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Form

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Reverue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public

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

2013 Open to Public Inspection

Form **990** (2013)

OMB No 1545-0047

For the 2013 calendar year, or tax year beginning and ending SINEPUXENT POST NO. Employer identification number C Name of organization Check if applicable THE AMERICAN LEGION, Address change 1 52-0574803 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 410-289-3166 P O BOX 63 Terminated City or town, state or province, country and ZIP or foreign postal code OCEAN CITY Amended return 21843 G Gross receipts \$ 1,850,213 Name and address of principal officer Application pending H(a) Is this a group return for subordinates? LEE MCCLAFLIN 11101 DALE RD H(b) Are all subordinates included? If "No," attach a list (see instructions) WHALEYVILLE 21872 **X** 501(c) ( 501(c)(3) (insert no ) www.alpost166.org H(c) Group exemption number --0925 Website > X Corporation Trust 1950  $\mathbf{M}$ Form of organization Year of formation M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 19 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 24 6 Total number of volunteers (estimate if necessary) 6 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 Prior Year Current Year 207 24,990 24, 8 Contributions and grants (Part VIII, line 1h) 19,390 22,340 9 Program service revenue (Part VIII, line 2g) 623 362 SCANNED SEP 0 3 2014 esses 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 329,683 340,691 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 374,425 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 72) 4 387,861 13 Grants and similar amounts paid (Part IX, column (A), hes 1-3, UU 21,272 57,479 0 14 Benefits paid to or for members (Part IX column (A), line-4 15 Salaries, other compensation, employee benefits (Part IX, column (A) lines 5 114,540 339 16a Professional fundraising fees (Part IX column (A), line 1 (e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 166,750 143,537 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 279,349 335,568 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 108,512 38,857 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 287,096 317,268 20 Total assets (Part X, line 16) 14,976 21 Total liabilities (Part X, line 26) 272*.*120 22 Net assets or fund balances Subtract line 21 from line 20 310.97 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 JOSEPH SALAFIA TREASURER Here Type or print name and title Print/Type preparer's name Check 8/11 Paid HOWARD WIMBROW CPA self-employed P00868902 Preparer Howard Wimbrow, 26-3654310 Firm's EIN Use Only 35288 Honeysuckle Rd Frankford, DE 19945-4518 302-539-0829 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	<u>SINEPUXENT POST N</u>	0. 166 52-0	574803	Page 2
	atement of Program Servi	ce Accomplishments		
		a response or note to any line in this P	art III	X
Briefly describ <b>See Sche</b>	be the organization's mission			
see scire	dule 0			
		ogram services during the year which were not lis		<b></b>
	ribe these new services on Schedu			Yes 🛚 X No
services?		significant changes in how it conducts, any progra		Yes 🗓 No
	ribe these changes on Schedule O	ampliahments for each of its three largest program	acquired by	
expenses Se	_	omplishments for each of its three largest program		
_ the total expe	nses, and-revenue,-ii-any,-ior each	program service reported		
	)(Expenses \$ 29 AR VETERANS, SUPPORTION FOR PO	PORT YOUTH ACTIVITIES AN	15,000 ) (Revenue \$ D 501(c)(3) CHARITIES	, AND
<b>b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	<u></u>
c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
	m services (Describe in Schedule	0)		
d Other program	m services (Describe in Schedule	0)	) (Revenue \$	

### **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 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 98-197 If "Yes," complete Schedule C, 5 X 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 169 If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 $\mathbf{x}$ 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

## Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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	X	
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			х
24-	employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
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	240		
·	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		
	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		
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?			
	if "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		,	
	disqualified persons? If so, complete Schedule L, Part II	26	<u> </u>	X
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	_	X
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)	200		x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28ь		x
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31_	Ĺ	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		X
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? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	<del> </del>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	255		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<b>†</b>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note All Form 990 filers are required to complete Schedule O	38	X	
		Fo		0 (2013

Page 5

Pa	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of flote to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	-110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	х	l
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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			j
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			į
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l- <u></u>
-	account)?	4a		X
b	If "Yes," enter the name of the foreign country			i
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		1
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
ч	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	10		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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	1111		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l
	organization, have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			İ
а	Gross income from members or shareholders 11a			i
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) 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		,	}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	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			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

