DLN: 93493228008417 OMB No 1545-0047 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 Department of the Treasur ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization AMERICAN LEGION POST 202 D Employer identification number B Check if applicable ☐ Address change 35-6076970 ☐ Name change Doing business as ☐ Initial return Final Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 118 NORTH BROADWAY BOX 61 (260) 868-2177 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code BUTLER, IN $\,$ 46721 $\,$ G Gross receipts \$ 3,749,059 Name and address of principal officer H(a) Is this a group return for DONALD DAPE □Yes **☑**No subordinates? 1041 DONALD ST H(b) Are all subordinates AUBURN, IN 46706 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (19) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1949 M State of legal domicile IN Summary 1 Briefly describe the organization's mission or most significant activities TO FACILITATE COMRADARY AMONG PAST MEMBERS OF THE ARMED SERVICES AND THEIR FAMILIES, TO UPHOLD AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA, TO PROMOTE PATRIOTISM, TO PRESERVE THE MEMORIES AND INCIDENTS OF OUR ASSOCIATION IN THE GREAT WARS, TO INCULCATE A SENSE OF INDIVIDUAL OBLIGATION TO COMMUNITY, STATE AND NATION, TO COMBAT AUTOCRACY OF BOTH THE CLASSES AND THE MASSES, TO MAKE RIGHT THE MASTER OF MIGHT, TO PROMOTE PEACE AND Activities & Governance GOODWILL, 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 Check this box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 25 Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 164,747 8 Contributions and grants (Part VIII, line 1h) 136,551 Ravenue 0 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -664 111 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 371,120 390,527 507,007 555,385 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 119,089 103,275 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 359,479 407,734 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 462,754 526,823 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 44,253 28,562 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1.183.739 1.326.587 4,102 118,388 21 Total liabilities (Part X, line 26) 1,179,637 22 Net assets or fund balances Subtract line 21 from line 20 . 1,208,199 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 2017-07-12 Signature of officer Sign Here DONALD DAPP COMMANDER Type or print name and title Print/Type preparer's name THOMAS S DANFORD CPA Preparer's signature THOMAS S DANFORD CPA PTIN Check \square if P00625800 Paid self-employed Firm's EIN ▶ 81-4515291 **Preparer** Firm's address ► 202 E HARCOURT RD STE D Phone no (260) 833-1100 Use Only ANGOLA, IN 46703 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016) Cat No 11282Y

Form	990 (2016)				Page 2						
Par		of Program Service A	•		_						
			or note to any line in this f	Part III	<u> </u>						
1	Briefly describe the o	organization's mission									
CONS ASSO AUTO SAFE	STITUTION OF THE UN DCIATION IN THE GREAD DCRACY OF BOTH THE EGUARD AND TRANSMI	ITED STATES OF AMERICA AT WARS, TO INCULCATE A CLASSES AND THE MASSE	, TO PROMOTE PATRIOTISM A SENSE OF INDIVIDUAL OF S, TO MAKE RIGHT THE MA CIPLES OF JUSTICE, FREED	AND THEIR FAMILIES, TO UPHOLD AND I, TO PRESERVE THE MEMORIES AND I BLIGATION TO COMMUNITY, STATE AND ISTER OF MIGHT, TO PROMOTE PEACE SOM AND DEMOCRACY, TO CONSECRAT	NCIDENTS OF OUR D NATION, TO COMBAT AND GOODWILL, TO						
2	Did the organization	undertake any significant r	program services during the	year which were not listed on							
_	the prior Form 990 or 990-EZ?										
	·	ese new services on Schedu			□ les ⊡ llo						
3	•	Did the organization cease conducting, or make significant changes in how it conducts, any program									
,	services?	•	significant changes in now	it conducts, any program	☐ Yes ☑ No						
		ese changes on Schedule O			□ Yes ⊡ NO						
4	Describe the organization 501(c)(3) an	ation's program service acc	are required to report the a	es three largest program services, as mo mount of grants and allocations to othe							
4a	(Code See Additional Data) (Expenses \$	including grants	of \$) (Revenue \$)						
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)						
4c	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)						
	UNITED STATES OF AME INCULCATE A SENSE OF MAKE RIGHT THE MAST	ERICA, TO PROMOTE PATRIOTI: FINDIVIDUAL OBLIGATION TO ER OF MIGHT, TO PROMOTE PE	5M, TO PRESERVE THE MEMORI COMMUNITY, STATE AND NATIO ACE AND GOODWILL, TO SAFEO	of \$) (Revenue \$ HEIR FAMILIES, TO UPHOLD AND DEFEND THES AND INCIDENTS OF OUR ASSOCIATINO IN N, TO COMBAT AUTOCRACY OF BOTH THE CL GUARD AND TRANSMIT TO POSTERIRTY THE F R DEVOTION TO MUTUAL HELPFULNESS	I THE GREAT WARS, TO ASSES AND THE MASSES, TO						
4d	Other program servi	ces (Describe in Schedule ())								
	(Expenses \$	517,551 ıncludır	g grants of \$) (Revenue \$)						
4e	Total program serv	vice expenses ▶	517,551								

