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~ 'Form 990

Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

<u>A</u>	For th	e 2016 calen	dar yea	r, or tax	year be	eginni	ng				, 2016,	, and	ending				,	
В	Check if	applicable	C Nam	e of organ	zation /	mer	ıcan	Legio	on Po	ost -	- 55	Wal	lton		D Emplo	yer ideni	tification number	
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<u></u>	Tax-e	xempt status	501(c)(3)	X 501(c)	(19) 💆	(insert n	0.)	4947((a)(1) or		527			,	,	
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ĸ	Form	of organization	X Corp	oration	Trust	T A	ssociation	Ott	ner 🏲		L	Year of	formation	191	9 M	State of le	egal domicile	'X
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ည	VETERANS ORGANIZATION PROVIDING FUNDS FOR 501 (C) CHARITABLE AND EDUCATIONAL ORGANIZATIONS 2 Check this box >																	
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			oald to or for members (Part IX, column (A), line 4)															
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Expenses	16a F	Professional f	undraisi	ng fees	(Part IX,	colum	ın (A), liı	ne 11e)										
ē	ь	Total fundrais	ıng expe	nses (P	art IX. c	olumn	(D), line	25) ►					0.			-		
ũ		Other expens	• .	•			• •	•	, —						71,180.		7	0 200
	1	•	•	-			•		•									<u>8,308.</u>
	1	Total expense								-					197,			<u>0,650.</u>
- o		Revenue less	expens	es. Subi	ract line	18 tro	m line 1	2	• • •		• • • •	• • •			-15,0			9,249.
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Net Assets Fund Balan	20	Total assets (•	•					• • •						230,			3,047.
Ž₽	21 1	Total liabilities	s (Part X	, line 26	6)	• • • •									-4,0	052.		<u>4,490.</u>
~2.	22	Net assets or	fund ba	ances	Subtract	line 21	1 from li	ne 20 .							234,	709.	20	7,537.
Pa	rt II	Signatur	e Bloc	:k	•												-	
Unde	er penaltie	es of perjury, I dec	are that I	have exam	ined this re	eturn, inc	duding acc	ompanying	g schedu	les and st	tatement	s, and t	to the best	of my know	vledge and b	elief, it is	true, correct, and	
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_			E	ELTO	N					ΤX	7651	.3			Phone no	(25	4) 939-0	701
May	the IR	RS discuss the	s return	with the	prepare	r show	n above	? (see	instruc								X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	990 (2016) American Legion Post - 55 Walton	74-1218065	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
1	Briefly describe the organization's mission:		
	UNITED STATES ARMED SERVICES		
	VETERANS ORGANIZATION PROVIDING FUNDS FOR 501 (C) CHARITABLE AND		~
	EDUCATIONAL ORGANIZATIONS		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	as measured by expense others, the total expenses	es.
	and revenue, if any, for each program service reported.	valore, are real expenses	•
4 a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	RAISING AND DISTRIBUTING FUNDS FOR THE BENEFIT OF LOCAL EDUCATION	NAL/CHARITABLE	
	ORGANIZATIONS.		
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·	
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue S)
	, (odd),		
- A -	Other program services (Describe in Schedule O.)		
0	(Expenses \$ Including grants of \$) (Revenue \$;)
	Total program service expenses	····	
BAA	TEEA0102 11/18/18	Form	1 990 (2016)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes,' complete Schedule D, Part I	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	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 services? If Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	_		
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part VIII	11 c		Х
	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 in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11e		х
	f 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	111		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12e, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G, Part I (see Instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes, complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,' complete Schedule G, Part III.	19	х	

Part IV Checklist of Required Schedules (continued) Yes Nο X 20a 20a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 249 Х ▶ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I.......... 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or Х 26 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 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L, Part IV. Х 280 X Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I. . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 35a X Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

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Da	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u></u>	ago .
rai	Check if Schedule O contains a response or note to any line in this Part V			Г
_	Check it defedute of contains a response of note to any line in this Part V	• • •	Yes	No
1:	a Enter the numbèr reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	<u> </u>
2 a	a 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			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	L_
ı	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 Ь	X	
4:	a 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		х
1	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).			
5 2	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 2	a 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		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
•	a 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?	- 7 a	-	x
ı	b If Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	-	-
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
•	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?	7 e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		i –	
	as required?	7 g	<u> </u>	<u> </u>
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	1	İ
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	l	
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter:			ł
	a Gross income from members or shareholders			
1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	Ì	İ
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	l
	a is the organization licensed to issue qualified health plans in more than one state?	13 a	L	L
	Note. See the instructions for additional information the organization must report on Schedule O.			
ı	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			
	c Enter the amount of reserves on hand		ĺ	ĺ
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	}	x
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2016) American Legion Post - 55 Walton 74-1218065 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 8 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 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 Х 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X X 8 b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a X b If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 14 X 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? 15 b X 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 16 a Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Other (explain in Schedule O) X Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

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STAFF

BELTON

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Form 990 (2016)	American	Legion	Post	_	55	Walto	١.

