. <del></del>						
<del></del>	Briefly describe the organization's mission	or most significant activities:			<del></del>					
	•	t #12 is a local chapter of a	national ord	ranizat	tion					
2		or veterans, promote patrioti								
Ē		ran organizations, scholarshi								
Activities & Governance 2 2 4 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	_	_	-		res.					
ဖြင့်ပြုံ		scontinued its operations or disposed of more that	an 25% of its net asset	1 1	0					
o5   3	Number of voting members of the governin			3	9					
<u>i</u> 4	Number of independent voting members of			4	8					
∑ 5	Total number of individuals employed in ca	lendar year 2013 (Part V, line 2a)		5	6					
A 6 .	Total number of volunteers (estimate if nec	essary)		6	0					
7a	Total unrelated business revenue from Par	t VIII, column (C), line 12		7a						
b	Net unrelated business taxable income from	n Form 990-T, line 34		7b						
			Prior Year		Current Year					
ِ 8 ا	Contributions and grants (Part VIII, line 1h)	6,	,283	6,80						
로   9 년	Program service revenue (Part VIII, line 2g		0							
9   9   10	Investment income (Part VIII, column (A), I	ines 3, 4, and 7d)		296	74					
8 (9 ) 10   11 (12 )	Other revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)	66	461	77,19					
12	Total revenue - add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)		,040	84,74					
	Grants and similar amounts paid (Part IX,	· ·		,148	4,648					
	Benefits paid to or for members (Part IX, co	, ,,			(					
8 1 .			10	,403	41,64					
Ø 16a	r lolessional fulldraising lees (Fait IX, colu	11111 (7), 11116-1-16)								
16a	Total fundraiging avnances (Part IV colum	2 (D) lung 35) D	E	1						
×ı	Total fundraising expenses (Part IX, colum	n (D), line 25) ▶ ( )	47	262	17 13					
ŭ  <sub>17</sub> ,	Professional fundraising fees (Part IX, colum Total fundraising expenses (Part IX, colum Other expenses (Part IX, column (A), lines			,262						
В Н 17 18	Total expenses Add lines 13–17 (must equ	ual Part IX, column (A), line 25)	93	813	93,43					
17 18 19 19		ual Part IX, column (A), line 25)	93 -20	,813 ,773	93,43 -8,68					
17 18 19 19	Total expenses Add lines 13–17 (must equinary Revenue less expenses Subtract line 18 fi	ual Part IX, column (A), line 25)	93 -20 Beginning of Curre	, 813 , 773 nt Year	93, 43 -8, 68 End of Year					
17 18 19 19	Total expenses Add lines 13–17 (must equivalence less expenses Subtract line 18 fit Total assets (Part X, line 16)	ual Part IX, column (A), line 25)	93 -20 Beginning of Curre	, 813 , 773 nt Year , 186	93, 43 -8, 68 End of Year 243, 50					
17 18 19	Total expenses Add lines 13–17 (must equivalence less expenses Subtract line 18 fill Total assets (Part X, line 16) Total liabilities (Part X, line 26)	ual Part IX, column (A), dine 25)	93 -20 Beginning of Currer 252	, 813 , 773 nt Year , 186 780	93, 43 -8, 68 End of Year 243, 50 78					
17 Lind Balancess or 20 20 21 22 21 22 22 22 22 22 22 22 22 22 22	Total expenses Add lines 13–17 (must equivalence less expenses Subtract line 18 fill Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line	ual Part IX, column (A), dine 25)	93 -20 Beginning of Curre	, 813 , 773 nt Year , 186 780	93, 43 -8, 68 End of Year 243, 50 78					
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Form 990 (20 <sup>-</sup>	<u>13) American Legic</u>	on Post 12	03-0173713		Page 2
Part III		Service Accomplishments			
· · · · · · · · · · · · · · · · · · ·	Check if Schedule O cor	tains a response or note to	any line in this Part III		
The A	purpose is to h	n ost #12 is a loca onor veterans, pr teran organizatio	omote patriotism	n and assist	members
prior Fo	rm 990 or 990-EZ? describe these new services on				Yes X No
services		r make significant changes in how edule O	it conducts, any program		Yes X No
expense	es Section 501(c)(3) and 501(c)(	rice accomplishments for each of it 4) organizations are required to reported for each program service reported			
and f	undraising opera which is operat	78,639 including grand for membership g tions. The facil ed to provide soc es for members an	atherings ity includes ial and	) (Revenue \$	)
	)(Expenses \$ ions to Local & anizations	4,648 including grant Regional Charitie		) (Revenue \$	)
4c (Code	) (Expenses \$	1,580 including gran		) (Revenue \$	
Holid	, Flowers, Funerays, etc.	al Expenses, Grav	e markers,		
(Expens	•	including grants of \$	) (Revenue \$		)
	ogram service expenses	84,867			
DAA	·			··· — — ·	Form <b>990</b> (2013)

