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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 2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the 2	2011 calen	dar year, or	tax year beg	inning Ju	n 1	,	, 20 11, a	nd éndir	ng May			2012	
В	Check if ap	plicable	C Name of or	rganization TH	E AMERICA	AN LEGION	DEPART	MENT O	F NORTH	I DAKOTA	D Employ	yer Identif	fication Numbe	r
	Addres	ss change	Doing Busi	ness As							45-	01034	195	
	Name	change	Number ar	nd street (or P.O	box if mail is n	ot delivered to s	street addr)		Room/	/suite	E Teleph	one numb	er	
	Initial	•	405 WES	T MAIN A	AVE. PO	BOX 505	57				(70	1) 29	93-3120	
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	Applic	ation pending								1	a group retui affiliates inc		=	res X No
				PO B			FARGO	_			attach a list			res No
<u></u>		mpt status	501(c)(3)	X 501(c)	<u>(19</u>)∢	(insert no.)	4947(a	a)(1) or	527					
<u>J</u>	Websit	te:► WW	W.NDLEG							H(c) Group	exemption n	umber 🟲	<u> 0925</u>	
K		organization	X Corporation	n Trust	Association	n Other►		L Ye	ar of Forma	tion 191	9 M:	State of le	gal domicile 1	ND.
Pa	而	Summar	у											
	1 Bri	efly descri	be the organ	ization's mis	sion or mos	t significant	activities:	TOF	ROVIDE	FELLOWS	HIP AND	SERVI	CE TO U.S	VETERANS
ø														
Activities & Governance														
Ĕ														
o.	2 Ch	eck this bo	ox ► ∏ıft	he organizat	ion discontir	nued its ope	rations or	dispose	ed of mor	e than 25°	% of its n	et asset	s	
, G			oting member		_ ,	•	•					3		20
98			dependent vo)			4		0
vitie			of individual			-		e 2a)				5		
cti			of volunteer						•		• •	6	·	0
A			ed business r							•		7a		4,598.
	b Ne	t unrelated	l business ta	xable income	from Form	990-T, line	34					7b		<u> </u>
										P	rior Year		Current	
a			and grants (•	-		•	•			568,6			<u>)8,838.</u>
Revenue		_	rice revenue	-		•	•				48,4		3	<u>85,182.</u>
eVe			come (Part \						•	·	10,			9,247.
Œ			e (Part VIII, d							··		391.		8,712.
		_	- add lines								635,2			51 <u>,979.</u>
i	1 3 Gra	ants and si	ımılar amoun	its paid (Part	IX, column	(A), lines 1-	-3)				8,3	369.	2	23,887.
	14 Be	nefits paid	to or for men	mbers (Part	IX, column ((A), line 4)								
	15 Sa	laries, othe	er compensat	tion, employe	e benefits (Part IX, coli	umn (A), I	lines 5-1	10)		161,5	513.	14	18,813.
Expenses	16a Pro	ofessional f	fundraising fe	ees (Part IX.	column (A)	, line 11e)								
ĕ			sing expense	-										
꿃								Mary						
		•	es (Part IX,	• • •		, v			1	-	382,5			4,748.
			es Add lines			1 6.3		5)	ายไ	<u> </u>	552,4			7,448.
	19 Rev	venue less	expenses. S	Subtract line	18 from line	រាន ១៤	7 <u>9 2</u>	2012		-	82,7	76.		·5,469.
8 8							. • •	CUIL	الحا	Beginnin	ng of Curren		End of	
Assets Balanc			(Part X, line			00] <u>@</u>	·	846,8		83	9,056.
80	21 Tot	tal liabilities	s (Part X, lın	ie 26)		L. Cho	DEN.	UT	i	•	2,2	275.		
\$2	22 Net	t assets or	fund balance	es Subtract	line 21 from	line 20					844,5	25.	83	39,056.
Ra	itillist 9	Signatur	e Block											
d inde	r nenalties o	of periury. I de	clare that I have	examined this r	eturn, includina	accompanying	schedules an	d stateme	nts, and to	the best of m	v knowledge	and belie	f. it is true, com	rect and
comp	lete. Declar	ation of prepa	eclare that I have	fficer) is based of	n all information	n of which prepare	arer has any	knowledge	2	aio 203(0, 11,	y miomougo	_	, it is true, corr	cot, and
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Sig	ın	Signatur	re of officer	-, /)						Da	te			
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		Print/Type p	reparer's name		Preparer's s			1	Date		Charle T	ıf P	TIN	
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Pai	a		Anderso	•••	J. Y.	11-11	-0//		10-2	7-12	self-employ	ed F	0039543) <i>I</i>
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US	Unly	Firm's addre	ss • <u>1461</u>	Broadw	ay Ste :	103					Firm's EIN		1434404	
	d eparer e Only	<u> </u>	Farq	0			ND 5	8102			Phone no	(701		727
May	the IRS	discuss this	s return with	the prepare	shown abo	ve? (see ins	structions))		<u> </u>			X Yes	No

