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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)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

SCANNED AUG 1 0 2016

▶ Do not enter social security numbers on this form as it may be made public.

C Name of organization C Name of organization C Name of organizat	Internal Revenue Service Information about Form 990-E2 and its instructions is at www.ins.gov/romis90.											
Americance Carried Americance American	A F	or the				31 ,20 16						
Number and street (pr P c. box. I mail is not delivered to street address) Floorm/suite Telephone number Florent street and treatmixermated Number City or town, claire or prownos, country, and ZIP or foreign postal code LINDEN City of town, claire or prownos, country, and ZIP or foreign postal code LINDEN City of town, claire or prownos, country, and ZIP or foreign postal code LINDEN City of town, claire or prownos, country, and ZIP or foreign postal code LINDEN City of town, claire or prownos, country, and ZIP or foreign postal code LINDEN City of the constant City of the Ci	В	Check if a			Employer i							
Instruction			thange HMEKICAN LEGION 102 LINDEN	P057	<u> </u>	 _						
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City of town, state or province, country, and 21th of toneph postal code. F Group Exemption 92.5	=		<u> 408.</u>	<u>862.4121</u>								
G Accounting Method: Scash Accrual Other (specify) I (nisen no.) I (absiste: No.)	=		City or town, state or province, country, and ZIP or foreign postal co	de F	•							
Website: NOME Tax-exempt status (check only one) - So1(c)(3) \$501(c) (9) (insert no.) 4947(a)(1) or So27 (from 990, 990-EZ, or 990-PF).		Application	n pending LINDEN NO 076	036	Number	<u> </u>						
Tax-exempt status (check only one)	G /	Accoun	ting Method: ☐ Cash ☐ Accrual Other (specify) ►	H Che	eck 🕨 🔀	if the organization is not						
Revenue Section Investment Investmen				req	uired to at	tach Schedule B						
Add lines 5h, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets \$88,808.91	J T	ax-exer	npt status (check only one) — ☐ 501(c)(3) 🛮 501(c) (🌳) ◄ (insert no.) ☐	☐ 4947(a)(1) or ☐ 527 (Fo	rm 990, 99	90-EZ, or 990-PF).						
Part												
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 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership diues and assessments 4 Investment income 4 Membership diues and assessments 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than strictions) 8 Jisopo of contributions 9 Jisopo of contributions 15 Jisopo of contributions 16 Jisopo of contributions 16 Jisopo of contributions 17 Jisopo of contributions 18 Jisopo of contributions 18 Jisopo of contributions 19 Jisopo of contributions 19 Jisopo of contributions 19 Jisopo of contributions 19 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 11 Jisopo of contributions 12 Jisopo of contributions 13 Jisopo of contributions 14 Jisopo of contributions 15 Jisopo of contributions 16 Jisopo of contributions 16 Jisopo of contributions 16 Jisopo of contributions 16 Jisopo of contributions 17 Jisopo of contributions 18 Jisopo of contributions 18 Jisopo of contributions 18 Jisopo of contributions 18 Jisopo of contributions 19 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 10 Jisopo of contributions 11 Jisopo of contributions 11 Jisopo of contributions 12 Jisopo of contributions 13 Jisopo of contributions 14 Jisopo of contributions 14 Jisopo of contributions 15 Jisopo of contributions 16 Jisopo of contributions 16 Jisopo of contributions 17 Jisopo of contributions 18 Jisopo of contributions 18 Jisopo of contributions 19 Jisopo					sets	00 00001						
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Benefits paid to or for members		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	▶ 9	42,361.49						
Benefits paid to or for members			Grants and similar amounts paid (list in Schedule O)			1,777.7]						
Salaries, other compensation, and employee benefits		I	Benefits paid to or for members		. 11	·						
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)			Total expenses. Add lines 10 through 16	17	51,211.15							
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Other changes in net assets or fund balances (explain in Schedule O)	As	ĺ				147/7 22.20						
121 Net assets or fund balances at end of year. Combine lines 18 through 20	let	20										
	_	21	Net assets or fund balances at end of year. Combine lines 18 thro	ough 20	▶ 21	155,605.92						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Pa	rt II Balance Sheets (see the instructions	for Part II)			_	
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> 🔀</u>
	,			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[44,738.0	22	43,736.70
23	Land and buildings		[140,687.02	, , , , , , , , , , , , , , , , , , , 	131,887.81
24	Other assets (describe in Schedule O)		<i></i> [·ACHeere	24	<u> </u>
25	Total assets			185,425.03	25	175,624.57
26	Total liabilities (describe in Schedule O)			20,964.45	26	20,018.6
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21) [164,455.58	27	155,605.92
Par	t III Statement of Program Service Accom				ļ	Expenses
100	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔟	(Rea	uired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplinesured by expenses. In a clear and concipe mons benefited, and other relevant information in each	nanner, describe the	of its three largest p e services provided	rogram services, d, the number of	orgai othei	nizations; optional for 's)
28						
	1					
	(Grants \$) If this amount	ncludes foreign gra	ants, check here .	<u>.</u> ▶ □	28a	
29						
					ļ	J
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	29a	
30]]
	(O					
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ants, check here .		30a	
31	• • •	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
	t IV List of Officers, Directors, Trustees, and Ke					tions for Part IV
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		anor componication
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Part	· · · · · · · · · · · · · · · · · · ·			
	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	33	163	V
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)	34		V
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)?	35a		Y
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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			V
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	36		/
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		7
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	38a		
b	section 4911 ► ; section 4912 ► ; section 4955 ►	40b		
c d	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			
е	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	, <u></u>	/-
41 42a	List the states with which a copy of this return is filed ► NEW JERSEY The organization's books are in care of ► RONALD Telephone no. ► 90		. 9	<u> 71/</u>
	114 III mi - AD will All-about 11 mm / II mm	703		No.
	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).	42b		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	11	
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	.N./	# 1	▶ □
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	Yes	No
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	_ ~ ~ ~ ~	
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	##	V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		1
		000		****