### 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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	i	Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,	i		
	Part III	5		Х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Χ
_	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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			٠,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_ X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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		X
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		X
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	Χ	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				_

## Form 990 (2013) American Legion Post 12 Part IV Checklist of Required Schedules (continued)

1.0	de la constant de l'éconstante			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		.,
	employees? If "Yes," complete Schedule J	23		X
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			3.7
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	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	1		
	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				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1	;	
	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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		X
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)	1	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ļ ,,
	Schedule L, Part IV	28b	_	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l . <i>.</i>
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		١.,
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,,
_	Part VI	37	-	<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		١,,	
	19? Note. All Form 990 filers are required to complete Schedule O	<u> 38</u>	X	

Pa	rt ▼ Statements Regarding Other IRS Filings and Tax Compliance			П
	' Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	<b>-</b>		ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		ĺ
	reportable gaming (gambling) winnings to prize winners?	1c		ĺ
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 6			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		ĺ
_	and services provided to the payor?	7a 7b		<del></del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		$\vdash$
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<b></b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ī	ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			1
	organization, have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter.			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders  11a		Ī	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
49-	against amounts due or received from them )  Section 4047(-)(4) per exempt aboritable truste. Is the exemptation filing Form 900 in liquid Form 10412	-	İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a		$\vdash$
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.		I	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<b></b>
а	Note. See the instructions for additional information the organization must report on Schedule O	134	<u> </u>	<b></b>
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		Ī	
С	Enter the amount of reserves on hand	<b>—</b>	Ī	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Ĭ	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

03-0173713 Form 990 (2013) American Legion Post 12 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 8 1b Enter the number of voting members included in line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Χ 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a Χ with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 17 None 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶ Robert St.Pierre 35 River Street VT 05476 802-848-7704

