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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014Department of the Treasury
Internal Revenue Service

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.**Open to Public
Inspection****A** For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014

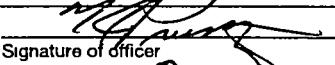
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>American Legion Post #50</u>		D Employer identification number <u>03-0301777380 0177380</u>
	Doing business as <u>same</u>		E Telephone number <u>802-468-8962</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P O. Box <u>355</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>Bomoseen, VT 05732-0355</u>		
F Name and address of principal officer <u>Thomas Purdy, Commander, P. O. Box 355, Bomoseen, VT 05732-0355</u>		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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		H(c) Group exemption number <u>0925</u>	
J Website: <u></u>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u></u>	
		L Year of formation: <u>1930</u>	M State of legal domicile: <u>VT</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>14</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>0</u>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>16</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>20</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>47,786</u>	<u>55,699</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,361</u>	<u>2,098</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>106,475</u>	<u>136,050</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>106,475</u>	<u>136,050</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>17,366</u>	<u>22,372</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>6,866</u>	<u>6,381</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>86,869</u>	<u>88,914</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>29,269</u>	<u>26,909</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>140,170</u>	<u>144,576</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>16,255</u>	<u>49,271</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>811,575</u>	<u>855,229</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>3,823</u>	<u>3,689</u>
		<u>807,692</u>	<u>851,540</u>

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.

Sign Here		<u>5-3-15</u>
	Signature of officer	Date
	<u>Tom Purdy SA.</u>	<u>5-3-15</u>
	Type or print name and title	

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2014)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 and 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 \$)

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 ► 144,576

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 N/A	
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(h) 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	✓
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 N/A	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	N/A
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	N/A
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 ComplianceCheck if Schedule O contains a response or note to any line 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	✓	
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		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
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		✓
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		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: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		N/A
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. Did a donor advised fund maintained by the 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 sponsoring organization make any taxable distributions under section 4966?	9a		N/A
b Did the sponsoring 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?	13a		N/A
Note. See the instructions for additional information the organization must report on Schedule O.			
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 or note to any line 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 14		
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		✓
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		✓
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?	6	✓	
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	✓	
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	✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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	✓	
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	✓	
11a 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		✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
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		
13 Did the organization have a written whistleblower policy?	13		✓
14 Did the organization have a written document retention and destruction policy?	14		✓
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		✓
b 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 with a taxable entity during the year?	16a		✓
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		N/A

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, address, and telephone number of the person who possesses the organization's books and records: ► Mary Lee Harris, P. O. Box 355, Bomoseen, VT 05732 802-468-8962

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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) Thomas Purdy, Commander	2			✓				0	0	0
(2) Royal Sheeley, 1st Commander	2			✓				0	0	0
(3) Benjamin Boxx, 2nd Commander	2			✓				0	0	0
(4) Cathy Tester, Adjutant	4			✓				0	0	0
(5) David Vadnais, Finance Officer	8			✓				0	0	0
(6) Lloyd Bronson, Chaplin	2			✓				0	0	0
(7) James Pritchard, Sargent of Arms	2			✓				0	0	0
(8) Gregory Knapp, Social Room Manager	40				✓			36,450	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)										
1b Sub-total								36,450		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								36,450		

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 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? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	6,433			
	c	Fundraising events	1c	42,324			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,942			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		55,699			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,098	2,098		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b	113			
	c	Net income or (loss) from fundraising events . . ▶		113			
	9a	Gross income from gaming activities. See Part IV, line 19	a	704,349			
	b	Less: direct expenses	b	605,883			
	c	Net income or (loss) from gaming activities . . ▶		98,466	98,466		
	10a	Gross sales of inventory, less returns and allowances	a	104,094			
	b	Less: cost of goods sold	b	66,719			
c	Net income or (loss) from sales of inventory . . ▶		37,375	37,375			
Miscellaneous Revenue		Business Code					
11a	Miscellaneous Post Income		96				
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		96				
12	Total revenue. See instructions. ▶		193,847	113,939			