 $\mathbf{X}$ 

52-0574803 Form 990 (2013) SINEPUXENT POST NO. 166 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				
4.		10		Yes	No
1a	,	10	-		
	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	10			
b	<u> </u>	10	4		
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_		<u>X</u>
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		х х х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<u>X</u>
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	wing			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Co	de )		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	>	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes,"				
	describe in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
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?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		105		<u></u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
iva	with a taxable entity during the year?		16a		x
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
			ach.		
===	organization's exempt status with respect to such arrangements?		16b	L	
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None	A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	)			
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d			
	financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization ► TERRY WEST 2308 PHILADELPHIA AVENUE		_		
0	CEAN CITY MD 21842	416	0-28	9-3	166

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⊃age **7** 

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson i	than or s both a	an	( <b>0</b> ) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	organization (W-2/1099-MISC)  W-2/1099-MISC)  Officer Compensaled (W-2/1099-MISC)		from the organization and related organizations					
(1) LEE MCCLAFLIN				· ·						
	30.00								_	_
COMMANDER	0.00	X			<u> </u>	$\sqcup$		0	0	0
(2) STEVE BARBOUR										
	10.00								_	
FIRST VICE COMMANDER	0.00	X			<u> </u>	1		0	0	0
(3) GARY COSTELLO										
	10.00	l ·							_	
2ND VICE COMMANDER	0.00	X			_			0	0	0
(4) JOHN HYLE										
	6.00	1								
JUDGE ADVOCATE	0.00	X	<u> </u>	ļ.,	ļ.,	1		0	0	0
(5) WILLIAM GALITZ										
	30.00				ļ					
ADJUTANT	0.00	X		ļ	Ļ.,	$\sqcup$		0		0
(6) JAMES MCGRATH						1				
	15.00				İ	1 1			_	
SERVICE OFFICER	0.00	X			<u> </u>	$\sqcup$		0	0	0
(7) JOSEPH SALAFIA										
	15.00					Ιİ			_	
TREASURER	0.00	X		L.,		$\sqcup$		0	0	0
(8) NATHAN PEARSON										
	6.00									
HISTORIAN	0.00	X			<u> </u>	$\sqcup$		0	0	0
(9) JOHN VAUGHAN										
	8.00							_		_
CHAPLAIN	0.00	X	<u> </u>	<u> </u>	_			0	0	0
(10) GLEN REELY	_									
	0.00									_
SGT-AT-ARMS	0.00	X	<u> </u>	<u> </u>	<u> </u>			0	0	0
(11)										
				<u>l</u> .	1.					

_Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) (C)  Average hours per (do not check more than week box, unless person is bo officer and a director/tru hours for						an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amor oti compe fron	F) nated unt of ner nsation n the	
		related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and r	ization elated zations	
(12)													
(13)													
<u>(14)</u>			_	-		-	_	-			<del></del>		
(15)													
(16)													
(17)													
(18)													
(19)													
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c)					1	l	<ul><li> </li><li> </li></ul>					
2	Total number of individuals (in- reportable compensation from	cluding but not lir the organization	nited ▶	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in		Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated	ı	3	1	x
4	For any individual listed on line organization and related organindividual	1a, is the sum o	f rep	ortat	ole co	ompe	ensat	ion i		m the	4		x
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Ye								dividual	5		х
Sect 1	con B. Independent Contractor Complete this table for your five	e highest compe	nsate	ed in	depe	nde	nt co	ntrac	ctors that received more that	n \$100,000 of			
	compensation from the organic	(A) business address	mpe	nsati	on to	r the	cale	nga		(B)  Dispon of services		(C) Compensa	ation
						-	-						-
				_									_
								İ -		· · · · · ·			
		<del></del>											
2	Total number of independent or received more than \$100,000	contractors (inclu of compensation	ding from	but r	ot lir orga	nited nizat	to th	nose	listed above) who	0			
DAA											f	om <b>99</b>	(2013)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) exempt husiness under sections function revenue 512-514 revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 24,990 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 24,990 Program Service Revenue Busn Code 19,390 19,390 2a - DUES-INCOME b f All other program service revenue 19,390 g Total Add lines 2a-2f  $\triangleright$ Investment income (including dividends, interest, 362 and other similar amounts) 362 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 67,532 6a Gross rents **b** Less rental exps 67,532 C Rental inc or (loss) 67,532 67,532 d Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 26,332 See Part IV. line 18 9,722 b Less direct expenses c Net income or (loss) from fundraising events ▶ 16,610 9a Gross income from gaming activities 1,442,160 See Part IV, line 19 1,282,648 b Less direct expenses 159,512 159,512 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 263,289 returns and allowances 183,418 b Less cost of goods sold 79,871 79,871 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 6,158 6,158 11a OTHER INCOME b d All other revenue 6,158 Total. Add lines 11a-11d 374,425 264,931 67,894 Total revenue. See instructions

### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo	<del></del>		· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, b, 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	42,479			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	15,000			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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 salanes and wages	99,757			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroll taxes	11,582			
11	Fees for services (non-employees)				
а	Management		<del> </del>		
b	Legal	400			
С	Accounting	1,430			
d	, ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	· -	0 000			
	(A) amount, list line 11g expenses on Schedule O)	2,280			
12	Advertising and promotion	11 440			
13	Office expenses	11,440			
14	Information technology				
15	Royalties	90 500			
16	Occupancy	80,590			
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		· · · · · · · · · · · · · · · · · · ·		
19	Conferences, conventions, and meetings		. <u>.</u> .	-	
20	Interest				
21	Payments to affiliates  Depreciation, depletion, and amortization				
22 23	Insurance		<del></del>		<del></del>
24	Other expenses Itemize expenses not covered				
24	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	7170777317077	17,178		-	
a b	DUES	15,535			
C	ENTERTAINMENT	9,573		<del> </del>	
d	PERMITS	6,899			
e	All other expenses	21,825			
25	Total functional expenses Add lines 1 through 24e	335,568	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	200,000			
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 214,842 Cash-non-interest bearing 182,828 51,285 51,619 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net \_ 7 6,334 5,064 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 107,695 other basis Complete Part VI of Schedule D 10a 10b 70,863 40,312 10c 36,832 b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 8,911 317,268 6,337 15 Other assets See Part IV, line 11 287,096 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,976 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 14,976 6,291 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 272,120 310,977 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 32 272,120 310,977 33 Total net assets or fund balances 33 317,268 287,096 Total liabilities and net assets/fund balances

orm :	990 (2013) SINEPUXENT POST NO. 166 52-0574803				Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				425
2	Total expenses (must equal Part IX, column (A), line 25)	2		33	35,	568
3	Revenue less expenses Subtract line 2 from line 1	3			38,	857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	72,	120
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		31	LO,:	977
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				- ]	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
- {	Separate basis Consolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis			l		
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			ĺ		
	Schedule O					
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ſ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

# SCHEDULE D (Form 990)

Department of the Treasury-Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Inspection