Richford

n 990 (2013)	American	Legion	Post	12	03-0

0173713

#### For Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line 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 organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo.	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert St. Pierre										
Finance Officer	20.00	İ		Х				13,200	0	0
(2) Richard A Mercy	0.00	┢		Δ.			_	13,200	0	<u> </u>
(2) Richard II fieldy	2.50									
1st Vice Commander	0.00			Х				0	0	0
(3) Homer G Wetherby										
	5.00									
Commander	0.00	<u> </u>		Х				0	0	0
(4) Jean Chalifoux					į	١.				
	1.25			١					•	
Director	0.00	├		X	<u> </u>	$\vdash$		0	0	0
(5) Bryant Reynolds	1.25									
Director	0.00			X			i	0	0	0
Director (6) Dan Newton	0.00	-	-	1	-	-		0	0	0
(b) Dan New Con	1.25									
Director	0.00			Х				l	0	0
(7) Doug Billado Son		<b>e</b> ]	Lec	ic	n				<u></u>	
	5.00		-	1						
Commander	0.00			X			L	0	0	0
(8) Joseph Boone										
	1.25		l					]		
2nd Vice Commander	0.00	ļ	<u> </u>	X.	<u> </u>	₩	ļ	0	0	0
(9) Roger Brown	1 05			ŀ						
	1.25			,,			ĺ			
Director	0.00 Sons of	the	<del>  ,</del>	X ec	ļ.,	<u> </u>	<u> </u>	0	0	0
(10) Mark Carpenter :	5.00	1111	₽ 1	Jec	1	יון				
1st Vice Commander	0.00			X	l			0	0	0
(11) Winston Harvey	0.00	+	$\vdash$	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	$t^-$	1	<del>                                     </del>		<u> </u>	
(, without harvey	1.25						ł			
Director	0.00			X				0	0	0
DAA	<u> </u>		•						<u> </u>	Form <b>990</b> (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe	erson	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		an	anization d related anizations	
(12) Dustin Broe Sons	5.00	Le	gi	or								
Adjuntant	0.00			Х	<u> </u>	<u> </u>	L	0	0			0
(13) Dick Donna Sons	5.00	Led	jic									0
Finance Officer	0.00	Ļ,		X	<u> </u>	<b>├</b> ─	├	0	0			0
(14)Chris Sicard Son	5.00	ו פ	Lec		n				0			0
Chaplain (15) Todd Kinney Sons	0.00 of the	T.	gi	X	<del> </del>	<del> </del>	╁╌	0	0			0
<u>-</u>	5.00	П.	493	X				0	0			0
<pre>Historian (16) Dan Dewing Sons</pre>	of the	.ec	jic		<del>                                     </del>			0	0			
(io) ball bewring belief	5.00		- `	[								
Sargent at Arms	0.00			X		<u> </u>	_	0	0			0
(17)												
(18)												
(19)												
1b Sub-total	<u> </u>	L			!		▶	13,200				
c Total from continuation she	ets to Part VII, S	Sect	ion /	٩.			<b>•</b>	13,200			-	
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not I	ımıte	d to	thos	se lis	ted a	abov	<del></del>	\$100,000 in	·		
reportable compensation from	the organization	<u> </u>	0			-					Yes	s No
3 Did the organization list any fo								loyee, or highest compensa	ated			v
employee on line 1a? If "Yes,"  For any individual listed on lin organization and related organ	e 1a, is the sum	of re	port	able	com	npen	satio				3	X
ındıvidual	_							·		<u></u>	4	X
5 Did any person listed on line 1 for services rendered to the or	rganization? If "Y								· individual		5	X
<ul><li>Section B. Independent Contractor</li><li>Complete this table for your fire</li></ul>	ve highest comp											
compensation from the organ	ization Report co (A) I business address	omp	ensa	tion	for t	he c	alen 		nin the organization's tax you (B) shon of services	ear	(C) Compen	
Name and	Dusiness address							Descrip	otion of services		Compen	sation
	-						╁-					
							+					
							+					
							_	<del></del>				
2 Total number of independent	contractors (incli	udine	 bud c	not	limit	ed to	thr	ose listed above) who				
received more than \$100,000									0	L	Form Q	90 (2013)
-···												(2010)