Check if Schedule O contains a response to any question in this Part III 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 Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services if 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	prior				
1 Briefly describe the organization's mission' TO PROVIDE FELLOWSHIP AND SERVICE TO U.S VETERANS 2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? 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 if 'Yes,' describe these changes on Schedule O.	prior			 	
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program service if 'Yes,' describe these changes on Schedule O.	s? .		Yes	X	No
If 'Yes,' describe these changes on Schedule O.	s? .				
· · · · · · · · · · · · · · · · · · ·			Yes	X	No
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount					
others, the total expenses, and revenue, if any, for each program service reported	, as me nt of gr	asured ants an	by ex d allo	pense cation	s. s to
4a (Code:) (Expenses \$ including grants of \$) (Rev	enue	\$)
THE STATE BAND FUND IS DESIGNED TO FINANCE THE STATE BAND					<i>—</i> ′
FOR ITEMS SUCH AS UNIFORMS AND ASSISTANCE WITH THEIR					
PERFORMANCES. THE STATE BAND PERFORMS FOR THE NORTH DAKOTA					
DEPARTMENT CONVENTION AND THE NORTH DAKOTA WINTER					
CONFERENCE					
* * * * * * * * * * * * * * * * * * *					
4b (Code:) (Expenses \$ including grants of \$) (Rev	onuo	\$			
THE ND LEGION NEWS IS A PAPER PUT OUT QUARTERLY NOTIFYING	enue	٧			
MEMBERS OF ACTIVITIES THAT ARE OCCURING. IT CONTAINS ALL					
THE OFFICERS REPORTS, AND PUBLICLY REPORTS THE DEPARTMENT					
EXECUTIVE COMMITTEE MINUTES FROM THOSE RESPECTIVE					
MEETINGS					
4c (Code: _) (Expenses \$ including grants of \$) (Rev	enue	\$)
THE DEPARTMENT SERVICE ACCOUNT FUND PROVIDES ASSISTANCE TO					
VETERANS TO MEET SHORT TERM NEEDS SUCH AS FOOD, GAS,					
LODGING, AND OTHER MISCELLANEOUS NEEDS.					
					- – -
					- - -
4d Other program services. (Describe in Schedule O.)					
				`	
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶					

9,5	was all a manufactured and a man		1	Τ
	the second of the following the FOLONO STATE AND ADMINISTRATION OF THE SECOND STATE AND ADMINIST		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	. 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	х	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e		х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
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		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		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
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20_		Х
ł	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Form 990 (2011) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 Page 4 Partival Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L, Part IV . . . Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X .. . 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O Form **990** (2011)

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

38

BAA

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

35b

36

37

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X

Form 990 (2011) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA RATE Statements Regarding Other IRS Filings and Tax Compliance 45-0103495 Page 5

	Check it defleatile of contains a response to any question in this rare v			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	117	
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ž. 11		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		,	ŕ
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
- 1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	Х	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
1	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.		; ,	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X.
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	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	-7.1	X
1	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· 7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ġ	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n 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 holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	41.5	.3.13	1.30
ā	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ā	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	. t		4.
a	Gross income from members or shareholders	3		
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .	47.7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		77.	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ŀ	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		200	
	· · · · · · · · · · · · · · · · · · ·			
	Enter the amount of reserves on hand	14-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<u> </u>
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	- 1	1

Form 990 (2011) THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 Page 6 Rad Will Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . 8a X 8ь Х **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 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? . . . 11 a 11 a Has the organization provided a complete 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 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy?.. 13 X Х 14 14 Did 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? a The organization's CEO, Executive Director, or top management official . 15a **b** Other officers of key employees of the organization . . 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 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. X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. 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 BOX WEST FARGO ND 58078-5057 (701) 293-3120

