

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

	nal Revenue	, <u></u>	ay nave to use a copy or this				<del></del>	
<u>A</u>	For the 2	10 calendar year, or tax year beginning	· · · · · · · · · · · · · · · · · · ·			g May	<del></del>	2011
В	Check if ap	cable C Name of organization THE A	MERICAN LEGION DE	PARTMENT OF	F NORTH	DAKOTA	D Employer Identif	
	Addres	change Doing Business As		45-01034				
	Name	ange Number and street (or P O box	uite	E Telephone number	er			
	Initial	urn 405 WEST MAIN AVE	PO BOX 5057		- }		(701) 29	3-3120
	Termir	ed City, town or country		State Z	IP code + 4			
	Ameno	return WEST FARGO		ND 5	58078-	5057	G Gross receipts \$	636,358.
	Applic	on pending F Name and address of principal o	ficer			H(a) Is this a	a group return for affili	ates? Yes X N
	_	MITCH OLSON PO BOX	5057 WEST F	ARGO ND S	58078		affiliates included? attach a list (see insti	Yes N
	Tax-exen			4947(a)(1) or	527	II NO.	attach a ust (see msi	uctions)
j	Websit			<u> </u>		H(c) Group e	exemption number	0925
K	-		Association Other	L Yea	ar of Formati	on 1919	M State of le	gal domicile ND
Pa		ummary		· · · ·		<del></del>		
Ť		ly describe the organization's mission	or most significant act	tivities TO P	ROVIDE	FELLOWS	HIP AND SERVI	CE TO U S VETERAN
		., accombe and organization of motion	• · · · · • • • · · · · · · · · · · · ·					
ğ								
L l								
Activities & Governance	2 Ch	k this box > if the organization of	discontinued its operati	ions or dispose	ed of more	e than 25°	% of its net asset	is
ğ	3 Nu	ber of voting members of the governing	ng body (Part VI, line 1	a)			3	
စ္		ber of independent voting members o			)		4	
#		number of individuals employed in ea		t V, line 2a)			5	
ਰ		number of volunteers (estimate) ne					6	1 210
⋖		unrelated business revenue from Pai		12			7 a	1,312
	b Ne	inrelated business taxatie rcome fro					7b	-640
		[4] OCI	12/1			Р	rior Year	Current Year
,		ributions and grants (Partivill, line 1h	/				544,719.	568,639
2	9 Pro	ram service revenue (Part VIII Ane 2	BEN UL				23,806.	48,449
Hevenue		stment income (Part VIII, column (A)		- 11-\			17,402.	10,723 7,391
-		r revenue (Part VIII, column (A), lines			10)		7,440.	635,202
4		revenue – add lines 8 through 11 (m			12)		593,367.	8,369
		ts and similar amounts paid (Part IX,					9,387.	0,309
		efits paid to or for members (Part IX, o		- (0)   5	10)	ļ	154 155	161 513
္စ		ries, other compensation, employee b		n (A), lines 5-	10)	-	154,155.	161,513
nse	16a Pro	essional fundraising fees (Part IX, colu	ımn (A), line 11e)					
Expenses	<b>b</b> Tot	fundraising expenses (Part IX, colum	n (D), line 25) 🟲				. , ,	
<u>ا</u> ۵	17 Oth	r expenses (Part IX, column (A), lines		433,924.	382,544			
		expenses Add lines 13-17 (must equ		597,466.	552,426			
		nue less expenses Subtract line 18 f					-4,099.	82,776
<u>, , , </u>		onponed dubited into 10 1		<del></del>	•	Beginnin	g of Current Year	End of Year
and a	<b>20</b> Tot	assets (Part X, line 16)					762,165.	846,800
8		liabilities (Part X, line 26)					420.	2,275
Fund Balances		assets or fund balances Subtract line	21 from line 20				761,745.	844,525
			21 HOIT IIIIE 20			1	101,140.	0.14,040
_		gnature Block				ho h1 -1	u kamuladaa sed E. C	of the true correct and
nder ompl	penalties d lete Declar	perjury. I declare that I have examined this return on of preparer (other than officer) is based on all	including accompanying scho information of which preparer	equies and stateme has any knowledge	ents, and to t e	ne best of m	iy knowledge and belic	a, it is true correct, and
							10-12-	
i.	n	Signature of officer				Dai		
Sig Her		DI + V.		A A .	10	mma	D	
101	C	Type or print name and title	NE N	m when	100	mmo	ingel	
_		· · · · · · · · · · · · · · · · · · ·	re <u>par</u> er's signature		Date		Check of F	PTIN
		· · · · ·		CM		11	Check	P00395 437
ai		BRYCE F ANDERSON CPA	by work		10/12/	7.7	self employed	12001- 121
	parer	ırm's name Bryce Anderson		PLLC			. 2/	5-1434404
ISE	Only	ırm's address 1461 Broadway						
		Fargo		ND 58102			Phone no (701	
lay	the IRS	scuss this return with the preparer sh	own above? (see instru	uctions)				X Yes No
ξΔΔ	For Par	rwork Reduction Act Notice, see the	separate instructions.	<del></del>	TEE	A0101 03/	25/11	Form 990 (201

