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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Publica

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>	For the 2	011 calend	lar year, or t	ax year begin	ning Ju]	1	, 20	11, and	endin	ı g Jun	30		, 2012	
	Check if app			rganization Hus			Post 14 A	meri	.can	Legion	D Emplo	yer Identi	fication Number	
	Address	s change	Doing Busi							-		0161	139	
	Name o	hange		d street (or PO b	ox if mail is no	t delivered to st	reet addr)		Room/	suite	E Teleph	one numb	per	
	Initial re		PO Box	2187							(30	7) 7	42-5489	
	Termina		City, town o				Sta	ate ZIP	code + 4	1			<u></u>	
		ed return	Laramie				W.	Y 82	2073		G Gross	receints S	\$ 258,32	4 _
	\vdash	tion pending		address of princip	al officer				-0.75	H(a) Is this				
		tion ponding		stak 1901 H		Dr Laram	nie	WY 82	2070	H(b) Are all			□ _Y ,	F
$\overline{}$	Tax-exem	nt status	501(c)(3)	X 501(c) ((insert no.)	4947(a)(1)	-	527	If 'No,'	attach a list	(see inst	tructions)	_
÷	Website	•		[21] 301(c) (0) -	(IIISCIT IIU.)	1 14347(0)(1)	01	1327	H(c) Group	avamation a	umbor Þ		
<u>K</u>		rganization	X Corporation	n Trust	Association	Other ►		l Vans	of Forma				egal domicile W	
Pa		Summar	re Corporation	ii Titest	ASSOCIATION	Other		L rear (oi Fullila	1011 192	<u> </u>	State OF R	sgar dorniche W	<u>-</u>
i i și				ızatıon's mıss	on or most	significant :	activities	TO DD	OMOT	E VOUTH	<u> እርጥፐህፐ</u>	TIES	TN THE COM	WIINTTY
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nce				- -										
Ē														
Activities & Governance	2 Che	ck this bo	x ► Tift	he organization	n discontin	ued its oper	ations or dis	posed	of mor	e than 25	% of its n	et asse	ts.	
Ğ				rs of the gover				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3		11
8	4 Nur	nber of in	dependent vo	oting members	s of the gov	erning body	(Part VI, lin	e 1b)				4		11
Ìţie				ls employed ir			art V, line 2	(a)	•			5		8
ŧ				s (estimate if	-				- •		•	6		30
∢				revenue from I					•	•		7a		6,152.
	b Net	unrelated	business ta	xable income	from Form	990-T, line 3	34		<u> </u>		<u> </u>	7 b		5,092.
										<u>F</u>	rior Year		Current	
ø				(Part VIII, line	•			•	•		12,	237.	2	6,014.
e e		_		(Part VIII, line		4 7 - 1		•	•			E 0.3		0 100
Revenue				VIII, column (/			٠٠.			·	178,	592.		$\frac{8,180.}{2,853.}$
-				column (A), lii				lina 12	Λ.	·	200,			7,047.
_				8 through 11 hts paid (Part				IIIIE 12	·	1	200,	011.		1,041.
							٥) .			-				
)				mbers (Part I)			(4) 1	- 5 10		•	4.1	202		2 120
9		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									41,	43,128.		
Expenses	16a Pro	16a Professional fundraising fees (Part IX, column (A), line 11e)										trizila.o.	1 - Willem March &	STORESTALL OF THE
×	b Tot	al fundrais	ing expense	s (Part IX, co	。			語達思的						
1 -	17 Oth	er expens	es (Part IX, column (A), lines 11a-11d, 11f-246-CEVED .								123,	845.	12	8,982.
)	18 Tot	al expense	es. Add lines	13-17 (must	equal Par	IX,rcolumn=(A), line 25)		()		165,	047.	17	2,110.
<u>)</u>	19 Rev	enue less	expenses. S	Subtract line 1	8 from line.	.12			SC		35,	764.	3	4,937.
58						SI NO	V 1 6 21	112	3.5	Beginni	ng of Curre	nt Year	End of	Year
9	20 Tot	al assets	Part X, line	16)	[,			88		759,		79	4,696.
₹ <u>0</u>	21 Tot	al liabilitie	s (Part X, Iır	ne 26) .		. 100		1 7	' - -			818.		725.
₹ 2	22 Net	assets or	fund balanc	es. Subtract l	ne 21 from	line 20	DEN, I				759,	034.	79	3,971.
Pá	ring 9	Signatur	e Block											
				e examined this re officer) is based of	turn, including	accompanying s	schedules and st	tatements	s, and to	the best of n	ny knowledg	e and beli	ef, it is true, corr	ect, and
com	plete Declar	ation of prepa	irer (other than o	officer) is based or	all information	n of which prepa	arer has any kno	wledge						
			seed	MX	esta	(c)					<u>)1-1</u>	<u> </u>	-12	
Sig	ın	Signato	re of officer	, - , -	_					Da	ate			
He	re		eph Sest											
		Туре о	print name and	title.										
		Print/Type p	reparer's name		Preparer s	signature	Po	, Da	ite /		Check	X if	PTIN	
Pa	id	Linda	N Lebed	la	XIII	UK 17.	Febrea	1	11//	2/12	self-emplo	yed	P0126578	37
	eparer	Firm's name		da N Lebe	da CPA					7				
	e Only	Firm's addre				Ste 123	В				Firm's EIN	▶83-	-0332521	
	-			amie				072			Phone no	(30		
May	the IRS	discuss th		n the preparer	shown abo	ve? (see ins		- -				,	X Yes	No
				t Notice, see				 -	TE	EA0101 07	7/05/11	•		990 (2011)

