



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning January 1 , 2010, and ending December , 20 10																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Fair Haven #49 American Legion</td> <td>D Employer identification number 03-0173275</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3">E Telephone number 7983 802-265-7893</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">72 S. Main Street</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Fair Haven, VT 05743</td> <td>G Gross receipts \$ 567,931</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer William Canfield 72 S. Main Street Fair Haven, VT 05743 </td> </tr> <tr> <td colspan="2"> 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 </td> <td> H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0925 </td> </tr> <tr> <td colspan="2">J Website: ▶</td> <td></td> </tr> <tr> <td colspan="2"> K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: M State of legal domicile: VT </td> </tr> </table>	C Name of organization Fair Haven #49 American Legion		D Employer identification number 03-0173275	Doing Business As		E Telephone number 7983 802-265-7893	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	72 S. Main Street		City or town, state or country, and ZIP + 4 Fair Haven, VT 05743		G Gross receipts \$ 567,931	F Name and address of principal officer William Canfield 72 S. Main Street Fair Haven, VT 05743			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(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0925	J Website: ▶			K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: M State of legal domicile: VT
C Name of organization Fair Haven #49 American Legion		D Employer identification number 03-0173275																								
Doing Business As		E Telephone number 7983 802-265-7893																								
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																									
72 S. Main Street																										
City or town, state or country, and ZIP + 4 Fair Haven, VT 05743		G Gross receipts \$ 567,931																								
F Name and address of principal officer William Canfield 72 S. Main Street Fair Haven, VT 05743																										
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(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0925																								
J Website: ▶																										
K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: M State of legal domicile: VT																								

