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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: AMERICAN LEGION CHAMPLAIN POST 767. Number and street: ELM STREET PO BOX 585. City or town: CHAMPLAIN, NY 12919

D Employer identification number: 14-6046405. E Telephone number: (518) 298-3608. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(19) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 2,067

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 2,067 and total expenses is 2,767, resulting in a deficit of 700.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,779	22 38,079
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	38,779	25 38,079
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,779	27 38,079

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

EXEMPT VETERAN LEGION, AIDING THE LOCAL COMMUNITY AS NEEDED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 EXEMPT VETERANS LEGION (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 EXEMPT VETERANS LEGION (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,961
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	1,961

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: *****
 Date: 2015-04-29
 Type or print name and title: WILLIAM TALLMAN COMMANDER

Paid Preparer Use Only
 Print/Type preparer's name: PAMELA A KEABLE
 Preparer's signature: _____
 Date: 2015-04-29
 Check if self-employed
 PTIN: P00047793
 Firm's name: PAMELA KEABLE-ACCOUNTING AND TAX SERVICE
 Firm's EIN: 14-1743139
 Firm's address: 99D LAKE ST
 ROUSES POINT, NY 12979
 Phone no: (518) 297-6932

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 14-6046405

Name: AMERICAN LEGION CHAMPLAIN POST 767

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALFRED STRACK TREASURER	000 00	0		
DONALD DEMERS 1ST VICE COM	000 00	0		
GEORGE GRAHAM 2ND VICE COM	000 00	0		
WILLIAM TALLMAN JR COMMANDER	000 00	0		
GERALD MAYO ADJUTANT	000 00	0		

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 to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

2013

**Open to Public
Inspection**

Name of the organization
AMERICAN LEGION CHAMPLAIN POST 767

Employer identification number

14-6046405

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 75 INSURANCE 434 DUES 1,477 DONATIONS 50 TOTAL 2,036
FORM 990-EZ, PART II, LINE 24	BUILDING 0 0 EQUIPMENT 0 0 TOTAL 0 0
FORM 990-EZ, PART III	EXEMPT VETERAN LEGION, AIDING THE LOCAL COMMUNITY AS NEEDED
FORM 990-EZ, PART III, LINE 31	EXEMPT VETERANS LEGION

TY 2013 Compensation Explanation

Name: AMERICAN LEGION CHAMPLAIN POST 767

EIN: 14-6046405

Person Name	Explanation
ALFRED STRACK	
DONALD DEMERS	
GEORGE GRAHAM	
WILLIAM TALLMAN JR	
GERALD MAYO	

TY 2013 GeneralDependencySmall**Name:** AMERICAN LEGION CHAMPLAIN POST 767**EIN:** 14-6046405**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction
Reference:****Regulations Reference:****Description:** GENERAL FOOTNOTE**Attachment Information:** THE TAX RETURN IS LATE DUE TO EXTRAORDINARY CIRCUMSTANCES. THE TREASURER BECAME ILL AND PASSED AWAY, LEAVING IT DIFFICULT TO GATHER THE NECESSARY PAPERWORK TO PREPARE AN ACCURATE TAX RETURN. PLEASE ABATE ANY PENALTIES AND INTEREST FOR LATE FILING AS THE REMAINING MEMBERS HAD TO GO THROUGH PILES OF PAPERWORK AND HAD TO RELY ON THE THIRD PARTY (BANK) TO OBTAIN ALL PRIOR YEARS BANK STATEMENTS. THESE EVENTS WERE OUT OF OUR CONTROL.