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

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

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

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	n nor any r	elated	org	anız	atio	n com	pen	sated any current office	er, director, or truste	е
(A) Name and title	(B) Average hours per week	unles	s per	Pos ck mo	s both	ian one n an offi rustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividual frastee or director	institutional trustee	Office	Key employee	Higt est coinಧಚಾತಾted employee	Famer	(W-2/1099-MISC)	(W-2/1099-MISC) ,	from the organization and related organizations
(1) BOB KRAUSE COMMANDER	10.00			х				0.	0.	0.
(2) DAVE RICE	1 20.00			-				· · · · · · · · · · · · · · · · · · ·		
COMMANDER-ELECT	10.00			х				0.	0.	0.
(3) MARK ANTAL										
VICE COMMANDER	1.00			X				0.	0.	0.
(4) BOB O'SCHEA VICE COMMANDER	1.00			х				0.	0.	0.
(5) KENNETH HASBY VICE COMMANDER	1.00			х				0.	0.	0.
(6) DIVID JOHNSON ADJUTANT	20.00			х				21,785.	0.	0.
(7) GEORGE ZELLER FINANCE OFFICER	1.00			х				0.	0.	0.
(8) KENNY WEIDERHOLT EXEC COMMITTEEMEN	1.00			х				0.	0.	0.
(9) ROBERT LUDWIG EXEC COMMITTEEMEN	1.00			х				0.	0.	0.
(10) DALE ROTH EXEC COMMITTEEMEN	1.00			x				0.	0.	0.
(11) LEON HILTNER SERGEANT AT ARMS	1.00			х				0.	0.	0.
(12) CURTIS TWETE NEC	1.00			х				0.	0.	0.
(13) PATRICIA HODNY JUDGE ADVOCATE	1.00			х				0.	0.	0.
(14) KAREN MEIER HISTORIAN	1.00			х				0.	0.	0.

(A) Name and title	(B) Average hours	officer and a director				s both an		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	l	의 코		Officer		Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) JIM DEREMO SERVICE OFFICER	40.00			х				34,982.	0.	0.
(16) EUGENE KACHENA MEMBERSHIP CHAIR	1.00			х				0.	0.	0.
<u>(17)</u>										
(18)										
(19)										
(20)										-
(21)							-			
(22)									•	
(23)										
(24)										
(25)										
1 b Sub-total			· ·				A A	56,767.	0.	0.
d Total (add lines 1b and 1c)					/e) v	vho	rece	56,767.	0 . 00,000 of reportab	
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc	lividual						• • •		•	Yes No 3 X
4 For any individual listed on line 1a, is the sum of reported the organization and related organizations greater the such individual.	an \$150	0,000)? <i>II</i>	'Ye	s' co	ompi	lete	Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co	mpens: <i>mplete</i>	stion Sch	fror edu	m ar <i>le J</i>	ny ui for s	nrela such	ated <i>per</i>	organization or in son	dıvıdual 	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated	d indep	ende	ent c	ontr	acto	ors th	nat r	eceived more thai	n \$100.000 of	
compensation from the organization Report compens	ation f	or th	e ca	alend	dar	ear	end	ing with or within	the organization's t	
(A) Name and business address	i							(B) Description o	f services	(C) Compensation
2 Total number of independent contractors (including bi \$100,000 in compensation from the organization ►	ut not li	ımıte	d to	tho	se lı	sted	abo	ve) who received	more than	