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Fair Haven American Legion post #49 provides support to American Troops and Veterans and provides family support to veterans and active military members.		
	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	195
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,826	35,802
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,212	947
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,016	94,361
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,054	131,111
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	244	6,238
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,891	50,930
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17	Other expenses (Part IX, column (A), lines 11a–11c, 11f–11h, 11j–11k, 11m–11p, 11r–11s, 11u–11v, 11x–11y, 11z, 12a–12c, 12e–12f, 12h–12j, 12l–12m, 12o–12p, 12r–12s, 12u–12v, 12x–12y, 12z, 13a–13c, 13e–13f, 13h–13j, 13l–13m, 13o–13p, 13r–13s, 13u–13v, 13x–13y, 13z, 14a–14c, 14e–14f, 14h–14j, 14l–14m, 14o–14p, 14r–14s, 14u–14v, 14x–14y, 14z, 15a–15c, 15e–15f, 15h–15j, 15l–15m, 15o–15p, 15r–15s, 15u–15v, 15x–15y, 15z, 16a–16c, 16e–16f, 16h–16j, 16l–16m, 16o–16p, 16r–16s, 16u–16v, 16x–16y, 16z, 17a–17c, 17e–17f, 17h–17j, 17l–17m, 17o–17p, 17r–17s, 17u–17v, 17x–17y, 17z, 18a–18c, 18e–18f, 18h–18j, 18l–18m, 18o–18p, 18r–18s, 18u–18v, 18x–18y, 18z, 19a–19c, 19e–19f, 19h–19j, 19l–19m, 19o–19p, 19r–19s, 19u–19v, 19x–19y, 19z, 20a–20c, 20e–20f, 20h–20j, 20l–20m, 20o–20p, 20r–20s, 20u–20v, 20x–20y, 20z, 21a–21c, 21e–21f, 21h–21j, 21l–21m, 21o–21p, 21r–21s, 21u–21v, 21x–21y, 21z, 22a–22c, 22e–22f, 22h–22j, 22l–22m, 22o–22p, 22r–22s, 22u–22v, 22x–22y, 22z, 23a–23c, 23e–23f, 23h–23j, 23l–23m, 23o–23p, 23r–23s, 23u–23v, 23x–23y, 23z, 24a–24c, 24e–24f, 24h–24j, 24l–24m, 24o–24p, 24r–24s, 24u–24v, 24x–24y, 24z, 25a–25c, 25e–25f, 25h–25j, 25l–25m, 25o–25p, 25r–25s, 25u–25v, 25x–25y, 25z, 26a–26c, 26e–26f, 26h–26j, 26l–26m, 26o–26p, 26r–26s, 26u–26v, 26x–26y, 26z, 27a–27c, 27e–27f, 27h–27j, 27l–27m, 27o–27p, 27r–27s, 27u–27v, 27x–27y, 27z, 28a–28c, 28e–28f, 28h–28j, 28l–28m, 28o–28p, 28r–28s, 28u–28v, 28x–28y, 28z, 29a–29c, 29e–29f, 29h–29j, 29l–29m, 29o–29p, 29r–29s, 29u–29v, 29x–29y, 29z, 30a–30c, 30e–30f, 30h–30j, 30l–30m, 30o–30p, 30r–30s, 30u–30v, 30x–30y, 30z, 31a–31c, 31e–31f, 31h–31j, 31l–31m, 31o–31p, 31r–31s, 31u–31v, 31x–31y, 31z, 32a–32c, 32e–32f, 32h–32j, 32l–32m, 32o–32p, 32r–32s, 32u–32v, 32x–32y, 32z, 33a–33c, 33e–33f, 33h–33j, 33l–33m, 33o–33p, 33r–33s, 33u–33v, 33x–33y, 33z, 34a–34c, 34e–34f, 34h–34j, 34l–34m, 34o–34p, 34r–34s, 34u–34v, 34x–34y, 34z, 35a–35c, 35e–35f, 35h–35j, 35l–35m, 35o–35p, 35r–35s, 35u–35v, 