Form 990 (2013) American Legion Post 12

1. d	rt V	Check if Schedule		taıns a	response or	note to any line in	this Part VIII		
,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts si	1a	Federated campaigns	1a	<del></del>					·····
ira Our	b	Membership dues	1b		4,286				
S, C	С	Fundraising events	1c				•		
Program Service Revenue Contributions, Gifts, Grants	d	Related organizations	1d				Ī		
	е	Government grants (contributions)	1e	_				į	
	f	All other contributions, gifts, grants,					•	{	
		and similar amounts not included above	1f		2,515				
55	g	Noncash contributions included in lines 1a	-1f	\$			1		
a S E	h	Total. Add lines 1a-1f			<b>•</b>	6,801			
ne					Busn. Code		•		
ver	2a								
e Re	b								
vic	С								
Sei	d						· · · · · · · · · · · · · · · · · · ·		
am	е								
rogi	f	All other program service reve	nue						
٩		Total. Add lines 2a-2f			<b>•</b>		······	······	
	3	Investment income (including	divider	ids, intere	est,				7.40
		and other similar amounts)			<u> </u>	748			748
	4	Income from investment of tax	k-exem	pt bond p	proceeds -				
	5	Royalties			<b>•</b>			,	
		(ı) Real	0.60	(11)	Personal		Ī		
	6a		,860					1	
	b	,	,126				-		
	C	` '	,734			2 724	1	ŀ	2 724
	d 7a	Net rental income or (loss) Gross amount from		<del></del>	<b>D</b>	2,734			2,734
	'-	sales of assets (i) Securities	<u> </u>	(11	) Other		ł		
	١.	other than inventory							
	b	Less cost or other							
		basis & sales exps		-			1		
	١.	Gain or (loss)		1			1		
	d	Net gain or (loss)			<b>•</b>				
e	ва	Gross income from fundraising ever	ents						
én		(not including \$			Į.				
Other Revenue		of contributions reported on line 1c See Part IV, line 18			į.				
ē	۱ ـ	Less direct expenses	a b						
ᅙ		Net income or (loss) from fund	~ (	a ovente	•			1	
	1	Gross income from gaming activiti		events					
	_ 3a	See Part IV, line 19	es a		360,891		I		
	۱ ,	Less. direct expenses	a b		310,085				
		Net income or (loss) from gar	1	tivities	<u>510,005</u>	50,806	50,806		
	1	Gross sales of inventory, less		HAIRES		30,000	30,000		
	.04	returns and allowances	a		52,109				
	<sub> </sub>	Less: cost of goods sold	b		28,452		•		
		Net income or (loss) from sale	-	ventory	▶	23,657	23,657	İ	
	<u> </u>	Miscellaneous Revenue	JU 01 III	ventory	Busn Code	23,001	23/33/		
	11a					İ	Ţ.	j	
	Ь								
	C				· · · ·				
	d	All other revenue							
	e				<b>•</b>				
	12	Total revenue. See instruction	ons		▶	84,746	74,463	0	3,482

Form 990 (2013) American Legion Post 12

#### 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 or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 3,148 3,148 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 1,500 1,500 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members 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) 37,597 37,597 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,050 4,050 Payroll taxes Fees for services (non-employees) a Management b Legal 3,685 3,685 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 250 250 12 Advertising and promotion 1,003 003 13 Office expenses 14 Information technology 15 Royalties 23,631 23,631 16 Occupancy 476 476 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 3,188 3,188 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 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.) 4,840 4,840 а Bar Supplies 1,871 1,871 h Supplies 476 476 Worker Compensation Insur C Licenses & Fees 1. 340 1,340 376 5,164 212 All other expenses 93,431 8,564 84,867 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 22,764 19,392 Cash-non-interest bearing 155,334 2 145,582 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 256,931 other basis Complete Part VI of Schedule D 10a 181,986 77,460 74,945 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 215 15 15 Other assets See Part IV, line 11 243,506 252,186 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 780 of Schedule D 780 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 251,406 Retained earnings, endowment, accumulated income, or other funds 32 32 242,721 251,406 33 Total net assets or fund balances Total liabilities and net assets/fund balances 252,186l 243,506

orm	990 (2013) American Legion Post 12 03-01/3/13	_			Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets		=-			_
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1				746
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>431</u>
3	Revenue less expenses Subtract line 2 from line 1	3	L		-8,	<u> 685</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25	1,	<u>406</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> </u>	24	12,	<u>721</u>
Рa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Ī		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	Ī		
	Schedule O		- 1	I		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 1	1		
	reviewed on a separate basis, consolidated basis, or both		1	I		
	Separate basis Consolidated basis Both consolidated and separate basis			ł		
b	Were the organization's financial statements audited by an independent accountant?		1	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Ī		
	separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	1		
С	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?		Ļ	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			I		
	Schedule O			ŧ		
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?		L	3a		<u>X</u>
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			3h		