2013
Open to Public

Name of the organization Employer identification number SINEPUXENT POST NO. 166 THE AMERICAN LEGION, 52-0574803 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts 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 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 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? Part II 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 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 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 Yes violations, and enforcement of the conservation easements it holds? 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide; in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	Collections of	Art, Hi	storical Tre	easures, c	or Other	Similar Ass	ets (c	ontinue	ed)	3
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records,	check an	y of the follow	ing that are a	significant	t use of its				
a	Public exhibition	<del>-</del>		exchange prog	rams						
b	Scholarly research	e [_]	Other								
С	Preservation for future generations						<b>.</b> .				
4	Provide a description of the organization's colle	ections and explain h	low they t	further the orga	anization's ex	cempt purp	ose in Part				
_	XIII				.1						
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					ilar			Ye	s [	No
Pa	art IV Escrow and Custodial Arra								<del></del>		
	Complete if the organization 990, Part X, line 21		' to Fori	m 990, Part	IV, line 9,	or repoi	rted an amou	ınt on	Form		
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ry for con	tributions or of	ther assets n	ot					
included on Form 990, Part X?										s	No
. b	If "Yes," explain the arrangement in Part XIII a	nd-complete the folio	wing tabl	e							
		•	_						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on For	m 990. Part X. line 2	12						Ye	s [	No
	If "Yes," explain the arrangement in Part XIII			nas been provi	ided in Part X	CHI					Ī
• • •	art V Endowment Funds.			1							
	Complete if the organization	answered "Yes"	to Fori	ท 990, Part	IV, line 10	)					
		(a) Current year		) Pnor year	(c) Two yea		(d) Three years	back	(e) Four	years t	oack
1a	Beginning of year balance										
h	Contributions										
c	Net investment earnings, gains, and										
·	losses										
4	Grants or scholarships							-			
u	Other expenditures for facilities and								•		
-	·										
	programs	<del></del>	<del>                                     </del>								
	Administrative expenses										
g	-		(100.10.4	aluma (a)) ba	L						
2	Provide the estimated percentage of the curre		(iiile ig, c	column (a)) ne	iu as						
a		%									
	Permanent endowment > %	0/									
С	' '	%									
_	The percentages in lines 2a, 2b, and 2c should	•	11			- 41					
за	Are there endowment funds not in the possess	sion of the organizati	on that ai	e neid and ad	ministerea to	rtne			ſ	Yes	No
	organization by								2-(1)	res	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations								3b		<u> </u>
4	Describe in Part XIII the intended uses of the		ment fun	ds	·····						
Pa	art VI Land, Buildings, and Equi			000 5	. 15.7 1						
	Complete if the organization				_			<u>aπ Χ,</u>			
	Description of property	(a) Cost or other		(b) Cost or o		i	Accumulated		(d) Book	/alue	
_	·	(investment)		(othe	e:)	de de	epreciation	1			
1a	Land					ļ		-	<del>-</del>		
b	Buildings	<u> </u>				ļ		<del> </del>			
С	: Leasehold improvements					ļ		<del> </del>	<u> </u>		
d	Equipment			<u> </u>							000
	Other		,695		<del> </del>	<u> </u>	70,863	5			832
Tota	il. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part )	K, column	(B), line 10(c)	))			1		56,	832

SINEPUXENT POST NO. 166 Schedule D (Form 990) 2013 Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b, See Form 990, Part X, line 12 (b) Book value (c) Method of valuation (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial denvatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form-990, Part-X, col (B)-line-12)-Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (b) Book value (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) ▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

Schedule D (Form 990) 2013 SINEPUXENT POST NO. 166 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII ) 2d 2e Add lines 2a through 2d Subtract line 2e from line 1 3

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 4b b Other (Describe in Part XIII ) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 -Part XII - Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Pa	t IV, I	line 12a		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	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		1		

a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2013 SINEPUXENT POST NO. 166

52-0574803

Page 5

Part XIII Supplemental Information (continued)

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ

Open to Public

nternal Revenue Service Information about Sch	edule G (Form 990 or 9	90-EZ) and	its ir	nstructions is at www irs go	v/form990	Inspection
ame of the organization SINEPUXENT POST NO THE AMERICAN LEGION					Employer identificat 52-05748	
Part I Fundraising Activities. Complete if the Form 990-EZ filers are not required to	he organizatio		ere	d "Yes" to Form 9		
1 Indicate whether the organization raised funds through an			Che	ck all that apply		
a Mail solicitations				nment grants		
b Internet and email solicitations	f Solicitation	-		<del>-</del>		
c Phone solicitations	g Special fund	-		_		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in a b If "Yes," list the ten highest paid individuals or entities (fun compensated at least \$5,000 by the organization.	connection with pro	ofessiona	al fun	ndraising services?	draiser is to be	YesNo
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fu raiser ha custody control o contributio	or of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	<u> </u>	Yes N			ω (η	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0	-					
	<del>'</del>		$\perp$			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000.