Par	t III Statement of Program Se	n Post 14 American Legion	83-0	161139	Page 2
rai		•			
1	Briefly describe the organization's miss		• • • • • • • • • • • • • • • • • • • •	· · ·	· · · · · · · · · · · · · · · · · · ·
•	TO PROMOTE YOUTH ACTIVITY				
	10 TROMOTE TOUTH ACTIVITY	ries in the community			
2	Did the organization undertake any sign	nificant program services during the year which were not	listed on the prior		
	Form 990 or 990-EZ?			Yes	X No
	If 'Yes,' describe these new services on			_	<u>ت</u>
3	Did the organization cease conducting,	or make significant changes in how it conducts, any prog	ram services?	Ye	s X No
	If 'Yes,' describe these changes on Sch			_	
4	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organiz	rvice accomplishments for each of its three largest prograzations and section 4947(a)(1) trusts are required to repose, if any, for each program service reported.	am services, as mert the amount of qu	easured by e	xpenses.
	others, the total expenses, and revenue	e, if any, for each program service reported.	• • • • • • • • • • • • • • • • • • •		
4 a	(Code:) (Expenses \$	5,070. including grants of \$) (Revenue	\$)
	LEGION YOUTH BASEBALL				
					
		- 	- -		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u></u>
4 t	(Code) (Expenses \$	4,235. including grants of \$) (Revenue	\$)
	BOYS & GIRLS STATE				
					
				-	
				-	
		·		- 	
					
40		2,600. including grants of \$) (Revenue	\$)
	HIGH SCHOOL RODEO				
40	Other program services. (Describe in S	chedule O.)			
	(Expenses \$		renue \$)
	Total program service expenses ▶	11,905.			
BAA		TEEA0102 07/05/11		Fo	rm 990 (2011)

TEEA0102 07/05/11

	•		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	_	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		х
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	101	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		Mark Serie	
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
1	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		Х
,	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	11 c		Х
(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	11 d		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e	<u> </u>	Х
1	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		Х
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		х
ł	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		х_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	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		х
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		х
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		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х_
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		х
	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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	•		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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		_X
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
١	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
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	Х	
RΔΔ		Form	990	(2011)

Form 990 (2011) Husted Pendleton Post 14 American Legion Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			.]]
		Yes	No
	2	į	
''	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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	8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X	
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		Х
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		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ_
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
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		X
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		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	Х
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			
11 Section 501(c)(12) organizations. Enter.	4		
_		1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1)		-	
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.	120		
a is the organization licensed to issue qualified health plans in more than one state?	13a		-
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			
	10-	1	v
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