Yes

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14a

14b

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Yes

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Yes

Yes

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 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 candidates

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b 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 foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Page 3	3
No	
No	
No	

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Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	414 CI	CCKIISE	i itcqui	i ca oci	icuaics (continuct	•/	
20a	Did the or	ganization	operate o	one or mo	re hospital	facilities?	If "Yes."	' comple

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

Nο

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No

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No

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Nο

No

Form 990 (2016)

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V \dots			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 7	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
F-	Weekle agreement on a work, to a supplying discussion at a supplying at a supplying a single transport	F-		N.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7 g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
٠	against amounts due or received from them)			
2a	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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes				
	Check if Schedule O contains a response or note to any line in this Part VI							
Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year a							
	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							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
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		No				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
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		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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	Yes					
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		No				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c						
13	Did the organization have a written whistleblower policy?	13		No				
14	Did the organization have a written document retention and destruction policy?	14		No				
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		No				
Ь	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	'						
	status with respect to such arrangements?	16b						
	status with respect to such arrangements?	16b						
17	status with respect to such arrangements?	16b						
	status with respect to such arrangements?	16b						
17	status with respect to such arrangements?	16b						
17	status with respect to such arrangements?	16b						

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Part VII	Compensation of Officers, D and Independent Contractor		stees,	Key	/ Er	npl	oyee	s, H	lighest Comper	sated Employe	ees,
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	thıs	Part	: VII				<u> </u>
	A. Officers, Directors, Truste								·	<u> </u>	
year	e this table for all persons required to										ganızatıon's tax
of compensa	of the organization's current officers ation. Enter -0- in columns (D), (E), a	and (F) if no cor	npensa	tion v	vas	paid					
	of the organization's current key em										
who receive	organization's five current highest of d reportable compensation (Box 5 of and any related organizations										
	of the organization's former officers, e compensation from the organization					pen	sated	emp	oloyees who receive	ed more than \$100	,000
	of the organization's former directo i, more than \$10,000 of reportable co										
ompensate —	in the following order individual trus d employees, and former such persoi	ns	·								
☐ Check t	his box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	.
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t cha unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DOYLE L M		6 00			x				4,800	0	0
	F LANSFORD JR	10 00			×				2,100	0	0
(3) DONALD E)APP	10 00			×				2,100	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related for related for related any hours are and a for related for								N-	nted of other sation the			
		organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	a-MISC)	2/1099-MISC		organizati relati organiza	ed
												+		
c ·	Sub-Total	 art VII, Sectio 		· ·	•		*			9,000				
2	Total number of individuals (including of reportable compensation from the	but not limited			ed a	bove	e) who	rece	eived mo	re than \$1	00,000	- I		
	or reportable compensation from the	organization P											Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mpl	oyee, d	or hi	ghest cor	mpensated	employee on			
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable (the	3		No
	ındıvıdual	·	• •		•	•	•					4		No
5	Did any person listed on line 1a receiverservices rendered to the organization					,			_	tion or indi	vidual for	5		No
	ection B. Independent Contract													
1	Complete this table for your five high from the organization Report comper											npens	ation	
	(A) Name and business address (B) Description of services											(C) Compensation		