		events with gro	ss receipts greater than \$5,0	000	<u> </u>	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIDERS FUNDRAIS (event type)	GUN RAFFLE (event type)	None (total number)	(add col (a) through col (c))
ine			(event type)	(eveni type)	(total number)	337 (0))
Revenue	1	Gross receipts	17,609	6,800		24,409
	2	Less Contributions				
	3	Gross income (line 1 minus	4.5.00	6 000		04 400
		line 2)	17,609	6,800		24,409
	4	Cash prizes			<del></del>	
_	5	Noncash prizes		1,884		1,884
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses		7,058		
	10	Direct expense summary	Add lines 4 through 9 in column (d)		<b>•</b>	8,942
		Net income summary Sub	tract line 10 from line 3, column (d)		•	15,467
Р	art		plete if the organization answ	vered "Yes" to Form 990, Pa	rt IV, line 19, or reported	d more
		than \$15,000 0	n Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Reve	1	Gross revenue	70,721	23,122	1,348,317	1,442,160
	2	Cash prizes	1,850		1,175,344	1,177,194
Expenses	3	Noncash prizes				<u> </u>
Direct	4	Rent/facility costs				·
	5	Other direct expenses	12,570	8,052		105,454
	6	Volunteer labor	X Yes 100.00 % No	X Yes 100.00 % No	X Yes 100.00 % No	
	7	1,282,648				
	8	Net gaming income summ	ary Subtract line 7 from line 1, colu	mn (d)	<b>•</b>	159,512
9-	En	iter the state(s) in which the	organization operates gaming activi	ties MD		
a b		the organization licensed to No," explain	operate gaming activities in each of	these states?		X Yes No
10a	We	ere any of the organization's	gaming licenses revoked, suspend	ed or terminated during the tax year	?	Yes X No
h	15 "	Voc " ovnlain				

Sche	dule G (Form 9	990 or 990-EZ) 2013	SINEPUXE	NT POST NO	). 166	52-0574803	Page 3
11	Does the orga	inization operate gami	ng activities with nonm	embers?			Yes X No
12	Is the organiza	ation a grantor, benefic	clary or trustee of a tru	st or a member of a	partnership or other entity	_	_
	formed to adm	nınıster chantable gam	ing?			[	Yes X No
13	Indicate the po	ercentage of gaming a	ctivity operated in				
а	The organizat	ion's facility				13a	100.00 %
b	An outside fac	cility				13b	%
14	Enter the nam	ne and address of the p	oerson who prepares t	he organization's gar	ming/special events books a	and	
	records						
	Name 🟲	TERRY WEST					
		2308 PHILADE	LPHIA AVENUE				
	Address ►	OCEAN CITY				MD 21842	
5a	_	anization have a contra	ict with a third party fro	m whom the organiz	ation receives gaming	Γ	¬ , , , , , , , , , , , , , , , , , , ,
L	revenue?			h		<u> </u>	Yes X No
- D -		the amount of gaming		ne organization ► \$	<b>5</b>	and the	
_	_	ming revenue retained name and address of		<b>.</b>			
·	ii res, einei	name and address of	the timu party				
	Name ▶						
	Address ►						
16	Gaming mana	ager information					
	Name <b>&gt;</b>						
			_				
	Gaming mana	ager compensation >	\$				
	December of	Faceurace provided					
	Description of	services provided >					
	Director/o	officer	Employee	Independent co	ntractor		
				coponidoni oo			
17	Mandatory dis	stributions					
а	Is the organiz	ation required under st	ate law to make chard	able distributions froi	m the gaming proceeds to		
	retain the stat	e gaming license?					X Yes No
b	Enter the amo	ount of distributions red	quired under state law	to be distributed to o	ther exempt organizations of	or	
		rganization's own exer			84,832		
Par						e 2b, columns (III) and (v), a	nd
					licable. Also complete	e this part to provide any	
<u> </u>		ditional information			ributions per	r State Taw	
SC.	i G, Fai	State		tribution	<del>-</del>	. Scace haw	
Ma	ryland	50400	210		, 832		
	-1			7	, 332		
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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990. Grants and Other Assistance to Organizations,