Ra	άζΥ	III Statement of Rev	venue		(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	b d	Federated campaigns Membership dues Fundraising events Related organizations. Government grants (contributions)	. 1t	415,458.				
CONTRIBUTIONS AND OTHER SIN	f g	All other contributions, gifts, g similar amounts not included a Noncash contributions include Total. Add lines 1a-1f	grants, and above 1 f	93,380.	508,838.			
	_	··-		Business Code				
ĒN	2a	COMMISION/PREM	IUMS	90099	30,584.	30,584.	0.	0.
Æ		ADVERTISING		9099	4,598.	0.	4,598.	0.
PROGRAM SERVICE REVENUE	c d e	All other program service	e revenue		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Š		Total. Add lines 2a-2f	c revenue.		35,182.	The same year party and		
		Investment income (incl other similar amounts) Income from investment Royalties	t of tax-exempt	bond proceeds	9,247.	0.	0.	9,247.
	_		(ı) Real	(II) Personal				
		Gross rents						100
	þ	Less: rental expenses .						
	С	Rental income or (loss)						新石造画的印度
	d	Net rental income or (los	ss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
		Less: cost or other basis and sales expenses						
	d	Gain or (loss)	· .	•				
OTHER REVENUE	Вa	Gross income from fund (not including \$ of contributions reported						
퓚		See Part IV, line 18		a				
单	b	Less: direct expenses		b				
6		Net income or (loss) from	m fundraising e	vents ►				, , , , , , , , , , , , , , , , , , , ,
		Gross income from gami See Part IV, line 19	_	a				
		Less direct expenses		b		1		1.4. 7.5. 7.4.
	С	Net income or (loss) from	m gaming activ	rities				
	10 a	Gross sales of inventory and allowances		a 1,192.				
	b	Less: cost of goods sold		b			Article Street	
	С	Net income or (loss) from	m sales of inve	ntory ►	1,192.	1,192.	0.	0.
Ì		Miscellaneous Reveni		Business Code				
	11 a b	MISC OTHER		900099	7,520.	7,520.	0.	0.
	Y.	All other revenue						
	_	Total. Add lines 11a-11d		>	7,520.			
		Total revenue. See instru			561,979.	39,296.	4,598.	9,247.

Form 990 (2011)

Ramix 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)

	Check if Schedule O contains a re				
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See			general expenses	CASCINGES
2	Part IV, line 21	23,887.	23,887.		
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	56,857.		56,857.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	62,532.		62,532.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	19,439.		19,439.	1
10	Payroll taxes	9,985.		9,985.	2
11	Fees for services (non-employees):				
a	Management			· · · · · · · · · · · · · · · · · · ·	
Ŀ	Legal				±
C	Accounting	1,771.		1,771.	
c	Lobbying				
€	Professional fundraising services See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
_	Other				
12	Advertising and promotion	200.	200.	4	
13	Office expenses	19,358.	1,638.	17,720.	
14	Information technology				
15	Royalties	10 420		10,430.	
16	Occupancy	10,430. 37,972.	13,583.	24,389.	
17	Travel	31,912.	13,383.	24,389.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			2000	
19	Conferences, conventions, and meetings	37,963.	12,716.	25,247.	
20	Interest				
21	Payments to affiliates	195,746.	5,272.	190,474.	
22	Depreciation, depletion, and amortization .	6,370.		6,370.	
23	Insurance	7,954.	rini manari manari ma	7,954.	F.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	POSTAGE	14,292.	7,992.	6,300.	
	PRINTING/LEGION NEWS	20,520.	20,520.	f. E.F. P. S.	• • • • • • • • • • • • • • • • • • • •
	COMMITTEE EXPENSES	20,442.	71.	20,371.	
	MISCELLANEOUS	20,814.	11,661.	9,153.	
	All other expenses	916.	916.		
	Total functional expenses. Add lines 1 through 24e	567,448.	98,456.	468,992.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ if following				
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (B) End of year (A) Beginning of year 36,527 1 19,764. 1 Cash - non-interest-bearing . 55,258 2 2 Savings and temporary cash investments 68,807. 3 3 Pledges and grants receivable, net 3,504 518 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L. 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 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 159,234 10 b 141,532 24,066. 10 c 17,702 b Less: accumulated depreciation 11 Investments - publicly traded securities . 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 730,431 13 729,279. 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 846,800 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 839,056. 2,275 17 17 Accounts payable and accrued expenses 18 Grants payable . . . 18 19 19 Deferred revenue 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 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 275 Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 844,525 27 27 839,056. Unrestricted net assets 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 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 . 32 Total net assets or fund balances 844,525. 33 839,056. 846,800 34 839,056. Total liabilities and net assets/fund balances

BAA

Form 990 (2011)

Form 990 (2011)

Form.990_(2011)THE.AMERICAN.LEGION.DEPARTMENT.OF.NORTH.DAKOTA45=01034	95Page_12
Rantix 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)	561,979.
2 Total expenses (must equal Part IX, column (A), line 25)	567,448.
3 Revenue less expenses. Subtract line 2 from line 1	<u>-5,469.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	844,525.
5 Other changes in net assets or fund balances (explain in Schedule 0)	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	839,056.
Part XIII Financial Statements and Reporting	_
Check if Schedule O contains a response to any question in this Part XII	\Box
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a 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? c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2a X 2b X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b
BAA	Form 990 (2011)

TEEA0112 07/06/11

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.