74-1218065

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Groot and box is trouble, and organization that any role		(C)								
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organize- tons below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Larry D Beck Commander	20.00	x		х				0.	0.	0.
(2) Wayne Myer Historian	2.00	х						0.	0.	0.
(3) Robert W. Ward Adjutant	2.00	х		X				0.	0.	0.
_(4) Ronnie Mayfield 2nd Vice	2.00	х		х				0.	0.	0.
(5) Michael Belcher 1st Vice	2.00	x		х				0.	0.	0.
(6) Joe Carden Chaplain	2.00	х						0.	0.	0.
(7) Brady Kinder Judge Advocate	2.00	х						0.	0.	0.
(8) Larry Green Service Officer	2.00	x						0.	0.	0.
(9) Larry Beck Jr. Sgt. At Arms	2.00	х						0.	0.	0.
(10)									1	
<u>(11)</u>	<u> </u>									
(12)										
(13)										
(14)										

(A) Name and title	(B) Average hours per week	(do box	not che	(C) Position ick mo	n re than c n is both ctor/trust	one an bee)	(D) Reportable	(E) Reportable compensation from	(F) Estimated amount of other		
`	(list any hours for related organize - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org- an-	persation om the snization d related anizations	
(15)											
(16)											
(17)											
(18)				十	†						
(19)				\dagger	 	 					
(20)				+	\dagger						
(21)		-		十	+						
(22)				+	+			<u></u>			
(23)					+	-					
(24)				1		-					
(25)					1						
1 b Sub-total	ction A					>	0.	0.			0.
d Total (add lines 1b and 1c)						eive	0 . d more than \$100,	0.00 of reportable con	npensa	tion	0.
from the organization							 			Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or truste	e, key	emp	loyee	, or hi	ghes	st compensated en	nployee	3		x
For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportable c	ompe	nsatio	on an	d othe	r co	mpensation from				
such individual	• • • • • •			• •	• • •	• •			4		X
for services rendered to the organization? If Yes Section B. Independent Contractors	,' complete \$	Sched	lule J	for s	ıch pe	rsor	<u> </u>	<u></u>	. 5		X
Complete this table for your five highest compen- compensation from the organization. Report com-	sated independent	enden or the	t cont	racto dar y	rs that ear en	rec	eived more than \$ with or within the	100,000 of organization's tax ye	ar.		
(A) (B)										C) ensatio	n
2 Total number of independent contractors (includi	ng but not li	nited	to tho	se lis	ited at	ove) who received ma	re than			
\$100,000 of compensation from the organization	<u> </u>		3109 1							990 (3	2016

	Check if Schedule O contains a response or note to any t	ine in this Part VIII		<u> </u>	
-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1 a Federated campaigns 1 a				
iran	b Membership dues 1 b 1,221.]			
S £	c Fundraising events 1 c				
Sift ar	d Related organizations 1 d				
imi	Government grants (contributions) 1 e				•
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
ig i	g Noncash contributions included in lines 1a-1f: \$				
Co	h Total. Add lines 1a-1f	1,221.			
ue	Business Code				
Program Service Revenue	2a				
æ	b				
Ş.	c			<u> </u>	
Se	d				
Ë	е				
ğ	f All other program service revenue				
ď	g Total. Add lines 2a-2f	•			
	3 Investment income (including dividends, interest and other similar amounts)	•			
	4 Income from investment of tax-exempt bond proceeds •				
	5 Royalties	•			
	(I) Real (II) Personal	_			
	6a Gross rents 33,325.	_			
	b Less: rental expenses	_			
	c Rental income or (loss) 33,325.	_			
	d Net rental income or (loss)	33,325.	30,300.	3,025.	0.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	-			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)	1			
	d Net gain or (loss)	1			
	l , , ,				
Other Revenue	8 a Gross income from fundraising events (not including \$				
Ş.	of contributions reported on line 1c).				
œ	See Part IV, line 18 a				
ž	b Less: direct expenses b				
ਰ	c Net income or (loss) from fundraising events	·			
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b 371, 901	_			
	c Net income or (loss) from gaming activities	109,813.	97,210.	12,603.	0.
	10 a Gross sales of inventory, less returns	1007013.	2.7.2.0.	12,000.	<u>`</u>
	and allowances				
	b Less: cost of goods sold b 14,071				
	c Net income or (loss) from sales of Inventory	6,600.	2,197.	4,403.	0.
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue	442.	238.	204.	0.
	e Total. Add lines 11a-11d	442.			
	12 Total revenue. See instructions		129,945.	20,235.	0.