T.GT	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes,				or
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI				\mathbf{x}
Sec	ction A. Governing Body and Management	·· ·	• • •		121
			1	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	1		
		_			
	b Enter the number of voting members included in line 1a, above, who are independent . 1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any cofficer, director, trustee or key employee?		2		Х
3	of officers, directors or trustees, or key employees to a management company or other person?	rvision	3		х
4	Did the organization make any significant changes to its governing documents		1.1		۱
E	since the prior Form 990 was filed?	•	4		X
2	Did the organization become aware during the year of a significant diversion of the organization's assets?	•	5	v	X
6	Did the organization have members or stockholders?		· •	Х	\vdash
/ 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more ·	7a	Х	
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following:	ar by			
ā	a The governing body?		8a	Х	<u> </u>
t	b Each committee with authority to act on behalf of the governing body?		8ь	Х	<u> </u>
9	Is there any officer, director or 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	ne	9		_x_
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.,)			
			1	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?		10 a		X
t	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure to operations are consistent with the organization's exempt purposes?	heir	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	•	. 12a		X
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this is done	in .	12c		
13	Did the organization have a written whistleblower policy?	. •	13		X
14	Did the organization have a written document retention and destruction policy?		14		Х
	Did the process for determining compensation of the following persons include a review and approval by indepen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dent			
	a The organization's CEO, Executive Director, or top management official		15a		X
t	b Other officers of key employees of the organization	•	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	a 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		Х
t	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 taken steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
	List the states with which a grow of this Form 900 as required to be filed by				
	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	 s only) a	– – – – vailable	for pu	ablic
	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 state the public during the tax year.	ments ava	ilable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the orga	nızatıon		
	► JOSEPH SESTAK 1901 HILLSIDE DR LARAMIE WY 82070	-	307)_7		5 <u>48</u> 9
BAA					(2011)

Form 990 (2011)							83-016		Page :
Part VIII Com	pensation	of Officers, ontractors	Directors,	Trustees, K	ey Employees,	Highest	Compensated	Employ	ees, and

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	n nor any r	elated	org			n com	npen	sated any current office	cer, director, or trustee	9.	
(A) Name and title	(B) Average hours per week	(do no unles	ot che is per and a	Pos ck mo	ction ore the s both ctor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	advict a tracee or director	anstitutional taustee	ОПГН	Key amployee	High est connocioated employae	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
_(1)_JOHN_ZIMMERMAN	- 0.00										
1ST VICE COMM	2.00			Х			↓	0.	0.	0.	
(2) BILL JUSSILA ADJUTANT	2.00			х				0.	0.	0.	
(3) HUGH LOCKHART	2.00		-	^			 	•		· · ·	
HOUSE COMMITTEE	2.00	Х						0.	0.	0.	
(4) JOE SESTAK											
FINANCE OFF	3.00			х				0.	0.	0.	
_(5) ED HAMILL											
CHAPLAIN	2.00			Х				0.	0.	0.	
(6) DEANNA HURLESS											
2ND VICE COMMAND	2.00			Х				0.	0.	0.	
(7) FRANK_TAFOYA										-	
SERVICE OFFICER	2.00			Х				0.	0.	0.	
(8) JIMM OHRMUND	_			-							
HOUSE COMMITTEE	2.00	X						0.	0.	0.	
_(9)_LEE_KILLIAN	_							_	_		
SERGEANT AT ARMS	2.00			X			_	0.	0.	0.	
(10) CHAD GIBBS HOUSE COMMITTEE	2.00	v						0.	0.	0.	
(11) MAC MACDONALD	2.00		\vdash				┢	0.		<u> </u>	
COMMANDER	2.00			Х				0.	0.	0.	
(12)				^				0.	<u> </u>		
Q3)	-										
(14)	-								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·	1.	·		Щ.						•	