Form	990 (2010) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0	10349	5		Page 2
Par	t:III ; Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission					
	TO PROVIDE FELLOWSHIP AND SERVICE TO U.S VETERANS					
	Did the organization undertake any significant program services during the year which were not listed on the	no prior				
2		ie biioi		V	[v]	NI -
	Form 990 or 990-EZ?		L_J	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 service	ces		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	y expen	ses Se	ction 5	01(c)	(3) al
	expenses, and revenue, if any, for each program service reported	anocatio	15 10 011	10.5, (	110 101	ш
4.2	(Code) (Expenses \$ including grants of \$) (Re	evenue	¢			)
4 a	THE STATE BAND FUND IS DESIGNED TO FINANCE THE STATE BAND					—′
	<del></del>					
	FOR ITEMS SUCH AS UNIFORMS AND ASSISTANCE WITH THEIR					
	PERFORMANCES. THE STATE BAD PERFORMS FOR THE NORTH DAKOTA					
	DEPARTMENT CONVENTION AND THE NORTH DAKOTA WINTER					
	CONFERENCE		<del>-</del>			
		<b></b> _				
4 b	(Code) (Expenses \$ including grants of \$) (Re		\$	_		)
	THE ND LEGION NEWS IS A PAPER PUT OUT QUARTERLY NOTIFYING					
	MEMBERS OF ACTIVITIES THAT ARE OCCURING. IT CONTAINS ALL					
	THE OFFICERS REPORTS, AND PUBLICLY REPORTS THE DEPARTMENT					
	EXECUTIVE COMMITTEE MINUTES FROM THOSE RESPECTIVE	- <b></b> -				
	MEETINGS	<b></b> .				
					- <b>-</b> -	
					-	
4 c	(Code) (Expenses \$ including grants of \$) (Re					
	THE DEPARTMENT SERVICE ACCOUNT FUND PROVIDES ASSISTANCE TO					
	VETERANS TO MEET SHORT TERM NEEDS SUCH AS FOOD, GAS,					
	LODGING, AND OTHER MISCELLANEOUS NEEDS.					
						- <b></b> -
						<b>-</b> -
			- <del></del> -			
4 d	Other program services (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
	Total program service expenses ►				•	
70	total programme del tran ampantant.					

Page 3

			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		x
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		_ X
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 98-197 If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
<b>9</b> ⁄	Did the organization report an amount in Part X, line 21, 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 term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			4
ā	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	
k	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 167 If 'Yes,' complete Schedule D, Part VII	11 b		X
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 167 If 'Yes,' complete Schedule D, Part VIII	11 c	Х	
C	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 167 If 'Yes,' complete Schedule D, Part IX	11 d		Х
E	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	-	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	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		_ X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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		X
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
20 a	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V. 34 line 1

is any related organization a controlled entity within the meaning of section 512(b)(13)?

a 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,' complete Schedule R, Part V, line 2

Yes X No

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

34

35

36

37

38

Х

Χ

Χ

Point 990 (2010) THE AMERICAN DECION DEPARTMENT OF NORTH DAROTA 45-0103	493		aye
Part V   Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V		T	
1.1		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0 -	1	1
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c 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  2a			,
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		. ,	·
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	ļ
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	X	ļ
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)?	4 a		X
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		٠.،	il . '
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
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?	6 a		X
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).	, , , , , , , , , , , , , , , , , , ,		
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?	7a		X
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 7d	:		1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f 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 as 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?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	1	,	
holdings at any time during the year?	8	<del> </del>	
9 Sponsoring organizations maintaining donor advised funds.	9 a	1	`\
a Did the organization make any taxable distributions under section 4966?	9 b	+	1
b Did the organization make a distribution to a donor, donor advisor, or related person?	, 30	<u>'</u>	-
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	-	1 ;	'
a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 b	'		
11 Section 501(c)(12) organizations. Enter			,
a Gross income from members or shareholders			-
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them )	·		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	-	-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b.		1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	1
a Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O			
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		<del> </del>	-
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X

14b

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45-0103495 Form 990 (2010) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 1 a Enter the number of voting members of the governing body at the end of the tax year 7 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 Χ officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? 4 Х 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 6 Х Does the organization have members or stockholders? 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? Χ 7 b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х 8 b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code, Yes No 10 a 10 a Does the organization have local chapters, branches, or affiliates? Χ b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization 10b 11 a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Χ 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done 13 Х 13 Does the organization have a written whistleblower policy? 14 Х 14 Does the organization have a written document retention and destruction policy? 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 a X a The organization's CEO, Executive Director, or top management official 15 b Χ b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > North Dakota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Another's website X Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

