

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

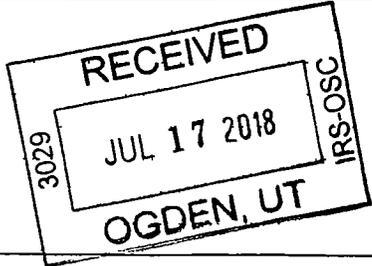
A For the 2017 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization American Legion Post 296		D Employer identification number 59-6200343
	Number and street (or P O box, if mail is not delivered to street address) P. O. Box 218		E Telephone number 850-837-3818
	City or town, state or province, country, and ZIP or foreign postal code Destin FL 32540		F Group Exemption Number 19
	G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____		
I Website: N/A			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) 19 (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 \$ 129,278			

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21													
Revenue	1	Contributions, gifts, grants, and similar amounts received														19,245																										
	2	Program service revenue including government fees and contracts														98,949																										
	3	Membership dues and assessments																																								
	4	Investment income																																								
	5a	Gross amount from sale of assets other than inventory														1,100																										
	b	Less cost or other basis and sales expenses														154																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Gaming and fundraising events																																								
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														9,979																										
	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)																																								
c	Less direct expenses from gaming and fundraising events														1,101																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																									
7a	Gross sales of inventory, less returns and allowances																																									
b	Less cost of goods sold																																									
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
8	Other revenue (describe in Schedule O)																																									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																									
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																								
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits																																								
	13	Professional fees and other payments to independent contractors																																								
	14	Occupancy, rent, utilities, and maintenance																																								
	15	Printing, publications, postage, and shipping																																								
	16	Other expenses (describe in Schedule O)																																								
	17	Total expenses. Add lines 10 through 16																																								
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																								
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																								
	20	Other changes in net assets or fund balances (explain in Schedule O)																																								
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																								



SCANNED SEP 13 2018 Revenue

6-7

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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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	James Dexter	
	311 Main Street	
	Located at Destin FL ZIP + 4 32541	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

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

	Yes	No
46		X

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

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

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

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

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

	Yes	No
47		
48		
49a		
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"

(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 ▶ _____

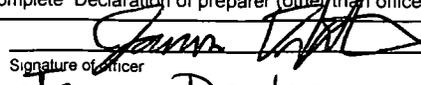
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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:  Type or print name and title: James Dexter	Date: 7-13-18 Title: Financial Officer
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Paid Preparer Use Only	Print/Type preparer's name Mitch Boleware, CPA	Preparer's signature	Date 06/12/18	Check <input type="checkbox"/> if self-employed	PTIN P01407180
	Firm's name ▶ Wm. Paul Welch, CPA, PA	Firm's EIN ▶ 59-2522922		Phone no 850-244-2731	
	Firm's address ▶ 31 Walter Martin Rd NE Fort Walton Beach, FL 32548-4918				

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017**Open to Public
Inspection**

Name of the organization

American Legion Post 296

Employer identification number

59-6200343

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
General Fund	
Cost of Goods Sold	\$ 408
Kitchen Fund	
Cost of Goods Sold	\$ 8,393
Bar Fund	
Cost of Goods Sold	\$ 27,947
Expenses	
Advertising	\$ 181
Supplies	\$ 327
Decorations	\$ 25
Discounts	\$ 881
Office Supplies	\$ 729
Dues & Subscriptions	\$ 45
Insurance	\$ 5,171
Non-investment Depreciation	\$ 12,618
Total	\$ 56,725

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book/Tax Difference in Gain	\$ -443
Book / Tax Depreciation Difference	\$ -398

Form 990-EZ, Part II, Line 24 - Other Assets

Name of the organization

Employer identification number

American Legion Post 296

59-6200343

Description	Beg. of Year	End of Year
Inventories for Sale or Use	\$ 7,860	\$ 7,860
Equipment & Other Depreciable Assets	\$ 483,668	\$ 482,053
Less Accumulated Depreciation	\$ 306,346	\$ 317,950
Total	\$ 185,182	\$ 171,963

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Payroll Taxes Payable	\$ 0	\$ 0
FICA Taxes Payable	\$ 0	\$ 0
Medicare Taxes Payable	\$ 0	\$ 0
WH Taxes Payable	\$ 0	\$ 0
SUTA Payable	\$ 0	\$ 0
FUTA Payable	\$ 0	\$ 0
Sales Taxes Payable	\$ 0	\$ 0
Payroll Liabilities	\$ 0	\$ 0

Form 990-EZ, Part III - Primary Exempt Purpose

US Armed Forces Veterans' Organization. To provide recreation and support to the local veterans, support for various local charities and community support groups, support for other veteran organizations, and the head organization of American Legion.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

US Armed Forces Veterans' Organization. To provide recreation and support to the local veterans, support for the various local charities and community support.