Part VIII Section A. Officers, Directors, Trust	ees, k	(ey	Em	ıplo	ye	es,	anc	Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours	l box,	unle	Pos heck ss pe	rson	than is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)						_				
(16)										
(17)										
(18)	1				!					
(19)										
(20)	-									
(21)										
(22)										
(23)	-									
(24)	-									
(25)										
1 b Sub-total . c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)						•••	* * *	0.	0.	0.
Total number of individuals (including but not limited from the organization				abo	ve)	who	rece			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdua	1	٠	•		• •				Yes No
For any individual listed on line 1a, is the sum of report the organization and related organizations greater the such individual		• •			•					4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors	mpens omplete	atior Sch	n fro nedu	m a le J	for	nrela such	ated per	organization or in	ndıvıdual	. 5 X
1 Complete this table for your five highest compensate	ed inder	pend	ent (cont	ract	ors t	hat	received more that	ın \$100,000 of	
compensation from the organization. Report comper	sation	for th	ne c	alen	dar	year	enc	ling with or within	the organization's	(C)
Name and business addres	s 							Description	of services	Compensation
Total number of independent contractors (including to	out not	lımıt	ed to	o the	ose	listed	ab	ove) who received	i more than	
\$100,000 in compensation from the organization >										

Га	rt 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
S.	1a Federated campaigns . 1a				
FIS	b Membership dues 1b 11,705.				ļ
G.	• Fundamenta avanta				
AN.	c Fundraising events 1c				
뚩	d Related organizations 1d				į
ŠŠ.	e Government grants (contributions) 1 e				į
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1f 14,309.				
Z O	g Noncash contributions included in Ins 1a-1f: \$				
8 4	h Total. Add lines 1a-1f . ▶	26,014.			
JE	Business Code				ļ
Ž.	2a				
RE	b				
ĮČE	С				
	ă	-			
¥ SE	d				
RA	e				
9	f All other program service revenue .				,,
	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)	8,180.	0.	0.	8,180.
	4 Income from investment of tax-exempt bond proceeds . ►				1
	5 Royalties ►				Ĭ
	(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)				
Ξ	8a Gross income from fundraising events (not including \$				
Ē					
REVENUE	of contributions reported on line 1c).		-		
	See Part IV, line 18 a				
OTHER	b Less. direct expenses b				
	c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from garning activities ▶				
	10a Gross sales of inventory, less returns and allowances a 167,429.				
	b Less: cost of goods sold b 51,277.				1
	c Net income or (loss) from sales of inventory . ▶	116,152.	0.	116,152.	0.
	Miscellaneous Revenue Business Code	110,132.	,	++0/102.	†
	11a AVENUE OF FLAGS 900099	1,810.	1,810.	0.	0.
		1,268.	0.	0.	1,268.
	c RENT INCOME 531120	53,623.	0.	0.	53,623.
	d All other revenue				
	e Total. Add lines 11a-11d	56,701.			
	12 Total revenue. See instructions	207,047.	1,810.	116,152.	63,071.

Part X 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)

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		·							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	39,209.		39,209.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	3,919.		3,919.						
11	Fees for services (non-employees)									
a	Management									
Ŀ	Legal	·								
	: Accounting	6,600.		6,600.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
	Other		 	· · · · · · · · · · · · · · · · · · ·						
	Advertising and promotion	1,880.	· · · · · · · · · · · · · · · · · · ·	1,880.						
13	Office expenses	1,403.		1,403.						
14	Information technology	1,403.		1,403.						
		· · · · · · · · · · · · · · · · · · ·	 							
15	Royalties				-					
16	Occupancy	475		475						
17	Travel	475.		475.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,070.		3,070.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	10,291.								
23	Insurance	7,636.		7,636.						
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.)									
а	BANK CHARGES	256.		256.						
	SALES TAXES	3,832.		3,832.						
	REAL ESTATE TAXES	1,942.		1,942.						
	UBIT									
	All other expenses	91,597.	22,127.	69,470.						
25	Total functional expenses. Add lines 1 through 24e	172,110.	22,127.	139,692.						
	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 ► If following SOP 98-2 (ASC 958-720)									