405 WEST MAIN AVE #4A, PO BOY WEST FARGO ND 58078-5057 (701) 293-3120 ► MANAGEMENT

### Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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
- 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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)						` '	(F)		
Name and title	Average hours per week (describe hours for related organizations in Schedule	or director		Chec Offi-e	a key amployee	a High est connects of entiployee	iy)	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) BOB KRAUSE										
COMMANDER	10.00			Х		l		0.	0.	
(2) DAVE RICE										
COMMANDER-ELECT	10.00			Х				0.	0.	0.
(3) MARK ANTAL										3
VICE COMMANDER	1.00			Х				0.	0.	0.
(4) BOB O'SCHEA	_									
VICE COMMANDER	1.00			Χ				0.	0.	0_
(5) KENNETH HASBY	_									
VICE COMMANDER	1.00			Х				0.	0.	00
(6) GEORGE ZELLER	_									
FINANCE OFFICER	1.00			Χ				0.	0.	0.
_ (7) KENNY WEIDERHOLT	_					ı				
EXEC COMMITTEEMEN	1.00			X				0	0.	0.
_ (8) ROBERT LUDWIG EXEC COMMITTEEMEN	1.00			х				0.	0.	0
(9) DALE ROTH	1							0.		
EXEC COMMITTEEMEN	1.00		-	х				0.	0.	0
(10) LEON HILTNER	+									<u>-</u>
SERGEANT AT ARMS	1.00	1	ŀ	х				0.	0	0.
(11) CURTIS TWETE										
NEC	1.00		ļ	х				0.1	0.	0
(12) PATRICIA HODNY	<del></del>									
JUDGE ADVOCATE	1.00			х	1			0.	0	0.
(13) KAREN MEIER										
HISTORIAN	1.00		Ì	х	ŀ	-		0	0.	0
(14) JIM DEREMO										
SERVICE OFFICER	40.00			х				34,982.	0.	0
(15) EUGENE KACHENA										
MEMBERSHIP CHAIR	1.00			Х				0	0.	0.
(16)		1								
(17)			$\dashv$		-					
ВАА		T	EEA0	107	12/	21/10				Form <b>990</b> (2010)

(D)

Name and title		Average Position (check all that apply							Reportable		stimated	
	per weel (describe hours for related organi zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compeńsalion from relaled organizations (W 2/1099 MISC)	con f org ar	unt of oth npensation rom the ganization nd relates anization	on on ed
	1											
(19)	-		-							<del> </del>		
(20)	•		_									
	•								·			
_(22)	-					<del>                                     </del>						
_(23)	-										<del></del>	
_(24)	-		-									
										-		
_(26)	-											
_(27)												
	<del>-</del> -											
(29)												
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	<u> </u>	e lis	ted	abov	ve) v	who	rece	34,982. 34,982. erved more than \$	0 0 100,000 in reportal		pensati	0 0 ion
from the organization								<del></del>			Yes	No
3 Did the organization list any former officer, director on line la? If 'Yes,' complete Schedule J for such in			ey e	mpl	oye	e, or	hig	hest compensated	i employee	3	, ,	Х
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the such individual	portable nan \$150	com ),00(	pen )? <i>[f</i>	satu 'Ye	on a	nd o	othe <i>lete</i>	r compensation fro Schedule J for	om	4	-	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensa omplete	ation Sch	froi edu	m ar <i>le J</i>	ny u for :	nrel such	ated	l organization or ir rson	ndıvıdual	5		х
Section B. Independent Contractors	1 1				1		UL _ 1		- #100 000 of			
Complete this table for your five highest compensation from the organization	ea inaep	enae	ent d	сопи	racı	ors I	ınaı	received more ina	in \$100,000 or			
(A) Name and business addres	is .							Description (	) of services	Compe	C) ensatio	on
				•								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not li	ımıte	ed to	tho	se I	ıste	d ab	ove) who received	l more than			

(B)

(c)

(A)