OMB No 1545-0047 2013

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epartment of the Treasury Iternal Revenue Service	¥ .	ormation about	Schedule I	(Form 990) and its in	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	w.irs.gov/form990.		Inspection	on
ŀ	SINEPUXENT POST NO. THE AMERICAN LEGION,	166 , INC.					Emp	Employer identification number 52-0574803	
Part I General	General Information on Grants and Assistance	Assistance				-			
1 Does the organizatio the selection criteria 2 Describe in Part IV t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	amount of the gra e? coing the use of g	ants or assignant funds in	stance, the grantees' n the United States	eligibility for the grant	s or assistance, and	q	X Yes	Š
art II	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organizatic Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	ernments and ceived more the	<b>I Organiz</b> nan \$5,00	ations in the Un	<b>ited States.</b> Com duplicated if addit	nplete if the orga ional space is n	anization answ eeded	<b>Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is needed	
1 (a) Name and or	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
) SEE ATTACHED				42,479		- <b>-</b> -			
(2)									
3)									
<del>Q</del>	-								
5)									
(9									
7)									
8)									
(6									
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ganizations listed I table	in the line 1	table				<b>^</b>	

Schedule I (Form 990) (2013)

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

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990, Pail IV, IIIIe 22	(f) Description of non-cash assistance								nformation	
	(e) Method of valuation (book, FMV, appraisal, other)		. –						and any other additional	
מוב חולם סואמוויגמווס	(d) Amount of non-cash assistance								, Part III, column (b)	
med States: Compi	(c) Amount of cash grant	15,000							juired in Part I, line 2	
tional space is needed	(b) Number of recipients								ovide the information rec	
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance	SCHOLARSHIPS			-				Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	
		1 SCHO	2	က	4	5	9	7	Part IV	

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. Insp

Name of the organization

SINEPUXENT POST NO. 166 THE AMERICAN LEGION, INC.

52-0574803

Form 990 - Organization's Mission

TO UPHOLD AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA; TO MAINTAIN LAW AND ORDER; TO FOSTER AND PERPETUATE A 100% AMERICANISM; TO PRESERVE THE MEMORIES AND INCIDENTS OF OUR ASSOCIATIONS IN THE GREAT WARS; TO INCULCATE A SENSE OF INDIVIDUAL OBLIGATION TO THE COMMUNITY, STATE AND NATION; TO COMBAT THE AUTOCRACY OF BOTH THE CLASSES AND THE MASSES; TO MAKE RIGHT THE MASTER OF MIGHT; TO PROMOTE PEACE AND GOODWILL ON EARTH; TO SAFEGUARD AND TRANSMIT TO POSTERITY THE PRINCIPLES OF JUSTICE, FREEDOM AND DEMOCRACY; TO CONSECRATE AND SANCTIFY OUR COMRADESHIP BY OUR DEVOTION TO MUTUAL HELPFULNESS; TO COOPERATE WITH THE AMERICAN LEGION, A NATIONAL CORPORATION FORMED UNDER AND BY VIRTUE OF AN ACT OF CONGRESS UNDER DATE OF SEPTEMBER 16, 1919, AND AMENDED THERETO; TO CREATE A SPIRIT OF FRATERNITY AMONG MEMBERS OF THE CORPORATION, WHO ARE QUALIFIED FOR MEMBERSHIP IN ACCORDANCE WITH THE PROVISIONS OF THE CONSTITUTION OF THE AMERICAN LEGION AND ITS RULES, REGULATIONS AND BY-LAWS.

Form 990, Part III, Line 4d - All Other Accomplishment
ASSIST WAR VETERANS, SUPPORT YOUTH ACTIVITIES AND 501(c)(3) CHARITIES, AND

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE MEMBERS ELECT THE MEMBERS OF THE BOARD OF DIRECTORS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members ALL DECISIONS REACHED BY THE BOARD OF DIRECTORS ARE SUBMITTED TO THE GENERAL MEMBERSHIP EACH MONTH FOR APPROVAL

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE GOVERNANCE COMMITTEE SHALL REVIEW THE ANNUAL IRS FORM 990 REPORT EACH