(A) Name and business address

compensation from the organization ▶

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 990 (2016)

	90 (2016)					Page 9
Part \	Statement of Revenue Check if Schedule O contains a	response or note to an	/ line in this Bast \/TTI	ī		
	Check if Schedule O contains a	esponse of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a	l	revenue		312-314
unts unts	b Membership dues	1b 6,937				
Gra mo	c Fundraising events	1c				
fs. Pa	d Related organizations	1d				
ĭia Siia	e Government grants (contributions)	1e				
ns, Sin	f All other contributions, gifts, grants, and similar amounts not included	İ				
Contributions, Gifts, Grants and Other Similar Amounts	above	1f 157,810				
를함	g Noncash contributions included in lines 1a-1f \$					
in di	h Total.Add lines 1a-1f	_				
Т	in Total. Add lines 1a-11	Business	164,747 s Code			
and i	2a					
ا <u>چ</u>	b —					
3	c —					
Şerv	d ————————————————————————————————————					
am	e ————————————————————————————————————					
Program Service Revenue	f All other program service revenue		'	<u>'</u>	L	1
<u>•</u>	9Total. Add lines 2a-2f	<u> </u>	_	T	1	
	3 Investment income (including divider similar amounts)		111	1 111		
	4 Income from investment of tax-exem	pt bond proceeds	•			
	5 Royalties		•			
	(1) Real	(II) Personal	_			
	oa diossiferits					
	b Less rental expenses					
	c Rental income or		-			
	(loss)		4			
	d Net rental income or (loss) (i) Securitie					
	7a Gross amount	s (ii) series				
	from sales of assets other					
	than inventory					
	b Less cost or other basis and sales expenses					
	C Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising even (not including \$ of					
š	contributions reported on line 1c)					
eve	See Part IV, line 18 b Less direct expenses	a 8,172 b 1,112	_			
بر ا	c Net income or (loss) from fundraising	-	- 7,060	o		
Other Revenue	9a Gross income from gaming activities					
١	See Part IV, line 19	a 3,409,672	2			
	b Less direct expenses	b 3,061,433				
	c Net income or (loss) from gaming a	ctivities	348,239	348,239		
	LOaGross sales of inventory, less returns and allowances					
	returns and anowances i	a 158,283	3			
	b Less cost of goods sold	b 131,129	Ð			
	c Net income or (loss) from sales of in		27,154	27,154	1	
-	Miscellaneous Revenue 11a _{ATM} INCOME	Business Code	6,664	4 6,664	ı	
	ATM INCOME		0,004	0,002		
	h DANIOUET HALL DENTAL		1,350	0 1,350)	
	b BANQUET HALL RENTAL		1,550	1,550		
	SALE OF SMALL ASSETS		60	0 60)	
	SALE S. SIMILE ASSETS					
	d All other revenue					
	e Total. Add lines 11a-11d		8,074	4		
	12 Total revenue. See Instructions .					
			555,38	5 383,578	3	Form 000 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,000	9,000		
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 salaries and wages	100,982	100,982		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,107	9,107		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,600	2,600		
d Lobbying				
· · ·				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
L3 Office expenses				
L4 Information technology				
L5 Royalties				
L6 Occupancy				
L 7 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,200		5,200	
20 Interest	4,072		4,072	
21 Payments to affiliates	7,072		7,072	
' - <u>-</u>	40.202	40.202		
22 Depreciation, depletion, and amortization	49,303	49,303		
23 Insurance	10,030	10,030		
24 Other expenses Itemize expenses not covered 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)				
a CONTRIBUTIONS	192,926	192,926		
b MAINTENANCE AND REPAIRS	82,164	82,164		
c UTILITIES	25,802	25,802		
d SUPPLIES	18,589	18,589		
e All other expenses	17,048	17,048		
25 Total functional expenses. Add lines 1 through 24e	526,823	517,551	9,272	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	223,323	321,551	2,272	
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