	T VIII   Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  1 a 1 b 1 b 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c	460,461		95		
ONTRIBUT	f All other contributions, gifts, grants, and similar amounts not included above  1 f  g Noncash contributions included in lns 1a-1f	·		1	11	11 N
_	h Total. Add lines 1a-1f  2a COMMISION/PREMIUMS b ADVERTISING	Business Code 90099 9099	568,639. 47,137 1,312.	47,137 0.	0. 1,312	0.
PROGRAM SERVICE REVENUE	c d e f All other program service revenue					
PROC	g Total. Add lines 2a-2f	<b></b>	48,449.	· , · · .	.,.	h
	<ul> <li>Investment income (including dividend other similar amounts)</li> <li>Income from investment of tax-exempt</li> </ul>	•	10,723.	0.	0.	10,723.
	5 Royalties  (i) Real  6a Gross Rents b Less rental expenses c Rental income or (loss)  d Net rental income or (loss)	(ii) Personal			118	
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  (i) Securities	(II) Olher				4
ļ	c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events	<u> </u>	PR   1		, , ,	
OTHER REVENUE	(not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising	a b	. '			,
	<ul><li>9a Gross income from gaming activities See Part IV, line 19</li><li>b Less direct expenses</li></ul>	a b			, -	1
	c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns		-			. ,
	and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inve	T	1,139.	1,139.	0.	0.
	Miscellaneous Revenue  11 a MISC OTHER  b  c	Business Code 900099	6,252.	6,252.	0.	0
	d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions	<b>&gt;</b>	6,252. 635,202.	54,528.	1,312	10,723.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do 6b.	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		8,369.	8,369.	, , , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			14	2
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	3 to 35
5	Compensation of current officers, directors, trustees, and key employees	34,982.		34,982.	
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	93,958.		93,958.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	21,055.		21,055.	
10	Payroll taxes	11,518.		11,518.	
11	Fees for services (non-employees)				
	a Management				
	b Legal				
	-	3,622.		3,622.	
	c Accounting	3,022.		3,022.	1.
	d Lobbying		. ,	* (***)	
	e Professional fundraising services See Part IV, line 17		<u>'</u> '		
1	Investment management fees				
9	g Other				
12	Advertising and promotion	200.		200.	
13	Office expenses	7,568.		7,568.	
14	Information technology	4,922.		4,922.	
15	Royalties				
16	Occupancy	8,940		8,940.	
17	Travel	30,851.		30,851.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,031.		307031.	
	Conferences, conventions, and meetings Interest	25,913		25,913.	
		189,918.		189,918.	
21	, , , , , , , , , , , , , , , , , , ,			9,284.	
	Depreciation, depletion, and amortization	9,284.		7,490.	
23 24		7,490.		, 490.	P
_	POSTAGE	20,856		20,856.	
		38,516		38,516.	
	PRINTING/LEGION NEWS			17,384	<del> </del>
	COMMITTEE EXPENSES	17,384.			
	MISCELLANEOUS	9,080.		9,080.	
	STATE_BAND_EXPENSES	8,000.		8,000.	
	All other expenses				
25	Total functional expenses Add lines 1 through 24f	552,426.	8,369.	544,057.	
26	Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ВАА					Form 990 (2010

Page 11

Part X | Balance Sheet (A) (B) Beginning of year End of year Cash - non-interest-bearing 33,486 1 36,527 1 2 35,227 2 55,258. Savings and temporary cash investments 3 3 Pledges and grants receivable, net 518 548 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 159,234 st; 10b 135,168 33,350 10 c 24,066 b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 659,554 13 730,431 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 762,165 16 846,800. 16 Total assets Add lines 1 through 15 (must equal line 34) 420 17 2,275 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 420 26 2,275. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 761,745 844,525 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 761,745 33 844,525. 33 Total net assets or fund balances 762,165 34 846,800.

Form 990 (2010)

34

Total liabilities and net assets/fund balances

Form 990 (2010) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-	0103495	Page 12			
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12)	1	635,202			
2 Total expenses (must equal Part IX, column (A), line 25)	2	552,426.			
3 Revenue less expenses Subtract line 2 from line 1	3	82,776.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	761,745.			
5 Other changes in net assets or fund balances (explain in Schedule O)	5	4			
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<u>8</u> 44,525.			
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any guestion in this Part XII					
	-	Yes No			
1 Accounting method used to prepare the Form 990		1 . , .			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?		2 b X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	d on a				
Separate basis Consolidated basis Both consolidated and separate basis	4				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a X			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3b			
BAA		Form 990 (2010)			

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	unt II / t				
	-	,' to Form 990, Part IV, line 5 (Proxy Tax) or	Form 990-EZ, Part V	, line 35a (Proxy Tax), th	nen
		rganizations Complete Part III		<u> </u>	
	e of organization			Employer identifica	
		DEPARTMENT OF NORTH DAKOTA	<u></u>	45-010349	
		rganization is exempt under secti			zation.
1	•	organization's direct and indirect political ca	ampaign activities in F		
2	Political expenditures			▶\$	
	Volunteer hours		F07 ( ) (0)	<del> </del>	
₽a		rganization is exempt under secti			
1	•	ise tax incurred by the organization under s		<b>►</b> \$	
2	•	ise tax incurred by organization managers (		▶ \$	
3	=	section 4955 tax, did it file Form 4720 for	this year?		Yes No
	a Was a correction made?				∐ Yes
	o If 'Yes,' describe in Part IV				
	<del></del>	rganization is exempt under section			··· <del>····</del>
1	Enter the amount directly ex	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other c	organizations for section	on 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	ount paid from the fill a delivered to a separ	ıng organızatıon's funds ate political organizatior	Also enter the
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)	•				
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 20	010 THE AMERICA	AN LEGION DEPARTMI	ENT OF NORTH D	AKOTA 45-0103	495 Page <b>2</b>
Part II-A Complete if section 501	the organizatio	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (ele	ection under
A Check ► _ If the fill	ing organization belo	ongs to an affiliated group			
B Check ► If the fill	<u> </u>	cked box A and 'limited con	itrol' provisions apply		
(The term	Limits on Lobby n 'expenditures' mea	ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expendit	ures to influence a l	egislative body (direct lobby	ving)		
c Total lobbying expendit	ures (add lines la a	nd 1b)			
d Other exempt purpose	•				
e Total exempt purpose e	expenditures (add lir	ies 1c and 1d)			
f Lobbying nontaxable ar both columns	mount Enter the am	ount from the following tabl	e in		
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e		1 1	· - ' · ' ',
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess			· · ·
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000		ان ( به الله الله الله الله الله الله الله ا
Over \$17,000,000	omenual (antar 259/	\$1,000,000		7'	
g Grassroots nontaxable h Subtract line 1g from lii	•				
Subtract line 1f from lin					
		her line 1h or line 1i, did th	e organization file For	n 4720 reporting	
section 4911 tax for this	s year?	ner line 111 or line 11, did th	e organization me r on	T 4720 reporting	Yes No
(Sor	me organizations th	4-Year Averaging Period L at made a section 501(h) el	Inder Section 501(h) ection do not have to	complete all of the five	
		ns below. See the instructi			
· · · · · · · · · · · · · · · · · · ·	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	8	\$2 No. 1	3 di		
f Grassroots lobbying expenditures				0.1.1.0.75	. 000 000 573 0010
BAA				Schedule C (Form	1990 or 990-EZ) 2010