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 ☐**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 domestic organizations and domestic governments. See Part IV, line 21	22,372	22,372		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	6,381	6,381		
5 Compensation of current officers, directors, trustees, and key employees	36,450	36,450		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	43,113	43,113		
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,351	9,351		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	69	69		
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	515	515		
13 Office expenses	4,602	4,602		
14 Information technology				
15 Royalties				
16 Occupancy	6,511	6,511		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,205	5,205		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,194	9,194		
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 License	250	250		
b Bank Adjustment	544	544		
c Miscellaneous	19	19		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	144,576	144,576		
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,267	1	46,165
	2 Savings and temporary cash investments	35,642	2	38,021
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments—publicly traded securities	670,643	10c	697,477
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11	72,023	12	
	14 Intangible assets		13	73,566
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	811,573	15		
Liabilities	17 Accounts payable and accrued expenses	3,824	16	855,229
	18 Grants payable		17	3,689
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 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		24	
	26 Total liabilities. Add lines 17 through 25	3,824	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	3,689
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	807,751	32	851,540
	33 Total net assets or fund balances	811,575	33	855,229
34 Total liabilities and net assets/fund balances	811,575	34	855,229	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	193,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,576
3	Revenue less expenses. Subtract line 2 from line 1	3	49,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	811,575
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	5,617
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	855,229

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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:		✓
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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:		✓
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.		N/A
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.		N/A

**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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

American Legion Post #50

Employer identification number

0301777380

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 value of contributions to (during year)	N/A	
3 Aggregate value of 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements	2a
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 None
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ N/A
(ii) Assets included in Form 990, Part X	▶ \$
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 Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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 N/A

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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
1c Beginning balance	None
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	100,000			100,000
b Buildings	479,416			479,416
c Leasehold improvements				
d Equipment	118,061			118,061
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				697,477

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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 <u>None</u>		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Lord Abbott Mutual Fund	23,835	Year End Stock Values
(2) Pimo Mutual Fund	24,347	Year End Stock Values
(3) Income Fund Mutual Fund	25,384	Year End Stock Values
(4) -----		
(5) -----		
(6) -----		
(7) -----		
(8) -----		
(9) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	73,566	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) None	
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	None
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

*No outside
Auditor performed*

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

*No outside
Auditor performed*

Part XIII Supplemental Information.

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.

**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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

American Legion Post #50

Employer identification number

0301777380

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 | |
- 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 <i>none</i>						
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.

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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	N/A			
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 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) ▶					

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))
Revenue	1 Gross revenue	397,324	307,025		704,349
Direct Expenses	2 Cash prizes	313,891	209,505		523,396
	3 Noncash prizes				
	4 Rent/facility costs	11,421	29,434		40,855
	5 Other direct expenses	19,288	22,344		41,632
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: Vermont

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 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 ►

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 ► \$

Part IV **Supplemental Information.** 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 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.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990.

American Legion Post #50

Employer identification number

0301777380

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

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 ▲

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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Accrual Basis