19

20

21

22 23

24

25

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27

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31

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33

34

4,102

1,179,637

1,179,637

1.183.739

112.858

118,388

1,208,199

1,208,199

1.326.587 Form **990** (2016)

Form 990 (2016)

19

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21

23

24

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27 28

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31

32

33 34

Liabilities 22

Fund Balances

Assets or

Net

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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 . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

	1	Cash-non-interest-bearing	233,113	1	216,722
	2	Savings and temporary cash investments	86,640	2	38,856
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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			
ete	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	1,500	8	1,500
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			

(A)		Part II of Schedule L					
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	1,500	8	1,500		
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,803,124			
	b	Less accumulated depreciation	10 b	733,615	862,486	10 c	1,069,509
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, lin	e 11 .			13	
	14	Intangible assets				14	
	15 Other assets See Part IV, line 11					15	
	16	Total assets.Add lines 1 through 15 (must equ	1,183,739	16	1,326,587		
	17	Accounts payable and accrued expenses	_		4.102	17	5.530

9	Prepaid expenses and deferred charges		9			
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,803,124			
ь	Less accumulated depreciation	10b	733,615	862,486	10 c	1,069,509
11	Investments—publicly traded securities .		11			
12	Investments—other securities See Part IV, line		12			
13	Investments—program-related See Part IV, line		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11	Other assets See Part IV, line 11				
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	1,183,739	16	1,326,587
17	Accounts payable and accrued expenses			4,102	17	5,530
18	Grants payable				18	

Form	990 (2016)			ſ	Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			555,385
	· · · · · · · · · · · · · · · · · · ·	2			
2 3	Total expenses (must equal Part IX, column (A), line 25)	3			526,823 28,562
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			179,637
4	, , , , , , , , , , , , , , , , , , , ,	5			1/9,63/
5	Net unrealized gains (losses) on investments				
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			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,	208,199
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
			\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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 Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2016)

Additional Data

Software ID:

Software Version: **EIN:** 35-6076970

Name: AMERICAN LEGION POST 202

Form 990 (2016)

AND SANCTIFY OUR COMRADESHIP BY OUR DEVOTION TO MUTUAL HELPEULNESS.

Form 990, Part III, Line 4a: TO FACILITATE COMRADARY AMONG PAST MEMBERS OF THE ARMED SERVICES AND THEIR FAMILIES. TO UPHOLD AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA, TO PROMOTE PATRIOTISM, TO PRESERVE THE MEMORIES AND INCIDENTS OF OUR ASSOCIATION IN THE GREAT WARS, TO INCULCATE A SENSE OF INDIVIDUAL OBLIGATION TO COMMUNITY, STATE AND NATION, TO COMBAT AUTOCRACY OF BOTH THE CLASSES AND THE MASSES, TO MAKE RIGHT THE MASTER OF MIGHT, TO PROMOTE PEACE AND GOODWILL, TO SAFEGUARD AND TRANSMIT TO POSTERITY THE PRINCIPLES OF JUSTICE, FREEDOM AND DEMOCRACY, TO CONSECRATE efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