Part IX | Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All of	ther organizations must d	complete column (A).	
	Check if Schedule O contains a res	sponse or note to any line			
Do 1 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,871.			
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, lines 15 and 16				
4 5	Benefits paid to or for members			·	
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	75,910.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes	5,561.			
11	Fees for services (non-employees):				
	Management				
	Legal				
c	Accounting	3,325.			
d	Lobbying				
6	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees [
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,825.			
12	Advertising and promotion	5,059.			
13	Office expenses	<u> </u>			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,945.			
23	Insurance	4,992.			
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.)			!	
ε					ļ
t)			ļ 	
•			L	<u> </u>	
•					
•	All other expenses	51,162.	51,162.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	180,650.	51,162.	0.	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. Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2016)

Part X **Balance Sheet** (B) End of year (A) Beginning of year 66,234 1 13,588. 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 R Prepaid expenses and deferred charges 9 10 a 404.596 10 b 100 164,423 189,459. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 15 15 16 16 230.657 203.047. 17 17 -4.052 -4.490 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 25 Total liabilities. Add lines 17 through 25........... 26 -4.490 -4.052Organizations that follow SFAS 117 (ASC 958), check here ➤ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 31 Retained earnings, endowment, accumulated income, or other funds 32 234,709 207,537. 33 234,709 33 207,537. 34 230,657 203,047.

TEEA0111 11/16/16

-on	m 990 (2016) American Legion Post - 55 Walton /4-	TST8	065		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
_	Check if Schedule O contains a response or note to any line in this Part XI		• • • •	<u> </u>	<u></u>	.П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	51,4	01.
2	Total expenses'(must equal Part IX, column (A), line 25)	2		1	80,6	50.
3	Revenue less expenses. Subtract line 2 from line 1	3				49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				09.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	2,0	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		2	07,5	37.
<u>Pa</u>	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \square$
	_				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		- 1			
_	in Schedule O.		1	2 a	x	
4	a Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •		24		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		1	1		
	Separate basis, Consolidated basis, Or both. Separate basis		ĺ	j		
	b Were the organization's financial statements audited by an independent accountant?					Х
	- • •			2 b		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		1	ł		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	ļ		,
	c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	it.	1	ł		
	review, or compilation of its financial statements and selection of an independent accountant?			2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		[
3			1			l
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		}	3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a		ł			}
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • •		3 ь		<u> </u>
RA	4			Form	990 (2016)

SCHEDULE D (Form 990)

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

2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

American Legion Post - 55 Walton 74-1218065 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yas No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

u Grants of scriolarships		_		l
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage	of the current year er	nd balance (line 1g, co	lumn (a)) held as:	
a Board designated or quasi-endown	nent ►	%		
h Permanent endowment ▶	- %			

3 a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) unrelated organizations . . b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

The percentages on lines 2a, 2b, and 2c should equal 100%.

Part VI Land, Buildings, and Equipment.

c Temporarily restricted endowment

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		304,981.	138,654.	166,327.
c Leasehold improvements				
d Equipment		49,532.	47,863.	1,669.
e Other		50,083.	28,620.	21,463.
Total Add lines 1a through 1e (Column (d) must equi	el Form 990 Pert X colu	mn (B) line 10c)		189 459

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Schedule D (Form 990) 2016

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

BAA

Schedule D (Form 990) 2016 American Legion Post - 55 Walton	74-1218065	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Pnor year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b Other (Describe in Part XIII.)		
C Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b: Part V.	
ne 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

2016 Inspection

Name of the organization						Employer Identific	etion number
American Legion Post - 55	Walton					74-121806	5
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.							
1 Indicate whether the organization rai	sed funds throu	gh any of t	he followin	g activities. Check all the	at apply.		
a Mail solicitations			•	Solicitation of non-g	ovemme	ent grants	
b Internet and email solicitations			f	Solicitation of govern	nment gi	rants	
c Phone solicitations			Я	Special fundraising	_		
d In-person solicitations			•	. .			
2 a Did the organization have a written of employees listed in Form 990, Part V	r oral agreeme	nt with any	individual	(including officers, direct	ors, trust	tees, or key	Yes No
b If 'Yes,' list the 10 highest paid individual compensated at least \$5,000 by the	duals or entities		-	•		e fundraiser is to	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did for have custoo of contri	undraiser ty or control butions?	(Iv) Gross receipts from activity	(or re	nount paid to stained by) niser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9				ı			
10							
Total							
 List all states in which the organization or licensing. 	on is registered	or licensed	d to solicit	contributions or has been	n notified	it is exempt fro	m registration