<u> </u>	11/2 (V)	Balance Sheet			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing			7,856.	1	948.					
	2	Savings and temporary cash investments .	,	1.	541,254.	2	594,035.					
	3	Pledges and grants receivable, net				3						
	4	Accounts receivable, net	•	[······································	4						
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	bles from current and former officers, directors, trustees, key employees, lest compensated employees. Complete Part II of Schedule L									
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)	ection 4958(f)(1))		6							
A S	7	Notes and loans receivable, net		F		7						
ASSETS	8	Inventories for sale or use				8						
Š	9	Prepaid expenses and deferred charges				9						
•	-	Land, buildings, and equipment cost or other basis.	10a	340 060								
	١,	Dess: accumulated depreciation	10b	348,969. 149,256.	210 742	10 c	100 712					
	11	Investments – publicly traded securities	[100]	149,230.	210,742.	11	199,713.					
	12	Investments — publicly traded securities :		· ·		12						
	13	Investments – program-related. See Part IV, line 11		}		13						
	14	Intangible assets		• •		14	· · · · · · · · · · · · · · · · · · ·					
	15			· · · · · · · · · · · · · · · · · · ·		15						
	16		24\	· · · }	750 050		704 606					
	17	Total assets. Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses	34)	· · ·	759,852. 818.	16 17	794,696. 725.					
	18	Grants payable	•	· · · · · · · · · · · · · · · · · · ·	010.	18	123.					
	19	Deferred revenue		· · ·		19						
L	20	Tax-exempt bond liabilities		20								
Ī	21	Escrow or custodial account liability. Complete Part IV		21								
B	22											
ABILIT		Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	sons. Com	plete Part II		22						
E S	23	Secured mortgages and notes payable to unrelated thi	rd parties	[23						
S	24	Unsecured notes and loans payable to unrelated third	parties	. [_	24						
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	s to relate	d third parties, X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25			818.	26	725.					
Ĕ		Organizations that follow SFAS 117, check here ►	X and c	omplete lines								
7		27 through 29 and lines 33 and 34.										
Ş	27	Unrestricted net assets		[759,034.	27	793,971.					
Ě	28	Temporarily restricted net assets				28						
Š	29	Permanently restricted net assets				29						
Q R		Organizations that do not follow SFAS 117, check her	re ► 🔲	and complete								
E		lines 30 through 34.										
UZC.	30	Capital stock or trust principal, or current funds			30							
	31	Paid-in or capital surplus, or land, building, or equipment	[31							
いずつどひてプロ	32	Retained earnings, endowment, accumulated income,	or other fu	ınds		32						
Č	33	Total net assets or fund balances			759,034.	33	793,971.					
Š	34	Total liabilities and net assets/fund balances			759.852.		794,696.					

BAA

Form 990 (2011)

	3-0161139	Г	1ye 12
Part XII Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI.			
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2 3	207,0 172,1 34,9 759,0	110. 937.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	,	
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	793,9	971.
Part XIII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			Щ.
1 Accounting method used to prepare the Form 990:		Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. "	2a	Х
b Were the organization's financial statements audited by an independent accountant?	. [2b	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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.	the audit,	2c	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issi separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ued on a		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3b	
BAA		Form 990	(2011)

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. **2011**

OMB No 1545-0047

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Employer identification number Husted Pendleton Post 14 American Legion 83-0161139 Partil 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 Aggregate contributions to (during year) . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ΠNο Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be Part III Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 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 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) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **⊳**\$ 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)? 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. Bantill 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 . . . ▶\$ 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 ▶\$