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

Attach to Form 990. OMB No 1545-0047

DLN: 93493228008417

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection

AM	ERICAN LEGION POST 202				35-60769	70	
Pa	art I Organizations Maintaining Donor	Advised Funds or O	ther !	Similar Fund			
	Complete if the organization answere						
		(a) Donor advised	funds		(b)Funds	s and other accoun	ts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to t				or advised	☐ Ye	s 🗆 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					e 🗌 Ye	s 🗌 No
Pa	rt II Conservation Easements. Complet	e if the organization a	nswer	ed "Yes" on	Form 990, Par		
1	Purpose(s) of conservation easements held by the	e organization (check all t	hat ap	ply)			
	\square Preservation of land for public use (e g , rec	reation or education)		Preservation o	of an historically	ımportant land are	ea .
	Protection of natural habitat			Preservation o	of a certified hist	orıc structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	held a qualified conservat	ion cor	ntribution in th		ervation eld at the End of t	the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easemen				2b		
c	Number of conservation easements on a certified				2c		
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06,	and no	ot on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, exting	uished	, or terminated	d by the organiza	ation during the	
4	Number of states where property subject to conse	ervation easement is loca	ted ►_		<u>—</u>		
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitor t holds?	ing, in:	spection, hand	ling of violations	, Yes [□ No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of v	olation	ns, and enforci	ng conservation	easements during	the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violation	ons, an	d enforcing co	nservation easer	ments during the y	ear
8	Does each conservation easement reported on lin	e 2(d) above satisfy the i	require	ments of secti	on 170(h)(4)(B)	(1)	
	and section 170(h)(4)(B)(II)?					☐ Yes [□No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the org					
Pai	Organizations Maintaining Collect Complete if the organization answere				Other Simila	r Assets.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, e	ducati	on, or research	ın furtherance		rks of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1				▶ :	\$	
(ii)Assets included in Form 990, Part X				> 9	\$	
2	If the organization received or held works of art, following amounts required to be reported under				financial gain, p		
а	Revenue included on Form 990, Part VIII, line 1				> :	\$	
b	Assets included in Form 990, Part X				•	\$	
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.		Cat	No 52283D	Schedule D (Forr	n 990) 2016

Par	t III	Organizations Maintaining (Collections o	f Art, Histo	orical T	reas	ures, or	Other	Similar A	ssets	(continued)
3		the organization's acquisition, access	sion, and other	records, che	ck any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collectio	n
а	ltems	(check all that apply) Public exhibition		c	i 🗆	Loar	n or excha	ange prog	ırams			
b		Scholarly research		•	• 🗆	Othe	er					
c		Preservation for future generations										
4	Provid	de a description of the organization's	collections and	explain how	they furt	her th	ne organiz	ation's ex	kempt purp	ose in		
5	Part >	KIII g the year, did the organization solici	+ ov rocenie do	nations of art	bistonis	al +va=		a+b a v a ma	ular			
5		s to be sold to raise funds rather than							illai	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arran Complete if the organization ar		on Form 9	90, Part	: IV,	ine 9, or	reporte	ed an amo	unt on	Form 990), Part
		X, line 21.										
1a		e organization an agent, trustee, cust led on Form 990, Part X?	odian or other	intermediary	for contr	ibutioi	ns or othe	er assets (not	□ Y	es 🗌	No
b	If "Ye	es," explain the arrangement in Part >	(III and comple	te the followi	ng table		[,	Amount		
С	Begin	ning balance						1c				
d	Addıtı	ions during the year					Ī	1d				
е	Distri	butions during the year						1e				
f	Endın	g balance					İ	1f				
2a		e organization include an amount on	Form 990, Par	t X, line 21, f	or escrov	v or c	ء ustodial a	ccount lia	ability?		es	— No
L		-							·	□ Y		NO 1
b		s," explain the arrangement in Part X									· · L	
Pa	rt V	Endowment Funds. Complete										
4 -	D		(a)Curren	t year (I	Prior yea	ar	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four y	ears back
	=	ing of year balance				-						
		outions										
		restment earnings, gains, and losses										
		or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the ci	urrent year end	balance (line	g 1g, colu	ımn (a	a)) held a:	s				
а	Board	designated or quasi-endowment >										
Ь	Perma	anent endowment 🕨										
c	Temp	orarily restricted endowment >										
_	The p	ercentages on lines 2a, 2b, and 2c sh	nould equal 100)%								
За	Are th	nere endowment funds not in the pos	session of the o	organization t	hat are h	neld ar	nd admını	stered fo	r the			
	-	ization by								_	Yes	No
	(i) ur	related organizations									Ba(i)	
		elated organizations								3	a(ii)	
b		s" on 3a(II), are the related organizat Tibe in Part XIII the intended uses of t								· L	3b	
4				n s endownie	it iuiius							
P a	rt VI	Land, Buildings, and Equipm Complete if the organization ar		on Form 99	0 Part	TV/ lı	ne 11a	See Fori	m 990 Pa	rt X lir	ne 10	
	Descri	ption of property (a) Cost or	other basis tment)	(b)Cost or oth	_				epreciation	(/ / m	(d)Book va	lue
12	Land				3	80,062	2					380,062
	Buildin					75,703			532,715	 		442,988
		·				. 5,705			332,713	├──		2,500
		old improvements				02 242	,		101 551	 		1.602
		nent				83,243	-		181,551	<u> </u>		1,692
			h1 =	00 0-11		64,116			19,349	<u> </u>		244,767
iota	ıı. Add	lines 1a through 1e (Column (d) mus	t equal Form 9	yu, Part X, co	iumn (B,	i, iine	τυ(c)) .	•				1,069,509