AMERICAN LEGION CRIPPEN-FELLOWS POST 50

Account QuickReport

January through December 2014

Type	Date	Num	Name	Memo	Amount
Form 990 Part XI					
L 1 Grants & Other Cash Contrib					
8050 - Charitable Activities					
Check	01/08/2014	22363	AMERICAN LEGION DEPT. OF VERMONT	Dept Commander's Project	750.00
Check	02/05/2014	22439	FAIR HAVEN ROTARY	Great Benson Fishing Derby	50.00
Check	02/05/2014	22440	AMERICAN LEGION DEPT. OF VERMONT	2 Scholarships George Harrington & Royal...	1,000.00
Check	04/09/2014	22586	DAV	Full Page Ad	100.00
Check	04/09/2014	22587	DAVE STEEVES	Donation to Convention Golf Tournament	300.00
Check	04/09/2014	22590	Ureka Lodge		100.00
Check	05/24/2014	7989	Fair Haven High School Band	2014 Memorial Parade	50.00
Check	06/04/2014	22729	Castleton Women's Club	Colonial Day	15.00
Check	06/18/2014	1673	AMERICAN LEGION POST #50	donation to general acct	1,300.00
Check	07/02/2014	1683	AMERICAN LEGION POST #50	donation to general acct	700.00
Check	07/05/2014	8019	GREG KNAPP	fruit basket for Bob Harris	25.99
Check	07/16/2014	1690	AMERICAN LEGION POST #50 CLUB	donation	1,300.00
Check	08/20/2014	22899	Reprographics	Clam Bake Tickets	159.44
Check	09/10/2014	22955	AMERICAN LEGION DEPT. OF VERMONT	NE Fund	124.50
Check	10/08/2014	23026	Castleton Cares, Inc		150.00
Check	11/05/2014	23096	Care of Crossman Twin Boys	Children & Youth	300.00
Deposit	11/16/2014		Sylvia B Demgard	bingo for turkeys	-215.97
Check	11/19/2014	1750	AMERICAN LEGION POST #50 CLUB	turkey give away	215.97
Check	12/31/2014	23242	Vermont Veterans Militia Museum & Library	Membership Donation	50.00
Check	12/31/2014	23244	AMERICAN LEGION DEPT. OF VERMONT	Scholarship Fund	200.00
Check	12/31/2014	23245	Dept of Vermont VFW Aux	2014 Vt Vet Home Campaign	250.00
Total 8050 Charitable Activities					6,924.93
8060 - Sponsorships					
Check	01/08/2014	22360	Poultney Assembly	Katie Supernault - Children & Youth	50.00
Check	01/08/2014	22361	Poultney Assembly	Marisa Supernault - Children & Youth	50.00
Check	01/08/2014	22362	Fair Haven Concerned, Inc.	Table Sponsor	100.00
Deposit	01/08/2014		BINGO	50-50	-95.00
Check	01/08/2014	1588	AMERICAN LEGION POST #50	baseball	95.00
Check	01/15/2014	1589	AMERICAN LEGION POST #50	baseball	120.00
Deposit	01/15/2014		BINGO	50-50	-120.00
Deposit	01/15/2014		BINGO	50-50	-122.00
Check	01/22/2014	1593	AMERICAN LEGION POST #50	VOID. baseball	0.00
Check	01/22/2014	1594	AMERICAN LEGION POST #50	baseball	122.00
Check	01/28/2014	1598	AMERICAN LEGION POST #50	baseball	118.00
Deposit	01/29/2014		BINGO	50-50	-118.00
Check	02/05/2014	22442	AMERICAN LEGION DEPT. OF VERMONT	Eagle scout Lunch	22.00
Check	02/05/2014	22443	Castleton Community Seniors, Inc	scamp camp	334.00
Check	02/11/2014	22446	Fair Haven High School	Scholarship Fund	500.00
Check	02/12/2014	1601	AMERICAN LEGION POST #50	baseball	283.00
Deposit	02/12/2014		BINGO	50-50	-128.00
Deposit	02/12/2014		BINGO	50-50	-283.00
Deposit	02/12/2014		AMERICAN LEGION POST #49	Deposit	-2,838.21
Check	02/26/2014	1608	AMERICAN LEGION POST #50	baseball	128.00
Deposit	02/26/2014		American Legion post #87	Deposit	-1,500.00