Schedule G (Form 990 or 990-EZ) 2016 American Legion Post - 55 Walton 74-1218065 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) (b) Event #2 (c) Other events through column (c)) REVENUE (event type) (event type) (total number) Gross receipts 2 Less: Contributions . . Gross income (line 1 minus line 2). . . . Cash prizes . . . Noncash prizes . . . DIRECT Food and beverages . . EXPENSES Entertainment.... Other direct expenses. Gaming. Complete if the organization answered Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (a) Bingo (c) Other gaming (add column (a) bingo/progressive bingo through column (c)) 434,953. 46,761. 481,714. 332,500. 31,977. 364,477. EXPENSE Rent/facility costs Other direct expenses. 5,243 2,181 7,424. X Yes 25.00 % Yes Yes X No Volunteer labor . No 371,901. 109,813. 9 Enter the state(s) in which the organization conducts gaming activities: Texas a is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

3G 16	sudie G (rolli 350 of 950-EZ) 2010 American Legion Post - 55 Walton 74	-1218065	_ rage 3
11	Does the organization conduct gaming activities with nonmembers?	· · · · Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	· · · · Tyes	XNo
13	Indicate the percentage of gaming activity conducted in:	i 1	
a	a The organization's facility	13a	ક
	an outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:	
	Name FRANCIS DRAKE		
	Address 720 W FIRST AVE BELTON, TX 76513		
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· · · · · Tyes	X No
	b If 'Yes,' enter the amount of gaming revenue received by the organization		_
	of gaming revenue retained by the third party > \$		
C	c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year \$	no (iii) and (v):	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, colum and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation. See instructions	ns (III) and (V); litional	

TEEA3703 09/23/16

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Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE		5	ants and Oth	er Assistance t	Grants and Other Assistance to Organizations,	.		OMB No 1545-0047
(Form 990)		Gov Gov	ernments, ar	nd Individuals i	Governments, and Individuals in the United States	ites		2016
,		Comple	te if the organizatio	n answered 'Yes' on F	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990.	l or 22.	_	Ones to Public
Department of the Treasury Internal Revenue Service		► Information about S	about Schedule I (Form 990) and Its instr	chedule I (Form 990) and Its instructions is at www.irs.gov/form990.	ov/form990.		Inspection
Name of the organization							Employer Identification number	etton number ·
Part General Info	ormation on G	an Legion Post - 55 Waiton General Information on Grants and Assistance	ance				000771_6/1	,
1 Does the organization the selection criteria	on maintain records used to award the	s to substantiate the arr grants or assistance?	nount of the grants o	r assistance, the grantee	Ooes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	s or assistance, and		X Yes No
2 Describe in Part IV i	the organization's p	rocedures for monitoring	ng the use of grant fu	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.				
Part II Grants and Form 990, P	Other Assista	Grants and Other Assistance to Domestic Organi Form 990, Part IV, line 21, for any recipient that recei	Organizations and received more	and Domestic Gov e than \$5,000. Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	te if the organizati if additional space	ion answered Yes e is needed.	s' on
1 (a) Name and address of organization or government	s of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
[2]								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(3)								
[4]								
	1							
(6)								
14								
6								
10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(8)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							-
						:		
2 Enter total number of	of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	sizations listed in the	line 1 table				
 	duction Act Notice	e, see the instructions	s for Form 990.		TEEA3901 11/03/16	11/03/16	Schedu	Schedule I (Form 990) (2016)

- —

74-1218065	estic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III needed.
Post - 55 Walton	stic Individuals. Comp eeded.
American Legion Post -	o Dom ace is
Schedule I (Form 990) (2016)	Part III Grants and Other Assistance to can be duplicated if additional sp

l .	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
7						
3					;	
4						
٠,						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information	le the information	required in Part I, lir	ne 2; Part III, colum	n required in Part I, line 2; Part III, column (b); and any other additional information.	litional information.

SCHEDULE 0 (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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		J	
Name of the organization		Employer Identification number	
American Legion P	ost - 55 Walton	74-1218065	
Pt VI, Line 19	Available upon request.		
Pt VI, Line 11b Pt VI, Line 6	Form 990 is to be reviewed by the board. The organization has members.		
Pt VI, Line 7a	The members have the power to elect the board.		
Pt VI, Line 7b	Member approval is necessary for major decisions	and voting issues	s.