	Investments—Other Securities. Complete if the orga			
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value		ethod of valuation d-of-year market value
	derivatives			
	neld equity interests	<u>·</u>		
A)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.	ganızatıon ar	iswered 'Yes' on Forr	n 990, Part IV, line 11c.
	(a) Description of investment	(b) Book value	(c) M Cost or en	ethod of valuation d-of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, P	art IV, line 11d See Fo	rm 990, Part X, line 15 (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Colu. Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer		orm 990. Part IV. lin	
	See Form 990, Part X, line 25.		,,,,	
_		(b)	Book value	
L.	(a) Description of liability	(b)	Book value	
l. 1) Federal ı	(a) Description of liability	(b)		
 1) Federal I	(a) Description of liability	(b)	Book value	
 1) Federal I IOTE PAYAB 2)	(a) Description of liability	(b)		
IOTE PAYAB 2)	(a) Description of liability	(b)		
IOTE PAYAB 2) 3)	(a) Description of liability	(b)		
NOTE PAYAB 2) 3) 4)	(a) Description of liability	(b)		
NOTE PAYAB 2) 3) 4) 5)	(a) Description of liability	(b)		
NOTE PAYAB 2) 3) 4) 5) 6)	(a) Description of liability	(b)		
NOTE PAYAB 2) 3) 4) 5) 6) 7)	(a) Description of liability	(b)		
NOTE PAYAB 2) 3) 4) 5) 6)	(a) Description of liability	(b)		

Explanation

Schedule D (Form 990) 2015

Return Reference

Schedule D (Fo	orm 990) 2015	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493228008417 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** AMERICAN LEGION POST 202 35-6076970 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

Sche	dule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	1 990-EZ, lines I and 6	b. List events with
	g. 000 , 000,p00 g, 0000, 01,011, 4.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col (a) through col (c))
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
	5 Noncash prizes				
Ses	6 Rent/facility costs				
eg.	7 Food and beverages				
Direct Expenses	8 Entertainment				
)i e	9 Other direct expenses				
_	10 Direct expense summary Add lines 4 to	through 9 in column (d)		•	
	11 Net income summary Subtract line 10) from line 3, column (d)		•	
Pai	t III Gaming. Complete if the org		s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.	T	1		
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue	851,312	2,511,785	46,575	3,409,672
Expenses	2 Cash prizes	961,785	1,904,852	31,468	2,898,105
Ä	3 Noncash prizes				
o g	4 Rent/facility costs				
ā —	5 Other direct expenses	47,765	111,445	4,118	163,328
		☐ Yes%	☐ Yes%	☐ Yes %	
	6 Volunteer labor	✓ No	✓ No	✓ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)		•	3,061,433
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	348,239
9	Enter the state(s) in which the organizat	ion conducts gaming activ	ities IN		
а	Is the organization licensed to conduct g				✓ Yes
b	If "No," explain				
10a b	Were any of the organization's gaming li		d or terminated during the	e tax year?	☐ Yes ☑ No
	· · · · · · · · · · · · · · · · · · ·				 I