b Assets included in Form 990, Part X

►\$

Schedule D (Form 990) 2011 Huste						Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Histo	rical Treasures, c	or Other Similar Ass	ets (con	tınued)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	nd other records, che	ck any of the following	g that are a significant use	of its colle	ection
a Public exhibition		d 🔲 Loan o	or exchange programs	3		
b Scholarly research		e 🗌 Other				
c Preservation for future genera	ations	_		-		
4 Provide a description of the organ Part XIV.	nization's collecti	ons and explain how	they further the organ	ization's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or rec other than to be	eive donations of art, maintained as part of	historical treasures, of the organization's col	or other similar Ilection?	Yes	□No
Part IV. Escrow and Custodia	Arrangeme	nts. Complete if t	he organization a	inswered 'Yes' to Fo	rm 990, f	Part IV,
line 9, or reported an	amount on Fo	orm 990, Part X,	line 21.			
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, o	r other intermediary f	or contributions or oth	ner assets not	∏Yes	□No
b If 'Yes,' explain the arrangement				•		□•
, ,			,···	-	Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year			•••	1 e		
f Ending balance				. 1f		
2a Did the organization include an ar					Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV.				_	_
Part V Endowment Funds. Co	mplete if the	organization ans	wered 'Yes' to Fo	orm 990, Part IV, line	e 10.	
	(a) Current yea	r (b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Four	r years back
1 a Beginning of year balance .						
b Contributions						
c Net investment earnings, gains, and losses						, ,
d Grants or scholarships					 	
e Other expenditures for facilities and programs					1,	
f Administrative expenses				···· · · · · · · · · · · · · · · · · ·	<u> </u>	
g End of year balance						
2 Provide the estimated percentage	of the current y	ear end balance (line	1g, column (a)) held	as.	<u></u>	
a Board designated or quasi-endow	•	*	J. (//)			
b Permanent endowment ►						
c Temporarily restricted endowment	•	8				
The percentages in lines 2a, 2b, a	and 2c should ec	ual 100%.				
3a Are there endowment funds not in	the possession	of the organization th	nat are held and admir	nistered for the		
organization by						es No
•		• • • • • • • • • • • • • • • • • • • •	• •	•	3a(i)	
(ii) related organizations				•	3a(ii)	
b If 'Yes' to 3a(II), are the related or					3b	
4 Describe in Part XIV the intended Part VI Land, Buildings, and I						
Description of property		Cost or other basis	(b) Cost or other	(a) A source lated	(d) Por	ak value
	(a,	(investment)	basis (other)	(c) Accumulated depreciation	(u) 600	ok value
1a Land	· · ·			<u> </u>		
b Buildings	· · ·	280,000.		98,000.	1	82,000.
c Leasehold improvements						
d Equipment	· · ·		51,748.			4,425.
<u>e Other</u>			17,221.			13,288.
Total. Add lines 1a through 1e. (Column	n (d) must equal	Form 990, Part X, co	olumn (B), line 10(c))			.99,713.
BAA				Sched	dule D (For	m 990) 2011

Schedule D'(Form 990) 2011 Husted Pendleton Post 14 American Le	egion	83-0161139	Page 4
Raciax Reconciliation of Change in Net Assets from Form 990 to Audited Financial	1 Statements		
1 `Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments .	•		
5 Donated services and use of facilities	·		
6 Investment expenses		•	
7 Prior period adjustments		·	
8 Other (Describe in Part XIV.)	•		
9 Total adjustments (net). Add lines 4 through 8	10		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		Datama	
PartXI Reconciliation of Revenue per Audited Financial Statements	with Revenue per	Return	
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:	1		
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.			
	4a		
b Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b	401	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Rank III Reconciliation of Expenses per Audited Financial Statement	ts With Eynanses n		
	ts With Expenses p	1	
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
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	•	2 e	
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)	<u> </u>	5	
PartXIX Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines any additional information.	I, Ines 1a and 4; Part IV 2d and 4b. Also complet	/, lines 1b and 2b; te this part to provid	e
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Schedule **D** (Form 990) 2011

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Schedule D *(Form 990) 2011	Husted Pendleton	Post 14 American Leg	ion 83-0161139	Page 5
Part XIV Supplementa	I Information (continue	Post 14 American Leg		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer Identification number
	83-0161139
Pt_VI, Line 6 The organization has members	
Pt_VI, Line 7a The members of the organization vote to elect officers	and on important business
Pt_VI, Line 7bDecisions of the governing body are subject to	approval by the members
Pt VI, Line 11a Form 990 is reviewed at a meeting of the exec c	ommittee
Pt_VI, Line 19Governing documents are available upon request f	rom the Finance Officer

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions.