Part II-B	Complete if the organization is exemp	ot under section	501(c)(3) and h	as NOT filed Form	ı 5768
	(election under section 501(h)).				

	(;	1)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	, ,	, 1	-
a Volunteers?			,
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?			ا الله الله الله الله الله الله الله ال
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?	1		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1:			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		•	
b If 'Yes,' enter the amount of any tax incurred under section 4912	<del>                                     </del>		
·			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	' '	203	10 1 1 1 1
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part-III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(E)		1
section 501(c)(6).	(C)(S)	, 01	
			Vas
Now what at all 2000 are seed door and and at the beauty and a			Yes N
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2   1
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501	4 3453		3     2
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'			e 3
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
<b>b</b> Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ļ	3	<del></del>
25 - 35 - 3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)	l	5	·
Part IV   Supplemental Information		·'	
	L Dort II	D lin	. 1.
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Nso, complete this part for any additional information	ı Fait ii	יווו , ט-	le II
~			

### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990 See separate instructions

THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of 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? Yes 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? Part II | Conservation Easements. Complete if the organization answered 'Yes' to 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 24 structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, 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 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 1a 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 XIV, 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 **►** S (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

				F NORTH DAKOTA		45-010			Page 2
Part III Organizations Mainta	ining Colle	ctions of Ar	t, Histori	cal Treasures, o	r Other	Similar Ass	ets (c	ontını	<u>ied)</u>
<ol> <li>Using the organization's acquisition (check all that apply)</li> </ol>	ion, accession	, and other reco	ords, check	any of the following	that are a	significant use	e of its o	ollectio	ก
a Public exhibition		d [	Loan or	exchange programs					
<b>b</b> Scholarly research		e [	Other _						
c Preservation for future gener	rations								
4 Provide a description of the orga Part XIV							ın		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to b	e maintained a	as part of th	e organization's colle	ection?		Yes		No
Part IV Escrow and Custodia 9, or reported an amo					ered 'Ye	s' to Form 9	990, Pa 	art IV,	line 
1a Is the organization an agent, trus included on Form 990, Part X?					r assets	not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd complete the	e following t	able		Γ	A		<del></del>
a Danisana balansa					1-		Amoun		
c Beginning balance					10				
d Additions during the year					1 d				
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>					1 e				
2a Did the organization include an a	mount on Forn	m 000 Part Y	lino 212			1	Yes	Г	No
b If 'Yes,' explain the arrangement		11 990, Falt A,	iiile Zi '				Lies	L	_ NO
Part V Endowment Funds. Co		ne organizat	ion answ	ered 'Yes' to For	m 990	Part IV line	10		
Train 4   Ella ownient   and 3. O.	(a) Current		) Prior year	(c) Two years back		Three years back	$\overline{}$	Four year	s back
1 a Beginning of year balance	(a) current	yeu. (B	711101 your	(c) Two yourd Duoi	. (2)	THEO YOU'S DUCK		ou. jeur	2 Buon
b Contributions					-1	- *	3		
c Net investment earnings, gains, and losses					, ,		1	,	, F1.
d Grants or scholarships							,		· · · -
Other expenditures for facilities and programs						the transfer	Ĕ	,	
f Administrative expenses							L.		
g End of year balance									
2 Provide the estimated percentage	of the year e	nd balance hel	d as						
a Board designated or quasi-endow	/ment ►	કૃ	i						
<b>b</b> Permanent endowment ▶	8								
c Term endowment ►	8								
3a Are there endowment funds not in organization by	n the possessi	on of the orgar	nization that	are held and admini	stered fo	r the	Г	Yes	No
(i) unrelated organizations							3a(ı)	163	110
(ii) related organizations							3a(iı)		
<b>b</b> If 'Yes' to 3a(ii), are the related o	irganizations li	sted as require	d on Sched	ule R?			3b		
4 Describe in Part XIV the intended	-	•					_ 35		·
Part VI Land, Buildings, and									
Description of investment		(a) Cost or othe (investme	er basis	(b) Cost or other basis (other)		cumulated reciation	(d) E	Book va	lue
1 a Land					<u> </u>				
<b>b</b> Buildings	ļ				• •				
c Leasehold improvements									
d Equipment	Ì			159,234.		135,168		24	, 066
e Other	Ì								
Total. Add lines 1a through 1e (Column	n (d) must eau	al Form 990, P	art X, colum	nn (B), line 10(c) )		Þ		24	, 066
PAA	,					Schoo	lula D (E		