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Accrual Basis

AMERICAN LEGION CRIPPEN-FELLOWS POST 50

Account QuickReport

January through December 2014

Type	Date	Num	Name	Memo	Amount
Deposit	02/26/2014		BINGO	50-50	-128.00
Check	03/05/2014	22495	AMERICAN LEGION DEPT. OF VERMONT	2013 Hospital Assessment	61.25
Check	03/14/2014	1612	AMERICAN LEGION POST #50	50-50	142.00
Check	03/18/2014	257	AMERICAN LEGION NATIONAL HEADQUARTERS	background check	32.00
Check	03/19/2014	1618	AMERICAN LEGION POST #50	50-50	128.00
Check	03/26/2014	1622	AMERICAN LEGION POST #50	50-50	147.00
Deposit	03/26/2014		BINGO	50-50	-142.00
Deposit	03/26/2014		BINGO	50-50	-147.00
Check	04/07/2014	22575	American Legion Boy's State	Nathaniel J. Jones - Alex M Jakubowski	550.00
Check	04/09/2014	22589	Pathways Vermont	mov in baskets	50.00
Check	04/09/2014	1629	AMERICAN LEGION POST #50	50-50	190.00
Deposit	04/09/2014		BINGO	50-50	-190.00
Deposit	04/15/2014		BINGO	50-50	-132.00
Check	04/16/2014	1634	AMERICAN LEGION POST #50	50-50	132.00
Deposit	04/23/2014		BINGO	50-50	-121.00
Deposit	04/23/2014		BINGO	50-50	-130.00
Check	04/23/2014	1637	AMERICAN LEGION POST #50	50-50	121.00
Check	04/30/2014	1642	AMERICAN LEGION POST #50	50-50	130.00
Check	05/07/2014	22658	CASTLETON STATE COLLEGE	Concert Series	150.00
Check	05/07/2014	22659	Fair Haven Union High School	project graduation	100.00
Deposit	05/07/2014		BINGO	50-50	-115.00
Check	05/07/2014	1645	AMERICAN LEGION POST #50	50-50	115.00
Check	05/14/2014	1652	AMERICAN LEGION POST #50	50-50	125.00
Deposit	05/14/2014		BINGO	50-50	-125.00
Deposit	05/22/2014		BINGO	50-50	-134.00
Check	05/23/2014	1655	AMERICAN LEGION POST #50	50-50	134.00
Check	05/27/2014	1659	AMERICAN LEGION POST #50	50-50	128.00
Deposit	05/28/2014		BINGO	50-50	-128.00
Deposit	06/01/2014		Amanda Alexander	Golf Tour - SAI	-33.00
Deposit	06/01/2014		Amanda Alexander	Golf Tour - Aux	-33.33
Deposit	06/02/2014		SAL	Deposit	-628.50
Check	06/04/2014	22731	AMERICAN LEGION DEPT OF VERMONT	2014 Golf Tournament	100.00
Check	06/04/2014	22732	AMERICAN LEGION DEPT. OF VERMONT	Lifes a Beach Party	200.00
Check	06/04/2014	1662	AMERICAN LEGION POST #50	50-50	130.00
Deposit	06/04/2014		BINGO	50-50	-130.00
Check	06/11/2014	1668	AMERICAN LEGION POST #50 CLUB	50-50	152.00
Check	06/11/2014	259	Bob Godlowski	coaching	1,380.09
Check	06/11/2014	260	Bob Godlowski	coaching	500.00
Deposit	06/11/2014		BINGO	50-50	-152.00
Deposit	06/17/2014		BINGO	50-50	-130.00
Check	06/18/2014	22761	National Academy of Future Physicians	Calvin Brooks	500.00
Check	06/18/2014	1672	AMERICAN LEGION POST #50 CLUB	50-50	130.00
Check	06/18/2014	8009	ROY SHEELEY	school awards	42.81
Check	06/20/2014	262	Bob Godlowski	Granville Game Umpire	65.00
Check	06/21/2014	263	Mike Nixon	baseball	140.00
Check	06/25/2014	1676	POST #50	50-50	155.00
Deposit	06/25/2014		BINGO	powerade	-155.00
Check	06/26/2014	264	GREG KNAPP	Umpire	50.36
Check	06/26/2014	265	Joe Fisher		80.00