OMB No 1545-0047

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Employer identification number

(f)
Direct controlling entity Part.II. Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 83-0161139 (e) End-of-year assets Rarting Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**d)** Total income (c)
Legal domicile (state or foreign country) (b) Primary activity Husted Pendleton Post 14 American Legion (a) Name, address, and EIN of disregarded entity

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	امْن
	:					Yes No	ا ہا
(1) Laramie Legion Baseball Club Inc 20-4755831 - PO Box 626, Laramie WY 82073							
						-	l
(2)						<u> </u>	
 				-			
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(<u>3</u>)							
<u>(4)</u>							1
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001 09/08/11		Schedule R (Schedule R (Form 990) 2011	ΙĘ

83-0161139

Schedule R (Form 990) 2011 Husted Pendleton Post 14 American Legion

Schedule R (Form 990) 2011 (k) · Percentage ownership (h) Percentage ownership Parily Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Parient Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (i) General or managing partner? (g) Share of end-of-year ŝ Yes assets Code V-UBI amount in box 20 of Schedule (F.) (Form 1065) (f) Share of total income (h)
Disproportionate
allocations? Yes No (e)
Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets (d)
Direct
controlling entity (f) Share of total income TEEA5002 05/24/11 (c)
Legal domicile
(state or foreign c (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Primary activity (d)
Direct
controlling entity 3 (c) Legal domicile (state or foreign country) (a) (ane, address, and EIN of related organization 11111 1 (b) Primary activity (a)
Name, address, and EIN of related organization ı l 1 1 1 1 1 1 BAA E Ø 다 \mathfrak{S}_{l}^{l} ල් ତ୍ୱ

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		:		Yes	ટ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons listed in Parts II-IV		1 (r 2		
a Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)	:		1 b	×	
c Gift, grant, or capital contribution from related organization(s)	:		. 1c		×
d Loans or loan quarantees to or for related organization(s)			70		×
e Loans or loan quarantees by related organization(s)		:	<u>.</u>		×
			,		
f Sale of assets to related organization(s)	:	:	=		×
a Purchase of assets from related organization(s)			10		×
# General of acceptance of acc			-		: ×
		•	;	t	: >
i Lease of facilities, equipment, or other assets to related organization(s)		: :	=	\dagger	×
j Lease of facilities, equipment, or other assets from related organization(s)	· · :		1		×
k Performance of services or membership or fundraising solicitations for related organization(s)	:		1 ¥		×
I Performance of services or membership or fundraising solicitations by related organization(s)			=	_	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	×	
			n		×
				-	
o Reimbursement paid to related organization(s) for expenses			10	 	×
a Reimbirsement paid by related organization(s) for expenses	•	:	10		×
				-	
a Other transfer of cash or property to related organization(s)			19		×
r Other transfer of cash or property from related organization(s)			=		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	covered relationships	and transaction thresho	lds.		
	1	3		ے ا	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(a) Method of determining amount involved	etermin involved	[문
(1)				:	
(2)					
(c)					
(4)					
(5)					
(9)					
BAA TEEA5003 05/24/11		Sche	Schedule R (Form 990) 201	2 (360 ر	201

83-0161139

Pari Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revelue) ura was not a retated organization. See instructions regarding excusion of certain investment partitions	חוולשווסוו. ספכ וווסוו	actions regarding e	יכותאוסון וסו כבו ומוו	204	2	ai u ici si iips.				-		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	Are all p	artners	Share of	(g) Share of	(h) Dispropor-	or- Code V-U	<u></u>	General or		(k) Percentage
		(state of loreign country)	ė p	501(c)(3) organizations?	tions)	total ricollie	assets	allocations?			partner?	-	
			rom tax under section 512-514)	Yes	Š			Yes	No Form (1055)		Yes	S.	
(1)													
(2)													
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Schedule R	(Form 990) 2011	Husted Pen	dleton Po	st 14 Ame	rican Legion		83-0161139	Page 5
Part VII	Supplementa	I Information			rican Legion	-		
·	Complete this (see instruction	part to providens).	e additional	information	for responses t	o questions o	on Schedule R	
								
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Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

ldentifying number Name(s) shown on return Husted Pendleton Post 14 American Legion 83-0161139 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012, Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V. Partill Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ... 14 15 Property subject to section 168(f)(1) election . 9,251 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 556 MACRS deductions for assets placed in service in tax years beginning before 2011 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) Recovery period (a) Depreciation Classification of property year placed in service (business/investment use only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property h Residential rental 27.5 yrs MM S/L 27.5 yrs property S/L MM MM S/L i Nonresidential real 39 yrs MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L 20 a Class life . . **b** 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 484. 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 10,291. 22

