


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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
Paul Malia Post 161
dba American Legion

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

42 Atlantic Street

City or town, state or province, country, and ZIP or foreign postal code
Portland, ME 04101

F Name and address of principal officer
Bill Bowden

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

01-6016849

E Telephone number

(207) 899-7780

G Gross receipts \$ 805,847

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶

L Year of formation 1967

M State of legal domicile ME

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Support the American Legion, honor the sacrifice of those who serve by enhancing the lives of veterans, military and their families
They advocate for veterans, promote patriotism and good citizenship, and support local non-profit organizations that provide services to veterans and their families

2 Check this 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)	3	120
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)		169,636
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		636,211
			805,847

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		772,895
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0
19	Revenue less expenses Subtract line 18 from line 12		772,895
			32,952

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,030	78,451
21	Total liabilities (Part X, line 26)		17,469
22	Net assets or fund balances Subtract line 21 from line 20	28,030	60,982

Part II

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

Sign Here

Signature of officer

Bill Bowden Commander

Type or print name and title

2016-05-16

Date

Paid Preparer Use Only

Print/Type preparer's name
Rosanne E Curneil

Firm's name ▶ WM Ely Associates

Firm's address ▶ 37 A Street

S Portland, ME 04106

Preparer's signature
Rosanne E Curneil

Firm's EIN ▶

Phone no (207) 799-8811

Date

Check ☐ if self-employed

PTIN
P01053308

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)