Form **990** (2013)

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

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

vame	or the organization		Linployon	and the state of t
Δι	merican Legion Post 12		03-01	.73713
	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
. 0	Complete if the organization answered "Yes" to F			•
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate contributions to (during year)  Aggregate grants from (during year)			
4	Aggregate value at end of year			<del></del>
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 excli			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	•		
•	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	r dation, or lot any other purpose		Yes No
Pa	art II Conservation Easements.			
•	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	portant land	d area
	Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		F	leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
đ	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, ex	tinguished, or terminated by the organizat	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is I	ocated >		
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the ye	ear	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	nt, and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes th	е
	organization's accounting for conservation easements		<del></del>	
Pa	Organizations Maintaining Collections of Art,		Similar A	Assets.
	Complete if the organization answered "Yes" to F	<del></del>		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n			eet
	works of art, historical treasures, or other similar assets held for public		erance or	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	•			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ciance of	
	public service, provide the following amounts relating to these items  (i) Poyogues included in Form 900, Part VIII, line 1		_	¢
	(i) Revenues included in Form 990, Part VIII, line 1		-	\$
_	(ii) Assets included in Form 990, Part X	other similar assets for financial assets	ovido the	\$
2	If the organization received or held works of art, historical treasures, or		ovide the	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.		¢
a				\$
<u>D</u>	Assets included in Form 990, Part X		<u> </u>	\$

Schedule D (Form	990) 2013 Americar	Legion Pos	st 12		03-0173713	Page 2
Part III O	rganizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Other Similar As	sets (continued)
	ganızatıon's acquisition, acces ms (check all that apply)	ssion, and other record	s, check any of the fo	ollowing that a	re a significant use of its	
a Dublic e	xhibition	d 🗌	Loan or exchange pro	ograms		
b Scholarl	y research	е 🗍	Other			
c Preserva	ation for future generations					
4 Provide a de	escription of the organization's	collections and explain	n how they further the	organization'	s exempt purpose in Part	
XIII						
	ear, did the organization solici					
	sold to raise funds rather than		part of the organization	n's collection	?	Yes No
	scrow and Custodial A		to Form 000 Do	ort IV June O		unt on Form
99	omplete if the organization on Part X, line 21.				· · · · · · · · · · · · · · · · · · ·	unt on Form
=	zation an agent, trustee, custo	odian or other intermed	lary for contributions	or other asset	ts not	п., п.,
	Form 990, Part X?					☐ Yes ☐ No
b if Yes, exp	lain the arrangement in Part X	III and complete the fo	llowing table			Amount
e Posinning b	nlando				10	Amount
c Beginning ba d Additions du					1c   1d	
	during the year				1e	
f Ending balar					1f	
•	nization include an amount on	Form 990, Part X, line	212			Yes No
-	lain the arrangement in Part X			provided in Pa	art XIII	
Part V E	ndowment Funds.					
C	omplete if the organization	on answered "Yes	' to Form 990, Pa	art IV, line 1	0	<b>,</b>
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three years I	back (e) Four years back
1a Beginning of	f year balance					
<b>b</b> Contribution:				<del> </del>		-
c Net investme	ent earnings, gains, and					
d Grants or sc	holarships					
	ditures for facilities and					
programs						
f Administrativ	ve expenses					
g End of year	balance					
2 Provide the	estimated percentage of the c	urrent year end balanc	e (line 1g, column (a)	) held as		
a Board design	nated or quasi-endowment ▶	%				
<b>b</b> Permanent e		6				
	restricted endowment	%				
	ages in lines 2a, 2b, and 2c st					
	dowment funds not in the pos	session of the organiza	ation that are neld and	a administered	d for the	Vaa Na
organization	d organizations					Yes No
	organizations					3a(i) 3a(ii)
• •	a(ii), are the related organization	ons listed as required o	on Schedule R?			3b
	Part XIII the intended uses of	•				<u> </u>
	and, Buildings, and Eq					
	omplete if the organizati	-	" to Form 990, Pa	art IV, line 1	1a. See Form 990, P	art X, line 10.
ī	Description of property	(a) Cost or other	oasis (b) Cost or	other basis	(c) Accumulated	(d) Book value
		(investment)	(ot	her)	depreciation	
1a Land					·	
<b>b</b> Buildings			2	201 <b>,</b> 558	127,695	73,863
c Leasehold in	mprovements				<del></del>	
d Equipment			400	50,953	49,871	1,082
e Other			,420		4,420	m
i otai. Add lines 1a	a through 1e (Column (d) mus	st equat Form 990, Par	τ κ, column (B), line 1	IU(C) )	•	74,945

