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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 AMERICAN LEGION POST 296

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 P O BOX 218

City or town, state or province, country, and ZIP or foreign postal code
 DESTIN, FL 32540

D Employer identification number
 59-6200343

E Telephone number
 (850) 837-3818

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

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

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

K Form of organization 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 ▶ \$ 147,595

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	140,668
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	6,927
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c	1,284	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,643	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	146,311	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	22,836
	13	Professional fees and other payments to independent contractors	13	6,475
	14	Occupancy, rent, utilities, and maintenance	14	14,842
	15	Printing, publications, postage, and shipping	15	171
	16	Other expenses (describe in Schedule O)	16	105,925
17	Total expenses. Add lines 10 through 16 ▶	17	150,249	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,938
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	249,356
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	4,622
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	250,040

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

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
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
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of GARY HARRIS Telephone no (850) 621-4267 Located at 311 MAIN STREET DESTIN, FL ZIP +4 32541
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c 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
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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 Yes No

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 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 Yes No

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

48 Yes No

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

49a Yes No

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

49b Yes No

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"

Table with 5 columns: (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"

Table with 3 columns: (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 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 ED REYES COMMANDER Date 2016-08-09 Type or print name and title

Paid Preparer Use Only Prnt/Type preparer's name WILLIAM P WELCH Preparer's signature Date 2016-08-09 Check if self-employed PTIN P01224837 Firm's name WM PAUL WELCH CPA PA Firm's EIN 59-2522922 Firm's address 31 WALTER MARTIN RD NE FORT WALTON BEACH, FL 325484918 Phone no (850) 244-2731

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

Additional Data

Software ID:
Software Version:
EIN: 59-6200343
Name: AMERICAN LEGION POST 296

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR THE VARIOUS LOCAL CHARITIES, AND COMMUNITY 28 SUPPORT (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	
US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR THE VARIOUS LOCAL CHARITIES AND COMMUNITY 29 SUPPORT (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	

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.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
AMERICAN LEGION POST 296

Employer identification number

59-6200343

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	GENERAL FUND INTERNET 135 5,094 MEMBERSHIP DUES 2,974 PEST CONTROL 454 SUPPLIES 3,125 TELEPHONE 50 REPAIRS AND MAINTENANCE 3,019 TAXES & LICENSES 844 CHARITABLE CONTRIBUTIONS 1,872 COST OF GOODS SOLD 1,084 KITCHEN FUND SUPPLIES 1,255 1,447 240 COST OF GOODS SOLD 13,181 BAR FUND BANDS & ENT 8,337 SUPPLIES 242 TV CABLE 2,118 REPAIRS 925 COST OF GOODS SOLD 41,524 EXPENSES NON-INVESTMENT DEPRECIATION 18,005 TOTAL 105,925
FORM 990-EZ, PART I, LINE 20	CORRECTIONS AND ADJUSTMENTS OF DEPRECIATION 0 EXPENSES ON THE BUILDING RENOVATIONS & SIDING 0 IN THE PRIOR YEARS 0 CORRECTION FOR PAYABLES NOT REPORTED PRIOR YEAR 0 BOOK / TAX DEPRECIATION DIFFERENCE 4,622
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 7,860 7,860 EQUIPMENT & OTHER DEPRECIABLE ASSETS 0 482,797 LESS ACCUMULATED DEPRECIATION 0 292,724 TOTAL 7,860 197,933
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES PAYABLE 307 157 FICA TAXES PAYABLE 248 127 MEDICARE TAXES PAYABLE 58 30 WHT AXES PAYABLE 0 0 SUTA PAYABLE 216 13 FUTA PAYABLE 24 33 SALES TAXES PAYABLE 645 516 PAYROLL LIABILITIES 0 0
FORM 990-EZ, PART III	US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR VARIOUS LOCAL CHARITIES AND COMMUNITY SUPPORT GROUPS, SUPPORT FOR OTHER VETERAN ORGANIZATIONS, AND THE HEAD ORGANIZATION OF AMERICAN LEGION
FORM 990-EZ, PART III, LINE 31	US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR THE VARIOUS LOCAL CHARITIES AND COMMUNITY SUPPORT