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Accrual Basis

AMERICAN LEGION CRIPPEN-FELLOWS POST 50

Account QuickReport

January through December 2014

Type	Date	Num	Name	Memo	Amount
Check	06/28/2014	266	Joe Fisher	Umpire	80.00
Check	06/29/2014	267	D. Header	umpire Bennington	140.00
Check	06/30/2014	269	INITIAL IDEAS	screenprinting shirts and hats	339.00
Check	07/01/2014	270	Joe Fisher	Umpire	80.00
Check	07/02/2014	1681	American Legion Baseball Account	charged to Baseball Account in error	154.00
Deposit	07/02/2014		BINGO	50-50	-154.00
Check	07/03/2014	271	Steve Marro	umpire	40.00
Check	07/04/2014	272	GREG KNAPP	powerade	27.93
Check	07/05/2014	273	GREG KNAPP	powerade	57.68
Check	07/05/2014	274	Joe Fisher	Umpire	140.00
Check	07/09/2014	1686	AMERICAN LEGION POST #50 CLUB	50-50	155.00
Deposit	07/09/2014		BINGO	Deposit	-155.00
Check	07/09/2014	275	Bob Godlowski	Umpire	252.49
Check	07/09/2014	276	Bob Godlowski	Umpire	500.00
Check	07/09/2014	280	SHAW'S	Umpire	37.07
Check	07/12/2014	281	Hawk's Dogs		340.00
Check	07/12/2014	282	Don Strohmyer	umpire Hartford	140.00
Check	07/12/2014	278	CASH	Bellows Falls Umpire	160.00
Check	07/12/2014	279	CASH	Bellows Falls - gas/umpire	275.00
Check	07/16/2014	1689	AMERICAN LEGION POST #50 CLUB	50-50	148.00
Deposit	07/16/2014		BINGO	50-50	-148.00
Check	07/16/2014	283	Don Strohmyer	umpire S Royalton	80.00
Check	07/16/2014	285	AMERICAN LEGION POST #31	tournament	100.00
Check	07/16/2014	286	Gregory L Knapp	gatorade	53.52
Check	07/19/2014	288	SHAW'S		50.87
Check	07/19/2014	289	Joe Fisher	Umpire	95.00
Check	07/22/2014	291	GREEN MOUNTAIN MARKET	banquet	636.86
Check	07/22/2014	292	SHAW'S		31.92
Deposit	07/22/2014		BINGO	50-50	-147.00
Check	07/22/2014	1693	AMERICAN LEGION POST #50	50-50	147.00
Check	07/24/2014	293	GREG KNAPP	powerade	22.95
Check	07/24/2014	294	GREEN MOUNTAIN MARKET	banquet	88.44
Check	07/25/2014	295	SHAW'S		49.14
Check	07/28/2014	296	GREG KNAPP	powerade	32.99
Check	07/28/2014	297	INITIAL IDEAS	6 jerseys	90.00
Check	07/30/2014	1696	AMERICAN LEGION POST #50	baseball	139.00
Check	07/30/2014	298	Bob Godlowski	coaching	1,000.00
Deposit	07/30/2014		BINGO	50-50	-139.00
Check	07/30/2014	299	Matt Pause	assistant coaching	500.00
Check	07/30/2014	300	FAIR HAVEN INN	coaches and workers dinner	260.00
Check	08/06/2014	1699	AMERICAN LEGION POST 50 BASEBALL	50/50	179.00
Check	08/06/2014	22872	Independence Lodge #1	Golf Tournament Hall Sponsor	100.00
Check	08/13/2014	1705	AMERICAN LEGION POST 50 BASEBALL	50/50	150.00
Check	08/20/2014	22904	Businesscard Services	august statement	63.44
Check	08/20/2014	1708	AMERICAN LEGION POST 50 BASEBALL	50/50	142.00
Check	09/05/2014	1711	AMERICAN LEGION POST #50	baseball	130.00
Deposit	09/05/2014		BINGO	50-50	-130.00
Check	09/12/2014	1713	AMERICAN LEGION POST #50	baseball	130.00
Check	09/12/2014	1715	AMERICAN LEGION POST #50	baseball	137.00