١	12		^	١ 1	-	73	, -	7 1	1 2	
ì	,	-	ι.	, ,		, ,	١.			

	Complete if the organization answered "Yes		1b. 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
) Financial o			obstation of the state of the s
	eld equity interests		
) Other	and equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes		<del></del>
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			-
(5) (6)	,		
(6) (7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			· ,
	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes	" to Form 990, Part IV, line 1	ld. See Form 990. Part X. line 15
	(a) Descriptio		(b) Book value
(1)			
(2)			
(3)			
(4)			
( ' /			
(5)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) (otal. (Column	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
(5) (6) (7) (8) (9)	Other Liabilities.		
(5) (6) (7) (8) (9) <b>Total.</b> (Column	Other Liabilities. Complete if the organization answered "Yes	" to Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) otal. (Column Part X	Other Liabilities.  Complete if the organization answered "Yes line 25.		
(5) (6) (7) (8) (9) otal. (Columi Part X	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	" to Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) otal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes	(b) Book value	
(5) (6) (7) (8) (9) otal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) Payro (3) Rooms	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes	(b) Book value	
(5) (6) (7) (8) (9) (otal. (Column Part X  (1) Federal (2) Payro (3) Rooms (4)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9) Cotal. (Column Part X  (1) Federal (2) Payro (3) Rooms (4) (5)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9) Cotal. (Column Part X  (1) Federal (2) Payro (3) Rooms (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9) (otal. (Column Part X  (1) Federal (2) Payro (3) Rooms (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) Payro (3) Rooms (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	
(5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) Payro (3) Rooms (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability Income taxes Old Taxes Payable	(b) Book value 4 3 4	

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

e Add lines 2a through 2d

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

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

2e 3

4c

Department of the Treasury

Internal Revenue Service

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

#### **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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public inspection

American Legion Po	st 12				03-0173			
Fundraising Activities. Complete if	the organization			red "Yes" to Form 99				
Form 990-EZ filers are not required						<del>-</del>		
1 Indicate whether the organization raised funds through								
a Mail solicitations			_	ernment grants				
b Internet and email solicitations	f Solicitation	of go	vernn	nent grants				
c Phone solicitations	g Special fun	draisi	ng ev	rents				
d In-person solicitations								
<ul> <li>Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity</li> <li>If "Yes," list the ten highest paid individuals or entities (compensated at least \$5,000 by the organization</li> </ul>	in connection with	profes int to	ssiona agree	al fundraising services?		Yes No		
	1		d fund- r have		(v) Amount paid to	(vi) Amount paid to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization		
w					col (ı)			
		Yes	No					
1								
2	1							
	1	-						
3								
4								
	1	<u> </u>						
5								
	<u> </u>	-						
6								
7	1							
						-		
8			ļ					
	1	<del> </del>	<u> </u>					
9								
10								
Total	1		<b></b>	<del>                                     </del>				
3 List all states in which the organization is registered or	licensed to solicit o	ontrib	ution	e or has been notified it is	evemnt from			