Sche	dule G (Form 990 or 990-EZ) 2016					F	Page 3
11	Does the organization conduct gaming	activities with nonmembe	ers?		Yes	☑ No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		a member of a partnership or other entity		□Yes	☑ No	
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the org	anization's gaming/special events books and r	ecords			
	Name DONALD A DAPP						
	Address > 1041 DONALD STREET AUBURN, IN 46706						
	Does the organization have a contract revenue?	with a third party from wh	hom the organization receives gaming		□Yes	✓ No	
b			rganızatıon ▶ \$ and tl	he			
	amount of gaming revenue retained by	the third party 🕨 \$					
С	If "Yes," enter name and address of the	e third party					
	Name •						
	Address►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation \blacktriangleright \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	•	e law to make charitable	distributions from the gaming proceeds to				
	retain the state gaming license?				\square Yes	✓ No	
b	·		buted to other exempt organizations or spent				
	in the organization's own exempt activ			- () -			
Pa		5c, 16, and 17b, as ap	ations required by Part I, line 2b, column iplicable. Also complete this part to provi				
	Return Reference		Explanation	-			

Schedule G (Form 990 or 990-EZ) 2016

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLI	N: 93493228008417					
SCHEDULE O (Form 990 or 990- EZ)	2016 Open to Public Inspection							
Name of the organizate Mame of the organizate Mamerican Legion Post		35-6076970	ntification number					
Return Reference	Explanation							
FORM 990 - ORGANIZATION'S MISSION TO FACILITATE COMRADARY AMONG PAST MEMBERS OF THE ARMED SERVICES AND THEIR FAMILIES, TO UP HOLD AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA, TO PROMOTE PATRIOTISM, T O PRESERVE THE MEMORIES AND INCIDENTS OF OUR ASSOCIATION IN THE GREAT WARS, TO INCULCATE A SENSE OF INDIVIDUAL OBLIGATION TO COMMUNITY, STATE AND NATION, TO COMBAT AUTOCRACY OF BOT H THE CLASSES AND THE MASSES, TO MAKE RIGHT THE MASTER OF MIGHT, TO PROMOTE PEACE AND GOOD WILL, TO SAFEGUARD AND TRANSMIT TO POSTERITY THE PRINCIPLES OF JUSTICE, FREEDOM AND DEMOCR ACY, TO CONSECRATE AND SANCTIFY OUR COMRADESHIP BY OUR DEVOTION TO MUTUAL HELPFULNESS								

990 Schedule O, Supplemental Information

Reference	
FORM 990, PAGE 2, PART III, LINE 4D SERVICE AND THE MEMORIES AND THE MEMORIES AND INCIDENTS OF OUR ASSOCIATINO IN THE GREAT WARS, TO INCULCATE A SENSE OF INDIVIDUAL OBLIGATION TO COMMUNITY, STATE AND NATION, TO COMBAT AUTOCRACY OF BO THE THE CLASSES AND THE MASSES, TO MAKE RIGHT THE MASTER OF MIGHT, TO PROMOTE PEACE AND GOO DWILL, TO SAFEGUARD AND TRANSMIT TO POSTERIRTY THE PRINCIPLES OF JUSTICE, FREEDOM AND DEMO CRACY, TO CNSECRETE AND SANTIFY OUR COMRADESHIP BY OUR DEVOTION TO MUTUAL HELPFULNESS	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WAS OR WILL BE CONDUCTED PAGE 6, PART VI.

LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6,

PART VI, LINE 19