Schedule **D** (Form 990) 2010

Part VII   Investments—Other Securities. See F	orm 990, Part X, II	ne iz
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		GOOG OF STATE OF STAT
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)	<del></del> -	
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		lno 12)
Part VIII Investments—Program Related. (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CERTIFICATES OF DEPOSIT	730,431	Cost
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X column (B) line 13)	1301134.	
Part IX Other Assets. (See Form 990, Part X,	line 15)	
(a) De	scription	(b) Book value
_(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	-	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column(B)	, line 15)	<b>&gt;</b>
Part X Other Liabilities. (See Form 990, Part	X, line 25)	
(a) Description of liability	(b) Amount	, , , , , ,
(1) Federal income taxes		
(2)		· .
(3)		
(4)		· ,
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
	<b>•</b>	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	<u> </u>

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Schedule D (Form 990) 2010 THE AMERICAN LEGION DEPARTMENT OF NO	RTH DAKOTA	45-0103495	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Fine	ancial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			<del>*</del>
		<del></del>	
		<del></del>	
, , ,	. 2 1 0		
10 Excess or (deficit) for the year per audited financial statements. Combine lines		ue ner Beturn	
Part XII   Reconciliation of Revenue per Audited Financial Statem	ents with Reven	ue per Return	
1 Total revenue, gains, and other support per audited financial statements		-   -   -   -   -	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	[]	
a Net unrealized gains on investments	2 a	· '	
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIV)	2 d	,	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV )	4b		
c Add lines 4a and 4b	40		
	<b>\</b>	5 (	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Part XIII   Reconciliation of Expenses per Audited Financial Stater	ments with Expe		
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	1 - 1	-	
a Donated services and use of facilities	2 a	` j	
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIV )	2 d	[- 1	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		,	
a Investments expenses not included on Form 990, Part VIII, line 7b	4 a	•	
b Other (Describe in Part XIV )	4b		
c Add lines 4a and 4b	·	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, any additional information	Part III, lines 1a and 4 lines 2d and 4b Also	4, Part IV, lines 1b and 2b, o complete this part to provide	
	<del>-</del> <del></del> -		

TEEA3304 02/11/11

BAA

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495	Page 5
Schedule D (Form 990) 2010 THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA  Part XIV   Supplemental Information (continued)		
		<b>_</b>

# Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22 > Attatch to Form 990. Governments and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

OMB No 1545 0047

spartment of the Treasury ternal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22  Attatch to Form 990.	Open to Public Inspection
ime of the organization	Emplo	Employer identification number
HE AMERICAN LE	HE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495
art   General Inf	art   General Information on Grants and Assistance	
<ol> <li>Does the organizat the selection criteri</li> </ol>	1 Does 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?	X Yes No
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	)

Form 990, Part IV, line 21 for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Part II can be duplicated if additional space is needed	f additional space	ıs needed					•
1 (a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE AMERICAN LEGION PO BOX 1055 INDIANAPOLIS IN 46206			. 909'9	0.	0	NONE	SCHOLARSHIP FU
(2)							
(3)							
(4)							
(5)							
(6)							
$\overline{\omega}$							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				•	

Schedule I (Form 990) 2010

TEEA3901 10/29/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2010 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 45-0103495 (e) Method of valuation (book, FMV appraisal, other) THE ORGANIZATION ASSIST VETERANS THAT ARE IN NEED FOR MINOR FINANCIAL SUPPORT. USUALLY COVERING EXPENSES THAT A VETERAN CANNOT AFFORD. (d) Amoun, of non-cash assistance THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2010 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Part III BAA 8 4 ß 9 m

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

,	Employer identification number
THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495
Pt VI-A, Line 6 THE ORGANIZATION HAS MEMBERS THAT ARE VETERANS T	HAT PAY
MEMBERSHIP DUES	
Pt VI-A, Line 7a THE PAID MEMBERS ELECT THE OFFICERS OF THE ORGAN	IZATION
Pt VI-A, Line 7b MAJOR ISSUES DECIDED BY THE OFFICERS ARE PUT TO	A_VOTE
BY MEMBERS OF THE ORGANIZATION	
Pt_VI-B, Line_11a_THE_BOARD_APPROVES_THE_990_AND_IT_IS_AVAILABLE_T	O_THE
MEMBERS TO REVEIW	
Pt VI-C, Line 19 THE 990 IS AVAILABLE FOR PUBLIC VIEWING AT THE W	RITTEN
REQUEST AND IS LOCATED AT THE DEPARTMENT OFFICE.	

## Form **4562**

# Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

Department of the Treasury Internal Revenue Service

► See separate instructions

► Attach to your tax return.