Form,99	90-EZ (2	015)						F	age 4
46	Did to	ne organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	in opposi	tion	Yes	No
Part	VI.	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					or line	es
		Check if the organization used Sc	hedule () to respond	to any question in th	his Part VI				г
		Check if the organization used co	nedale o to respond	to any quodient in a	11101 411 11	<u> </u>	<u> </u>	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		` '	n in effect c	luring the	tax . 47		
48	is the	organization a school as described in	Schedule E		. 48				
49a		ne organization make any transfers t	-	_	ation?		. 49a		
b		es," was the related organization a se					. 49b		- le
50		olete this table for the organization's oyees) who each received more thar							а кеу
	Стірі	oyees, who easi reserved mere that		(c) Reportable	(d) Health				——
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions t benefit plans, a compen	and deferred	(e) Estimate other con		
				_		_			
				_					
f 51	Com	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	s five highest compe	ensated independent	contractors	who each	received	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Compensation	on	
	-								
			······						
						· · · · · ·			
d 52	Did 1	number of other independent contra the organization complete Scheduleted Schedule A			nizations mi		n a .▶∐ Yes		 lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					owledge and	belief,	t is
Sign Here		Signature of officer LARRY Type or print name and title	COMM	ANDER	Date	7/14	2016		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Dat	ee	Check Self-employ	ıf PTIN		
Use (Firm's name ▶			Firm'	s EIN ▶			
		Firm's address >	shown shows? See !	netructions	Phon				
iviay tr	ie IU2	discuss this return with the preparer	SHOWN ADOVE? See II	ISTUCTIONS	<u> </u>		► ☐ Yes	<u> </u>	<u>lo</u>

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

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.

Open to Public Inspection

Name of the organization AMERICAN LEGION 102 LINDEN PO	OST	Employer identification number 22 - 6098894
FORM 990-EZ , PAGE LINE 16 " OTF	IER Expenses"	
CATEGORY	AMOUNT	
DEPRECIATION EXPENSE	8,799.21	
INSURANCE COSTS	5,069.71	
UTILITIES TELEPHONE & INTERNET	9,921.25	
bues	2,990.00	
PURCHASE OF EQUIPMENT	6,481.39	
REPAIRS & MAINTENANCE	7,964.44	
SUPPLIES & MATERIALS	3,243.97	
ANNUAL CONVENTION COSTS	2,233.59	
PERMITS FEES/REGISTRATION	5 413.01	
OTHER MISCELLANEOUS	1,766.87	
TOTAL	48,883.44	
		-
FORM 990-EZ, PAGE 2, PARTIL, LINI	E26 "LIABILITIES"	
CATEGORY	AMOUNT	
RESERVE FOR POST L. DUES	20,018.65	
REPRESENTS AMOUNTS RECEIVED	FROM ELIZABETH A	POST 6 DUES.

						Page 2
LEGION	102	LINDEN	POST		Employer identification 22 - 609	8894
						
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	LEGION	LEGION 102		LEGION 102 LINDEN POST	LEGION 102 LINDEN POST	LEGION 102 LINDEN POST Employer dentification 22 - 609