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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	12,346	22 1,228
23 Land and buildings	243,237	23 237,470
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,891	24 1,742
25 Total assets	258,474	25 240,440
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	124,831	26 120,199
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,643	27 120,241

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28 PROVIDED A MEETING AND GATHERING PLACE FOR MEMBERS OF FORT LIGONIER POST 734 VFW. CANTEEN. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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

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 address	(b) Title and 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
NELSON E. LOWES, SR 149 EAST MAIN STREET LIGONIER, PA 15658	COMMANDER 10	0	0	0
JACK FULHAM 149 EAST MAIN STREET LIGONIER, PA 15658	SR. VICE COMM. 10	0	0	0
CRAIG MILLER 149 EAST MAIN STREET LIGONIER, PA 15658	JR. VICE COMM. 10	0	0	0
DAVE HUNTER 149 EAST MAIN STREET LIGONIER, PA 15658	QUARTERMASTER 10	0	0	0
JIM TOBIAS 149 EAST MAIN STREET LIGONIER, PA 15658	CHAPLIN 10	0	0	0
SCOTT TOBIAS 149 EAST MAIN STREET LIGONIER, PA 15658	ADJUTANT 10	0	0	0
GREG FITCHKO 149 EAST MAIN STREET LIGONIER, PA 15658	ADVOCATE 10	0	0	0
JIMMY QUEER 149 EAST MAIN STREET LIGONIER, PA 15658	SURGEON 10	0	0	0
BILL COLLIER 149 EAST MAIN STREET LIGONIER, PA 15658	TRUSTEE 10	0	0	0
MIKE STOVAL 149 EAST MAIN STREET LIGONIER, PA 15658	TRUSTEE 10	0	0	0
ROBERT NICELY 149 EAST MAIN STREET LIGONIER, PA 15658	TRUSTEE 10	0	0	0
CHARLIE STAHL 149 EAST MAIN STREET LIGONIER, PA 15658	GUARD 10	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input checked="" type="checkbox"/>	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u>N/A</u>	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a <u>N/A</u>	
b	Gross receipts, included on line 9, for public use of club facilities	39b <u>N/A</u>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		40e <input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>KIRK J RENNER</u> Telephone no. ▶ <u>(724) 238 - 4994</u> Located at ▶ <u>149 EAST MAIN STREET LIGONIER, PA 15658</u> ZIP + 4 ▶ <u>15658-0636</u>		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		42b <input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		42c <input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>0</u> N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		44a <input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		44b <input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		44c <input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		44d
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a <input checked="" type="checkbox"/>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		45b <input checked="" type="checkbox"/>

	Yes	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	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 address of each employee paid more than \$100,000	(b) Title and 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 address of each independent contractor paid more than \$100,000	(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 <i>J. Kirk Rennie</i>	Date <i>2/15/16</i>
	Type or print name and title <i>J. KIRK RENNIE</i>	

Paid Preparer Use Only	Print/Type preparer's name THOMAS J RENNIE CPA	Preparer's signature <i>Thomas J Rennie</i>	Date <i>2/10/16</i>	Check <input type="checkbox"/> if self-employed	PTIN P00806320	
	Firm's name ▶ RENNIE & ASSOCIATES CPAS PC	Firm's EIN ▶ 20-2095054		Phone no 724-238-4598		
	Firm's address ▶ 132 WEST MAIN STREET LIGONIER, PA 15658					
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

2011

**Open to Public
Inspection**

Name of the organization

FORT LIGONIER POST 734. POST

Employer identification number

25-6089218

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDED A MEETING AND GATHERING PLACE FOR MEMBERS OF FORT LIGONIER POST 734 VFW CANTEEN.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **NO**

(b) Did the organization, during the year, pay premium, directly or indirectly, on a personal benefit contract? **NO**

FORM 990-EZ, Part I, line 10 - GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

Cash Amount Given \$ 8,000

FORM 990-EZ, Part I, line 16 - OTHER EXPENSES

Bank Fees \$ 160

Depreciation 6,607

Interest 8,673

Real Estate Tax 678

UBIT 2,207

Utilities 5,442

Total \$ 23,764

FORM 990-EZ, Part II, line 24 - OTHER ASSETS

	Beginning	Ending
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Furniture and Fixtures	\$ 297	\$ 212
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Machinery and Equipment	\$ 2,594	\$ 1,530
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Total	\$ 2,891	\$ 1,742
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FORM 990-EZ, Part II, line 26 - TOTAL LIABILITIES

	Beginning	Ending
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Secured mortgages and Notes Payable	\$ 124,831	\$ 120,199
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Total	\$ 124,831	\$ 120,199
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