35x–35y, 35z, 36a–36c, 36e–36f, 36h–36j, 36l–36m, 36o–36p, 36r–36s, 36u–36v, 36x–36y, 36z, 37a–37c, 37e–37f, 37h–37j, 37l–37m, 37o–37p, 37r–37s, 37u–37v, 37x–37y, 37z, 38a–38c, 38e–38f, 38h–38j, 38l–38m, 38o–38p, 38r–38s, 38u–38v, 38x–38y, 38z, 39a–39c, 39e–39f, 39h–39j, 39l–39m, 39o–39p, 39r–39s, 39u–39v, 39x–39y, 39z, 40a–40c, 40e–40f, 40h–40j, 40l–40m, 40o–40p, 40r–40s, 40u–40v, 40x–40y, 40z, 41a–41c, 41e–41f, 41h–41j, 41l–41m, 41o–41p, 41r–41s, 41u–41v, 41x–41y, 41z, 42a–42c, 42e–42f, 42h–42j, 42l–42m, 42o–42p, 42r–42s, 42u–42v, 42x–42y, 42z, 43a–43c, 43e–43f, 43h–43j, 43l–43m, 43o–43p, 43r–43s, 43u–43v, 43x–43y, 43z, 44a–44c, 44e–44f, 44h–44j, 44l–44m, 44o–44p, 44r–44s, 44u–44v, 44x–44y, 44z, 45a–45c, 45e–45f, 45h–45j, 45l–45m, 45o–45p, 45r–45s, 45u–45v, 45x–45y, 45z, 46a–46c, 46e–46f, 46h–46j, 46l–46m, 46o–46p, 46r–46s, 46u–46v, 46x–46y, 46z, 47a–47c, 47e–47f, 47h–47j, 47l–47m, 47o–47p, 47r–47s, 47u–47v, 47x–47y, 47z, 48a–48c, 48e–48f, 48h–48j, 48l–48m, 48o–48p, 48r–48s, 48u–48v, 48x–48y, 48z, 49a–49c, 49e–49f, 49h–49j, 49l–49m, 49o–49p, 49r–49s, 49u–49v, 49x–49y, 49z, 50a–50c, 50e–50f, 50h–50j, 50l–50m, 50o–50p, 50r–50s, 50u–50v, 50x–50y, 50z, 51a–51c, 51e–51f, 51h–51j, 51l–51m, 51o–51p, 51r–51s, 51u–51v, 51x–51y, 51z, 52a–52c, 52e–52f, 52h–52j, 52l–52m, 52o–52p, 52r–52s, 52u–52v, 52x–52y, 52z, 53a–53c, 53e–53f, 53h–53j, 53l–53m, 53o–53p, 53r–53s, 53u–53v, 53x–53y, 53z, 54a–54c, 54e–54f, 54h–54j, 54l–54m, 54o–54p, 54r–54s, 54u–54v, 54x–54y, 54z, 55a–55c, 55e–55f, 55h–55j, 55l–55m, 55o–55p, 55r–55s, 55u–55v, 55x–55y, 55z, 56a–56c, 56e–56f, 56h–56j, 56l–56m, 56o–56p, 56r–56s, 56u–56v, 56x–56y, 56z, 57a–57c, 57e–57f, 57h–57j, 57l–57m, 57o–57p, 57r–57s, 57u–57v, 57x–57y, 57z, 58a–58c, 58e–58f, 58h–58j, 58l–58m, 58o–58p, 58r–58s, 58u–58v, 58x–58y, 58z, 59a–59c, 59e–59f, 59h–59j, 59l–59m, 59o–59p, 59r–59s, 59u–59v, 59x–59y, 59z, 60a–60c, 60e–60f, 60h–60j, 60l–60m, 60o–60p, 60r–60s, 60u–60v, 60x–60y, 60z, 61a–61c, 61e–61f, 61h–61j, 61l–61m, 61o–61p, 61r–61s, 61u–61v, 61x–61y, 61z, 62a–62c, 62e–62f, 62h–62j, 62l–62m, 62o–62p, 62r–62s, 62u–62v, 62x–62y, 62z, 63a–63c, 63e–63f, 63h–63j, 63l–63m, 63o–63p, 63r–63s, 63u–63v, 63x–63y, 63z, 64a–64c, 64e–64f, 64h–64j, 64l–64m, 64o–64p, 64r–64s, 64u–64v, 64x–64y, 64z, 65a–65c, 65e–65f, 65h–65j, 65l–65m, 65o–65p, 65r–65s, 65u–65v, 65x–65y, 65z, 66a–66c, 66e–66f, 66h–66j, 66l–66m, 66o–66p, 66r–66s, 66u–66v, 66x–66y, 66z, 67a–67c, 67e–67f, 67h–67j, 67l–67m, 67o–67p, 67r–67s, 67u–67v, 67x–67y, 67z, 68a–68c, 68e–68f, 68h–68j, 68l–68m, 68o–68p, 68r–68s, 68u–68v, 68x–68y, 68z, 69a–69c, 69e–69f, 69h–69j, 69l–69m, 69o–69p, 69r–69s, 69u–69v, 69x–69y, 69z, 70a–70c, 70e–70f, 70h–70j, 