Name	(s) shown on return						Idea	ntifying number			
	HE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 siness or activity to which this form relates										
Busine	ess or activity to which this form rela	tes									
	m 990 / Form 990E										
Par	t I Election To Exp	ense Certain I	Property Under Sec	tion 179	and I						
			complete Part V before	you complete P	arii		Т.	<u></u>			
1	Maximum amount (see ins	•					1				
2	Total cost of section 179 p	-					2				
3	Threshold cost of section 1				5)		_3_				
4	Reduction in limitation Su	4	ļ <u>-</u>								
5	Dollar limitation for tax yea separately, see instruction	5									
6	(a)	Description of property		(b) Cost (busines	ss use only)	(C) Elected co	ost	_			
								-			
			_ ' '								
7	Listed property Enter the	T .	-								
8	Total elected cost of section	8	<u></u>								
9	Tentative deduction Enter	10									
10	Carryover of disallowed de Business income limitation	11	1								
11 12	Section 179 expense dedu	12	· · · · · · · · · · · · · · · · · · ·								
	•										
	13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12										
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )											
Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)											
15	Property subject to section	15									
16	Other depreciation (including	16	9,284								
Par	Part III MACRS Depreciation (Do not include listed property ) (See instructions)										
	Section A										
17	MACRS deductions for ass	ets placed in servi	ce in tax years beginnin	g before 2010			17				
18	18 If you are electing to group any assets placed in service during the tax year into one or more general										
	asset accounts, check here			F V II-i	Aba Cana		Custo				
			in Service During 2010 (c) Basis for depreciation				Syste	(g) Depreciation			
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only — see instructions)	(d) Recovery period	(e) Conver		od	deduction			
19 a	3-year property				<u> </u>						
b	5-year property	, , ,			<u> </u>						
С	7-year property				<u> </u>						
d	10-year property										
е	15-year property										
	20-year property										
	25-year property			25 yrs		S/I					
	Residential rental			27 5 yrs	MM	1 S/I					
	property		'	27 5 yrs	MM						
	Nonresidential real			39 yrs	MM						
	property			<u> </u>	MM						
	<u> </u>	Accote Placed in	Service During 2010 Ta	y Year Using th		<u> </u>		tem			
20-	Class life	Assets Flaced III	Service During 2010 12	ix real oaling ti	- Alterne	S/I		T			
				12 yrs	<del> </del>	S/I		<del></del>			
	12-year				N/N/						
	40-year	i	1	40 yrs	MM	1/2   د		<u> </u>			
Par							21				
	Listed property Enter amount		on 10 and 20 intime (-)	d line 21   Fatas bass	and an	ŀ					
	Total Add amounts from line 12, the appropriate lines of your return	n Partnerships and S c	orporations — see instructions	ς Γ	e anu on		22	9,284			
23	For assets shown above ar the portion of the basis attr	nd placed in servic Tibutable to section	e during the current year 1 263A costs	r, enter	23						

FDIZ0812 10/29/10

Page 2

Part V\* Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

	columns	or any vehicle fo s (a) through (c)	of Section A	all of Še	ction B, a	and Sed	ction C ii	f app	olicab	le						
		on A – Deprecia				ution: S		ınstr						mobiles		<u> </u>
_24	a Do you have eviden	T ''	r				Yes		No  2			e evidence			Yes	No
T	(a) ype of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	Cost	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		Recovery Met		(g) ethod/ vention	hod/ Depreciation		Ei sect	(I) lected lion 179 cost	
25	Special deprec	iation allowance					service o	durın	g the	tax ye	ar and	25			:	
26		more than 50%		<u>`</u>												
									-	<del></del>						
				<del></del>											<del></del> -	
27	Property used 5	0% or less in a	qualified bus	iness use	<u> </u>	·····										
									ļ			_			_	, ,
									ļ		-					
28	Add amounts in	r column (h), lin	es 25 through	n 27 Ente	r here ar	nd on lir	ne 21, pa	age	1		<u> </u>	28			┨ <u>`</u>	1
29	Add amounts in	column (i), line	26 Enter he	ere and or	n line 7, j	page 1								29	)	
_					B – Info								14		-11·I-	
to yo	nplete this section our employees, fi	n for venicles us irst answer the (	sed by a sole questions in S	proprietor Section C	r, partner to see if	you me	er more et an ex	: ina :cept	n 5% IIon ta	owner comp	, or reia leting th	nea pers ns sectio	on II yo on for th	ou provi iose veh	aea ven ncles	icies
			<u> </u>		(a)	i -	b)		(c)			d)		e)	r	(f)
30	30 Total business/investment miles driven during the year (do not include commuting miles)		Veh	ucle 1	Veh	ıcle 2		Vehic	le 3	Vehi	cle 4	Vehicle 5		Vehicle 6		
31	Total commuting m	ules driven during th	ne year													
32	32 Total other personal (noncommuting) miles driven															
33	33 Total miles driven during the year Add lines 30 through 32									_						
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use	,									<del></del>			
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more on?													
36	ls another vehic personal use?	cle available for														
			C - Question								•					
Ansv	wer these question owners or related	ons to determine I persons (see ii	e if you meet nstructions)	an except	tion to co	mpletin	ig Sectio	n B	for ve	ehicles	used by	employ	ees wh	o are no	it more t	than
37	Do you maintain		y statement t	hat prohib	oits all pe	ersonal	use of ve	ehicl	es, ın	ıcludını	g comm	uting,		-	Yes	No
38	Do you maintair employees? Se	n a written polic	y statement t	hat prohib	oits perso	nal use	of vehic	cles,	exce	pt com	muting,	by your				
39	Do you treat all			•	•		is, uncc	1013,	01 1	70 01 111	ore own					
40	Do you provide vehicles, and re	more than five	vehicles to yo	ur employ	yees, obt	aın ınfo	rmation	fron	n your	emplo	yees at	out the	use of t	the		
41		e requirements	concerning qu	ualified au												
Par	rt VI · Amorti		33, 40, 01 41	13 763, 6		mpiete	- CCCION	<i>D</i> 10	,, ,,,,						l	
	<u> </u>	(a)			(b)		(c)			((	d)	T (	(e)		(f)	
	Desc	cription of costs			nortization egins		Amortizabi amount	le			ion	per	tization iod oi entage		Amortization for this year	
42	Amortization of	costs that begin	ns during you	r 2010 tax	year (se	ee instri	uctions)									
				ļ					_							
42	Amorti-alias -4	f and that have	n hofora vari	r 2010 In	, voor				_l_				43			
43 44		f costs that bega ounts in column	_		-	ere to re	eport						44			