registration or licensing

American Legion Post 12 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II 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 (add col (a) through coi (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 360,891 360,891 1 Gross revenue 302,500 302,500 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 7,585 7,585 5 Other direct expenses Yes Yes Yes X No No 6 Volunteer labor No 310,085 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 50,806 VT 9 Enter the state(s) in which the organization operates gaming activities: X Yes No a is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sche	dule G (Form	990 or 990-EZ) 20°	13 Americ	an Legio	n Post	12	03-01	73713	3	Page 3	
11	Does the org	anization operate g	aming activities with	nonmembers?						Yes X No	
12	Is the organi	ization a grantor, be	neficiary or trustee o	f a trust or a men	nber of a partn	ership or other entity			_	_	
		Iminister charitable						1 1	□,	Yes 🛚 No	
13			ng activity operated	n					<b>4.0</b> 4		
а	_	ation's facility						13a	100	0.00%	
b	An outside fa	-		Ab	4 1	/		13b		%	
14	records	me and address or	tne person wno prep	ares the organiza	tion's gaming/	/special events books and					
	Name ▶	Robert St.	Pierre								
		35 River S	treet								
	Address ►	Richford					VT 054	76			
15a	Does the org	ganization have a co	ontract with a third pa	irty from whom th	e organization	receives gaming			□ ,	Yes X No	
b	If "Yes," ente	er the amount of gar	ming revenue receive	ed by the organiza	ation 🕨 💲		and the				
	amount of gaming revenue retained by the third party ▶ \$										
С	If "Yes," ente	If "Yes," enter name and address of the third party									
	Name ▶										
	Address ▶										
16	Gaming manager information										
	Name ▶ Robert St. Pierre										
	Gaming man	nager compensation	ı <b>▶</b> \$	3,960							
	Description of	of services provided	<pre>/ Managir</pre>	ng Ticket	Purcha	ases and Acco	unting				
	X Director	/officer	Employee	Independ	dent contracto	r					
17	Mandatory d	listributions									
	-		er state law to make	charitable distribi	utions from the	e gaming proceeds to					
	retain the sta	ate gaming license?				<b>.</b>			Π,	Yes X No	
b	Enter the am	nount of distributions	s required under stat	e law to be distrib	uted to other	exempt organizations or					
			exempt activities dur					<del></del>			
Par	Pa	rt III, lines 9, 9b		l6, and 17b, a		red by Part I, line 2b, e. Also complete this			and		
	au	anona momat	<u>ron faèe manach</u>	ona <i>j.</i>					•		

SCHEDULE O (Form 990 or 990-EZ) 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.

**2013** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

American Legion Post 12

Employer identification number 03-0173713

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization has 170 members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
The Board of Directors are elected by the membership.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The executive board is elected by the members. The board has authority to
spend up to \$500 without member approval. Any grants given to
organizations or individuals over \$1,000 must be warned. This warning is
done via newsletter to all members.

Various committees are appointed by the executive board as needed. These committees do not have any authority to spend money without prior approval from the board.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is reviewed by the financial officer before being signed and filed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon Request

Form 4562

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

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

➤ See separate instructions.

► Attach to your tax return

Identifying number

03-0173713 American Legion Post 12 Business or activity to which this form relates Bar Operations **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 3,596 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use period only-see instructions) service 19a 3-year property b 5-year property 1,102 MO S/L 7-year property d 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ММ property 27 5 yrs MM S/L мм S/L Nonresidential real 39 yrs property S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Summary (See instructions ) Part IV 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 3,616 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

03-0173713

American Legion Post 12 35 River Street Richford, VT 05476

Year Ended: April 30, 2014

# Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.