70l–70m, 70o–70p, 70r–70s, 70u–70v, 70x–70y, 70z, 71a–71c, 71e–71f, 71h–71j, 71l–71m, 71o–71p, 71r–71s, 71u–71v, 71x–71y, 71z, 72a–72c, 72e–72f, 72h–72j, 72l–72m, 72o–72p, 72r–72s, 72u–72v, 72x–72y, 72z, 73a–73c, 73e–73f, 73h–73j, 73l–73m, 73o–73p, 73r–73s, 73u–73v, 73x–73y, 73z, 74a–74c, 74e–74f, 74h–74j, 74l–74m, 74o–74p, 74r–74s, 74u–74v, 74x–74y, 74z, 75a–75c, 75e–75f, 75h–75j, 75l–75m, 75o–75p, 75r–75s, 75u–75v, 75x–75y, 75z, 76a–76c, 76e–76f, 76h–76j, 76l–76m, 76o–76p, 76r–76s, 76u–76v, 76x–76y, 76z, 77a–77c, 77e–77f, 77h–77j, 77l–77m, 77o–77p, 77r–77s, 77u–77v, 77x–77y, 77z, 78a–78c, 78e–78f, 78h–78j, 78l–78m, 78o–78p, 78r–78s, 78u–78v, 78x–78y, 78z, 79a–79c, 79e–79f, 79h–79j, 79l–79m, 79o–79p, 79r–79s, 79u–79v, 79x–79y, 79z, 80a–80c, 80e–80f, 80h–80j, 80l–80m, 80o–80p, 80r–80s, 80u–80v, 80x–80y, 80z, 81a–81c, 81e–81f, 81h–81j, 81l–81m, 81o–81p, 81r–81s, 81u–81v, 81x–81y, 81z, 82a–82c, 82e–82f, 82h–82j, 82l–82m, 82o–82p, 82r–82s, 82u–82v, 82x–82y, 82z, 83a–83c, 83e–83f, 83h–83j, 83l–83m, 83o–83p, 83r–83s, 83u–83v, 83x–83y, 83z, 84a–84c, 84e–84f, 84h–84j, 84l–84m, 84o–84p, 84r–84s, 84u–84v, 84x–84y, 84z, 85a–85c, 85e–85f, 85h–85j, 85l–85m, 85o–85p, 85r–85s, 85u–85v, 85x–85y, 85z, 86a–86c, 86e–86f, 86h–86j, 86l–86m, 86o–86p, 86r–86s, 86u–86v, 86x–86y, 86z, 87a–87c, 87e–87f, 87h–87j, 87l–87m, 87o–87p, 87r–87s, 87u–87v, 87x–87y, 87z, 88a–88c, 88e–88f, 88h–88j, 88l–88m, 88o–88p, 88r–88s, 88u–88v, 88x–88y, 88z, 89a–89c, 89e–89f, 89h–89j, 89l–89m, 89o–89p, 89r–89s, 89u–89v, 89x–89y, 89z, 90a–90c, 90e–90f, 90h–90j, 90l–90m, 90o–90p, 90r–90s, 90u–90v, 90x–90y, 90z, 91a–91c, 91e–91f, 91h–91j, 91l–91m, 91o–91p, 91r–91s, 91u–91v, 91x–91y, 91z, 92a–92c, 92e–92f, 92h–92j, 92l–92m, 92o–92p, 92r–92s, 92u–92v, 92x–92y, 92z, 93a–93c, 93e–93f, 93h–93j, 93l–93m, 93o–93p, 93r–93s, 93u–93v, 93x–93y, 93z, 94a–94c, 94e–94f, 94h–94j, 94l–94m, 94o–94p, 94r–94s, 94u–94v, 94x–94y, 94z, 95a–95c, 95e–95f, 95h–95j, 95l–95m, 95o–95p, 95r–95s, 95u–95v, 95x–95y, 95z, 96a–96c, 96e–96f, 96h–96j, 96l–96m, 96o–96p, 96r–96s, 96u–96v, 96x–96y, 96z, 97a–97c, 97e–97f, 97h–97j, 97l–97m, 97o–97p, 97r–97s, 97u–97v, 97x–97y, 97z, 98a–98c, 98e–98f, 98h–98j, 98l–98m, 98o–98p, 98r–98s, 98u–98v, 98x–98y, 98z, 99a–99c, 99e–99f, 99h–99j, 99l–99m, 99o–99p, 99r–99s, 99u–99v, 99x–99y, 99z, 100a–100c, 100e–100f, 100h–100j, 100l–100m, 100o–100p, 100r–100s, 100u–100v, 100x–100y, 100z	48,228	52,926
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	93,363	110,094
19	Revenue less expenses. Subtract line 18 from line 12	8,691	21,017	
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)	572,357	553,287
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0