# Form **8868**(Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545 1709

Form 8868 (Rev 1-2011)

► X

,	re filing for an <b>Additional (Not Automatic) 3-Month</b> <i>aplete Part II unless</i> you have already been granted				i8	
Electronic f corporation request an Associated	filling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in F With Certain Personal Benefit Contracts, which muling of this form, visit www irs gov/efile and click o	if you need automatic) Part I or Pai ust be sent	a 3-month automatic extension of time t 3-month extension of time. You can elec rt II with the exception of Form 8870, Info to the IRS in paper format (see instructio	o file (6 mor tronically file ormation Ret	nths for a e Form 8868 to urn for Transfers	
Part# /	Automatic 3-Month Extension of Time.	Only subn	nit original (no copies needed)			
A corporation	on required to file Form 990-T and requesting an a	utomatic 6-	month extension - check this box and co	mplete Part	I only	
All other co	rporations (including 1120-C filers), partnerships, l returns	REMICS, ar	nd trusts must use Form 7004 to request	an extensior	of time to file	
	Name of exempt organization			Employer ide	ntification number	
Type or print	MUR AMERICAN LECTON DEPAREMENT	r Or NO	omu navoma	2105		
File by the	THE AMERICAN LEGION DEPARTMENT Number, street, and room or suite number if a P O box, see if		KIH DAKUIA	45-0103	7495	
due date for filing your return See	405 WEST MAIN AVE, PO BOX 5057	7				
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions						
	58078-5057					
	WEST FARGO			ND		
Enter the Ro	elurn code for the return that this application is for	(file a sepa	arate application for each return)		01	
Application is For		Return Code	Application Is For		Return Code	
Form 990 01 Form 990-T (corporation)						
Form 990-BL 02 Form 1041-A						
Form 990-EZ 03 Form 4720						
Form 990-P	Form 990-PF 04 Form 5227					
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069						
Form 990-T	(trust other than above)	06	Form 8870		12	
Telepho If the ord If this is check the	ne No (701) 293-3120 ganization does not have an office or place of busing for a Group Return, enter the organization's four ones box If it is for part of the group, check insign is for	digit Group this box	United States, check this box  Exemption Number (GEN) 0925 I  and attach a list with the names a			
•	est an automatic 3-month (6 months for a corporat	•	·			
	$\underline{Jan}$ $\underline{17}$ , 20 $\underline{12}$ _ , to file the exempt org	anization re	eturn for the organization named above			
<u>x</u>	calendar year 20 or tax year beginning Jun 1, 20 10	, and endir	ng <u>May 31</u> ,20 <u>11</u> _			
	tax year entered in line 1 is for less than 12 month nange in accounting period	s, check re	ason Initial return Fii	nal return		
	application is for Form 990-BL, 990-PF, 990-T, 472 undable credits. See instructions	20, or 6069	, enter the tentative tax, less any	3a \$	0	
b If this payme	application is for Form 990-PF, 990 T, 4720, or 60 ents made Include any prior year overpayment alk	69, enter a owed as a c	ny refundable credits and estimated tax redit	3b\$	0	
c Balanc EFTPS	ce due. Subtract line 3b from line 3a Include your 5 (Electronic Federal Tax Payment System) See ii	payment w nstructions	ith this form, if required, by using	3c \$	0.	
Caution. If y payment ins	ou are going to make an electronic fund withdrawa tructions	al with this	Form 8868, see Form 8453-EO and Form	n 8879-EO fo	)r	

FIFZ0501 11/15/10