YEAR AT LEAST 15 DAYS BEFORE SUBMISSION TO THE POST COMMANDER FOR SIGNATURE

AND FILING

EACH OFFICER, EXECUTIVE COMMITTEE MEMBER AND MEMBER OF A COMMITTEE WITH EXECUTIVE COMMITTEE DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY (B) HAS READ AND UNDERSTANDS THE POLICY (C) HAS AGREED TO COMPLY WITH THE POLICY AND (D) UNDERSTANDS THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

PERIODIC REVIEWS ARE CONDUCTED TO DETERMINE WHETHER COMPENSATION AND BENEFITS ARE REASONABLE AND THE RESULT OF ARMS-LEGTH BARGAINING AND TO DETERMINE WHETHER ARRANGEMENTS WITH OTHERS CONFORM TO THE POST'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER TAX-EXEMPT PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Form **4562** 

### **Depreciation and Amortization**

(Including Information on Listed Property)

179

Department of the Treasury -Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

SINEPUXENT POST NO. 166 THE AMERICAN LEGION, INC.

Identifying number 52-0574803

	is or activity to which this form relates	on								
Pa	rt I Election To Expens	se Certain Prop	•							
_	Note: If you have ar		<u>, complete Par</u>	t V befo	ore you co	mple	te Part I			500 000
1	Maximum amount (see instructions)								1	500,000
2	Total cost of section 179 property pl	•	•						2	2 000 000
3	Threshold cost of section 179 prope	•	•	structions	·)				3	2,000,000
4	Reduction in limitation Subtract line		•						4	
5	Dollar limitation for tax year Subtract line		less, enter -0- If mar						5	<del></del>
6	(a) Description	of property		(b) Cost	(business use o	only)	(c) i	Elected cost		
	<del> —</del>									
					-					
7	Listed property Enter the amount fr				l	7				<u> </u>
8	Total elected cost of section 179 pro	•	in column (c), lines	s 6 and 7					8	
9	Tentative deduction Enter the small		9							
0	Carryover of disallowed deduction fi		10							
1	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.									
2	•		12							
3	Carryover of disallowed deduction to Do not use Part II or Part III below f					13	-			
				rociatio	n (Do not	Lincli	ide liste	d proper	tv ) (	See instructions )
	rt II Special Depreciation Special depreciation allowance for or			•			ide liste	a proper	ly / (	bee mandenons /
4	·		er triair listed prop	erty) plac	eu ili seivice	•			14	
_	during the tax year (see instructions)  Property subject to section 168(f)(1) election									
5										9,017
6 Do	rt III MACRS Depreciati		de listed prope	rtv ) (S	ee instriic	tions	1		16	3,017
<u>га</u>	It III MACKS Depreciati	on (bo not meia		ion A	ee magae	110113	<i></i>			
7	MACRS deductions for assets place	ad in service in tay ve							17	172
8	If you are electing to group any assets placed in				unts check here			▶ □	,,,,,,	
		Assets Placed in Sei					ral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depre	ciation ent use	(d) Recovery		Convention	(f) Metho		(g) Depreciation deduction
000	2 year property	service	only-see instruct	ions)				-		
1 <u>9a</u>	3-year property									
_ <u>b</u>	5-year property									
_ <del></del>	7-year property						·			
	10-year property									
_ <del>t</del>	15-year property 20-year property		<u> </u>							
	25-year property		1		25 yrs			S/L		
<u>g</u> h	Residential rental				27 5 yrs		MM	S/L		
"	property				27 5 yrs		MM	S/L		<del></del>
	Nonresidential real				39 yrs		MM	S/L		
'	property				00 3.0		MM	S/L	-	····-
		sets Placed in Serv	ice Durina 2013	Tax Year	Using the	Aitern			Systen	1
202	Class life					Γ		S/L		
	12-year	1			12 yrs			S/L		
	40-year				40 yrs		MM	S/L		
-	art IV Summary (See inst	tructions )	I		,	·				
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, lii		es 19 and 20 in co	olumn (a)	and line 21	Enter	here			
	and on the appropriate lines of your	return Partnerships	and S corporation	s—see in					22	9,189
23	For assets shown above and place portion of the basis attributable to s		e current year, ent	er ine		23				
	noming of the basis attributable to s	ECHOII ZOOM COSIS				<sub>1</sub> 23	I			1