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	Signature of officer <i>William P. Canfield</i>	Date <i>28 March 2011</i>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jennifer Partch Whitehurst	Preparer's signature <i>Jennifer P. Whitehurst</i>	Date <i>3/10/11</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01310292
	Firm's name ▶ JPW Accounting Services			Firm's EIN ▶ 20-0539404	
	Firm's address ▶ 6816 Monument Hill Road			Phone no 802-353-7044	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

SCANNED APR 15 2011

P
NIE

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

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(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, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a 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, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
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	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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	✓
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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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, Parts II, III, IV, and V, line 1</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	✓
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	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	✓
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?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
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	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
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 organization, have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	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	✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	✓
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	0
c	Enter the amount of reserves on hand	13c	0
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	✓

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 195	
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 Does the organization have members or stockholders?	6 ✓	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a ✓	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓
11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	✓

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► William Canfield
 72 S. Main Street Fair Haven, VT 05743

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dennis Barrett Fair Haven, 05743	2			✓				0	0	0
(2) Walter Panousek Fair Haven, VT 05743	2			✓				0	0	0
(3) Kevin Durkee Fair Haven, VT	2			✓				0	0	0
(4) John Burke Fair Haven, VT	2			✓				0	0	0
(5) William Canfield Fair Haven, VT	2			✓				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- | | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | ✓ |
| 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? If "Yes," complete Schedule J for such individual | 4 | ✓ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | ✓ |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/a		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 6,074				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 29,728				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f ▶		35,802			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		947			
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
	6a	Gross Rents	(i) Real 1,700 (ii) Personal 0				
	b	Less: rental expenses	1,104 0				
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss) ▶		596			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 0 (ii) Other 0				
	b	Less: cost or other basis and sales expenses	0 0				
	c	Gain or (loss)	0 0				
	d	Net gain or (loss) ▶		0			
	8a	Gross income from fundraising events (not including \$ 18,395 of contributions reported on line 1c). See Part IV, line 18 a	181,369				
	b	Less: direct expenses b	141,065				
	c	Net income or (loss) from fundraising events . . ▶		40,304			
	9a	Gross income from gaming activities. See Part IV, line 19 a	274,409				
	b	Less: direct expenses b	243,758				
	c	Net income or (loss) from gaming activities . . ▶		30,651			
	10a	Gross sales of inventory, less returns and allowances a	55,309				
	b	Less: cost of goods sold b	32,499				
	c	Net income or (loss) from sales of inventory . . ▶		22,810			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶			131,111			

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	6,238			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	50,930			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	550			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion				
13	Office expenses	3,191			
14	Information technology				
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest				
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,664			
23	Insurance	3,508			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Utilities	23,117			
b	Post Insurance	6,769			
c	Equipment Repairs	1,192			
d	Bank Service Fees	2,935			
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	110,094			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	58,251	1	51,213	
	2 Savings and temporary cash investments	0	2	0	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	0	4	0	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 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)	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	5,700	8	5,400	
	9 Prepaid expenses and deferred charges	0	9	0	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 625,726			
	b Less: accumulated depreciation	10b 117,320	508,406	10c 496,674	
	11 Investments—publicly traded securities	0	11	0	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	572,357	16	553,287		
Liabilities	17 Accounts payable and accrued expenses	0	17	0	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities. Complete Part X of Schedule D	0	25	0	
	26 Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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		32		
	33 Total net assets or fund balances	572,357	33	553,287	
	34 Total liabilities and net assets/fund balances	572,357	34	553,287	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,094
3	Revenue less expenses. Subtract line 2 from line 1	3	21,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	572,357
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	553,287

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a** ☐ Yes ☒ No
- b** Were the organization's financial statements audited by an independent accountant? **2b** ☐ Yes ☒ No
- 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? **2c** ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? **3a** ☐ Yes ☒ No
- 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 **3b** ☐ Yes ☒ No

**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, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Fair Haven #49 American Legion

Employer identification number

03-0173275

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(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 Revenues 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b If "Yes," explain the arrangement in Part XIV and complete the following table: | | |
| | Amount | |
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b If "Yes," explain the arrangement in Part XIV. | | |

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 year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	55,000			55,000
b Buildings	625,726		129,052	496,674
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				551,674

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

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

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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 on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	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 XIV.)	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	

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 XIV.)	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 XIV.)	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	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Lined area for supplemental information.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Fair Haven Post #49 American Legion

Employer identification number

03-0173275

Part V11- Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.

The officers of this organization is on a volunteer basis and they are totally unpaid positions. The hours reported are estimated hours

which is an average for the total year.

Name of the organization

Employer identification number

[illegible]