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Accrual Basis

AMERICAN LEGION CRIPPEN-FELLOWS POST 50

Account QuickReport

January through December 2014

Type	Date	Num	Name	Memo	Amount
Deposit	09/12/2014		BINGO	50-50	-130.00
Deposit	09/17/2014		BINGO	50-50	-137.00
Check	09/24/2014	1721	AMERICAN LEGION POST #50	baseball	130.00
Deposit	09/24/2014		BINGO	50-50	-130.00
Check	10/01/2014	1723	AMERICAN LEGION POST #50	baseball	138.00
Deposit	10/01/2014		BINGO	50-50	-138.00
Check	10/08/2014	1725	AMERICAN LEGION POST #50	baseball	148.00
Deposit	10/08/2014		BINGO	50-50	-148.00
Check	10/15/2014	1731	AMERICAN LEGION POST #50	baseball	148.00
Deposit	10/15/2014		BINGO	50-50	-153.00
Deposit	10/15/2014		BINGO	50-50	-148.00
Check	10/22/2014	1734	AMERICAN LEGION POST #50	baseball	170.00
Check	10/22/2014	1735	AMERICAN LEGION POST #50	VOID: baseball	0.00
Deposit	10/22/2014		BINGO	50-50	-170.00
Check	10/29/2014	1744	AMERICAN LEGION POST #50	baseball	176.00
Deposit	10/29/2014		BINGO	50-50	-167.00
Deposit	10/29/2014		BINGO	50-50	-176.00
Check	11/02/2014	302	Jiffy Mart #41	state meeting	65.50
Check	11/12/2014	1748	AMERICAN LEGION POST #50	baseball	153.00
Deposit	11/12/2014		BINGO	50-50	-155.00
Check	11/19/2014	1753	AMERICAN LEGION POST #50	baseball	155.00
Deposit	11/25/2014		BINGO	50-50	-120.00
Check	11/26/2014	1755	AMERICAN LEGION POST #50	baseball	120.00
Deposit	12/02/2014		BINGO	50-50	-125.00
Check	12/03/2014	1758	AMERICAN LEGION POST #50	baseball	125.00
Check	12/06/2014	303	CASTLETON STATE COLLEGE	field maintenance	1,290.00
Check	12/06/2014	304	MSJ Athletic Association	use of field	100.00
Check	12/06/2014	305	College of St Joseph's	van rental for away games	400.00
Check	12/11/2014	306	College of St Joseph's	donation	250.00
Total 8060 · Sponsorships					8,318.27
8070 · Advertising Contributions					
Check	01/08/2014	22364	Dept of New York - SVA	AD for Seabeas	50.00
Check	04/09/2014	22588	AMERICAN LEGION DEPT OF VERMONT	Ad for yearbook	93.75
Check	04/09/2014	22591	AMERICAN LEGION DEPT OF VERMONT	Ad for yearbook SAL	0.00
Check	06/04/2014	22726	RUTLAND HERALD	vet ad	25.00
Check	06/17/2014	261	GREG KNAPP	Rutland Herald Ads	162.48
Check	07/30/2014	22853	RUTLAND HERALD	July 4th ad	25.00
Check	10/15/2014	301	Lakeside News	Golf Ad for BBall	35.00
Total 8070 Advertising Contributions					391.23
8090 · Contributions to Organizations					
Check	02/05/2014	22441	Camp Ta-Kum-Ta	from Cribbage club	540.00
Check	05/24/2014	7986	Cairo Mini Cars	2014 Memorial Parade	50.00
Check	05/24/2014	7988	Cairo Mini Choppers	2014 Memorial Parade	50.00
Check	06/04/2014	22725	Castleton Lion's Club	Fishing Derby Advertisement	40.00
Check	06/30/2014	268	KEITH'S II SPORTS	supplies	916.26

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Accrual Basis

AMERICAN LEGION CRIPPEN-FELLOWS POST 50

Account QuickReport

January through December 2014

Type	Date	Num	Name	Memo	Amount
Check	07/09/2014	277	Matt Crossman	Umpire Rutland	80.00
Check	07/16/2014	284	Matt Crossman	Umpire Rutland	80.00
Check	07/19/2014	287	Matt Crossman	Umpire Brattleboro	80.00
Check	07/20/2014	290	Bob Armand	Umpire Hartford	80.00
Check	08/05/2014	8045	FAIR HAVEN ROTARY		42.96
Check	11/05/2014	23095	AMERICAN LEGION AUXILIARY UNIT	Bennington Veteran's Place	200.00
Check	11/05/2014	23099	AMERICAN LEGION DEPT OF VERMONT	10 memberships	100.00
Total 8090 Contributions to Organizations					2,259.22
8040 - Family Death Benefit					
Check	07/16/2014	22823	Patricia Randlett	death benefits	200.00
Check	09/10/2014	22956	Linda Fortier	Scott Fortier, death benefit	200.00
Check	09/10/2014	22957	Mary Lee Harris	Robert Harris, death benefit	200.00
Total 8040 Family Death Benefit					600.00
Total L 1 Grants & Other Cash Contrib					18,493.65
Total Form 990 Part XI					18,493.65
TOTAL					18,493.65