For assets shown above and placed in service during the current year, enter

83-0161139

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

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

		(a) through (c)														
		n A — Deprecia														<u> </u>
24 a	Do you have evident	T	r			[2	X Yes	Щ	No			evidence			Yes	No No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ss/investm se only)	tion ent	R	(f) decovery period	Me	(g) ethod/ vention	Depr	(h) eciation luction	Ele secti	(i) ected on 179 ost
25	Special depreci used more than	ation allowance 50% in a quali	for qualified l	isted propuse (see	perty pla instruction	ced in s ons)	ervice d	urınç	the	tax yea	r and	25				
26	Property used r	more than 50%	in a qualified b	ousiness	use:											
97	Ford Van	07/23/08	100.00	4	,200.		4,20	0.		5.00	200	DB-HY		484	.	
						ļ						_				
						<u> </u>										
_27	Property used 5	0% or less in a	qualified busi	ness use												
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						J			L		<u> </u>				_	
28	Add amounts in	column (h), lin	es 25 through	27. Ente	r here ar	nd on lin	ie 21, pa	ige 1			-	28		484	<u>. </u>	
29	Add amounts in	column (i), line	26, Enter her											29		
				Section	B – Info	rmation	on Use	of V	/ehic	les						
	plete this section															cles
to yo	our employees, fi	rst answer the o	questions in Se	ection C t	to see if	you me	et an exc	cepti	on to	comple	eting th	is section	n for the	ose vehic	eles.	
20	30 Total business/investment miles driven (a) (b) (c) (d) (e) 30 Valuate 2 Valuate 2 Valuate 3 Valuate 5											(1	f)			
30		investment mile (do not include)	Veh	icle 1	Vehi	cle 2		Vehic	cle 3	Vehi	cle 4	Veh	cle 5	Vehi	cle 6	
	commuting mile	es)									 					
31	31 Total commuting miles driven during the year															
32	32 Total other personal (noncommuting) miles driven															
33	Total miles driv															
	·			Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle		by a more													
36	Is another vehicles	cle available for														
	<u> </u>		C - Question	s for Emi	olovers \	Who Pro	vide Ve	hicle	es fo	r Use by	/ Their	Employe	ees	L		
Ansv 5% d	ver these question	ons to determine	e if you meet a	-	_					_				are not	more t	han
37	Do you maintain by your employ	n a written polic	y statement th	at prohib	oits all pe	ersonal	use of ve	ehicl	-	ncluding		uting,			Yes	No
38	Do you maintain employees? Se	n a written polic	v statement th	at prohib	uts nerso	onal use	of vehic	cles,	exce	ept com	mutina.	by your				
39	Do you treat all			•	•		· · ·	.UI 5,	OI I	70 OI IIIC						
40	Do you provide vehicles, and re	more than five	vehicles to you	ur employ	ees, obt	taın ınfo	rmation	from	ı you	ır emplo	yees at	oout the	use of t	he		
	Do you meet the Note: If your ar	e requirements	concerning qu	alified au	itomobile	e demon	stration	use?	? (Se	e instru	ctions.))				
Par			-, -, -, -,			,,_										
I ai	CVI AMOR	(a)	· · · · · · · · · · · · · · · · · · ·	Γ	(b)		(c)		\neg	(d	N	1 ,	(e)		(f)	
	Des	cription of costs		Date ar	(b) nortization egins		(c) Amortizab amount			Cod sect	de	Amor	rtization nod or entage	A A	mortizatio or this yea	n r
42	Amortization of	posts that have	no durino veri	2011 40:		00 1004-	untinana'						•	L		
42	Amortization of	costs triat begi	ns during your	2011 (a)	year (S	<u>ee iiistii</u>	uctions)		\top					Ι		
	.	· -		-					+	-				 		
A2	Amortization	f costs that ha-	an hefere ve	2011 40	v vear				-1-				. 43	 -		
43		f costs that beg	-		-		nort	•	• •	•	•	• •	43	 		
44	i otal. Add amo	ounts in column	(I). See the If	1511 UCTION	is ior wh	CIE 10 16	-hour			•			. 1 44			