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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](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

**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) ▶

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

**I** Website: ▶ N/A

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

**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. ▶ \$ 133,322

**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.

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	20,794
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	103,179
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) <b>6a</b> 9,349	<b>6a</b>	9,349
	<b>b</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) . . . . . <b>6b</b>	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events . . . . . <b>6c</b> 454	<b>6c</b>	454	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <b>6d</b> 8,895	<b>6d</b>	8,895	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	<b>7a</b>		
<b>b</b> Less cost of goods sold . . . . . <b>7b</b>	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b> 132,868	<b>9</b>	132,868	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b> 26,844	<b>12</b>	26,844
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> 24,357	<b>13</b>	24,357
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 23,155	<b>14</b>	23,155
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> 343	<b>15</b>	343
	<b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b> 66,611	<b>16</b>	66,611
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b> 141,310	<b>17</b>	141,310
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b> -8,442	<b>18</b>	-8,442	
<b>Net Assets</b>	<b>19</b> 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) . . . . . <b>19</b> 250,040	<b>19</b>	250,040
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b> -252	<b>20</b>	-252
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . <b>21</b> 241,346	<b>21</b>	241,346



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 . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JAMES DEXTER Telephone no (850) 716-9994 Located at 311 MAIN STREET DESTIN, FL ZIP + 4 32541

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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 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

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

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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 2017-07-26 Date ZACK MILLER COMMANDER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name WILLIAM P WELCH Preparer's signature Date 2017-08-03 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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR THE VARIOUS LOCAL CHARITIES, AND COMMUNITY SUPPORT (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

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<p><b>29</b> US ARMED FORCES VETERANS' ORGANIZATION TO PROVIDE RECREATION AND SUPPORT TO THE LOCAL VETERANS, SUPPORT FOR THE VARIOUS LOCAL CHARITIES AND COMMUNITY SUPPORT (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 ADVERTISING 513 INSURANCE 5,404 COST OF GOODS SOLD 478 KITCHEN FUND COST OF GOODS SOLD 11,943 BAR FUND COST OF GOODS SOLD 34,903 EXPENSES NON-INVESTMENT DEPRECIATION 1 3,370 TOTAL 66,611

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 -252

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 7,860 7,860 EQUIPMENT & OTHER DEPRECIABLE ASSETS 482,797 483,668 LESS ACCUMULATED DEPRECIATION 292,724 306,346 TOTAL 197,933 185,182

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES PAYABLE 157 0 FICA TAXES PAYABLE 127 0 MEDICARE TAXES PAYABLE 30 0 WH TAXES PAYABLE 0 0 SUTA PAYABLE 13 0 FUTA PAYABLE 33 0 SALES TAXES PAYABLE 516 0 PAYROLL LIABILIT IES 0 0

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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