2011

OMB No 1545-0047

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.

	_ ·	,' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations: Complete Part III	Form 990-EZ, Part V	line 35a (Proxy Tax), ti	hen
	of organization	rganizations. Complete Fart in		Employer identific	ation number
	<u>-</u>	DEPARTMENT OF NORTH DAKOTA		45-010349	
		rganization is exempt under section	on 501(c) or is a		
1		organization's direct and indirect political ca			
2	Political expenditures				}
	Volunteer hours				
		rganization is exempt under section	on 501(c)(3).		ż
1		se tax incurred by the organization under s		► \$; <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>
2	-	se tax incurred by organization managers i		► \$	£
3	-	section 4955 tax, did it file Form 4720 for t			Yes No
	a Was a correction made?				yes No
ŀ	o If 'Yes,' describe in Part IV.				,
		rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	ه مثر
1	· · · · · · · · · · · · · · · · · · ·	pended by the filing organization for section			
2	•	organization's funds contributed to other o	·		
2	function activities	organizations funds contributed to other o	ryanizations for section		
3	Total exempt function expendine 17b	ditures Add lines 1 and 2. Enter here and o	n Form 1120-POL,	►ċ	
4		Form 1120-POL for this year?	• •	٠,٠	. Yes No
4	J J	and employer identification number (EIN) o	f all sastion 527 politi		
5	organization made payments	and employer identification number (EIN) o For each organization listed, enter the am ons received that were promptly and directly action committee (PAC) If additional space	ount paid from the fill	ng organization's funds. ate political organization	. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds	(e) Amount of political contributions received and
				If none, enter-0-	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) 2011

Schedule C (Form 990 or 990-EZ) 20 Park III-A Complete if					
section 501	(h))				
A Check ► I if the fill	ng organization belo	ongs to an affiliated group	(and list in Part IV each	affiliated group member	's name,
 -	•	d share of excess lobbying			
B Check ► If the file	ng organization che	cked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobby n 'expenditures' mea	ving Expenditures ans amounts paid or incu	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pul	olic opinion (grass roots lo	bbying)		
b Total lobbying expendit	ures to influence a l	egislative body (direct lobb	ying) .		
c Total lobbying expendit	ures (add lines 1a a	nd 1b)			
d Other exempt purpose	expenditures				
e Total exempt purpose e	expenditures (add lin	es 1c and 1d) .			
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the exces	s over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	amount (enter 25% o	of line 1f)			
h Subtract line 1g from lir	ne 1a. If zero or less	, enter -0-			
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0-			
j If there is an amount of section 4911 tax for this	her than zero on eith s year?	ner line 1h or line 1i, did th	ne organization file Form	4720 reporting	Yes No
(Sor	ne organizations the	4-Year Averaging Period at made a section 501(h) ens below. See the instruct	election do not have to d	complete all of the five h 2f.)	
	Lobi	ying Expenditures During	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures .					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Schedule C (For	m 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 [Părtule Bar Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity 1 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,	``)	(b)
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public coupling on a legislative matter or referending.	Yes	No	Amount
through the use of.			
a Volunteers?	Í		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Ī		经验证证证
c Media advertisements?			
d Mailings to members, legislators, or the public?	1		
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			-
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			THE RESERVE A
b If 'Yes,' enter the amount of any tax incurred under section 4912		1983	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Rantill:And Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or	
section 501(c)(6).			
4.14			Yes No
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 X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	\/F\		. 3 X
<u>保護機関圏</u> Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OF answered 'Yes.'	;)(3), ! (b)	Part	III-A, line 3, is
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	L	2a	
b Carryover from last year	. [2b	
c Total		2с	···
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	. [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 political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)	ŀ	5	
Partive Supplemental Information			·
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II Also, complete this part for any additional information.	-A; aı	nd Pa	rt II-B, line 1.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495
Partil Organizations Maintaining Donor Advised Funds or Other Similar Fun the organization answered 'Yes' to Form 990, Part IV, line 6.	
(a) Donor advised funds 1 Total number at end of year	(b) Funds and other accounts
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	·
5 Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	or advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a purpose conferring impermissible private benefit?	iny other Yes No
Randle Conservation Easements. Complete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e.g., recreation or education)	of an historically important land area
Protection of natural habitat	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 last day of the tax year.	,
	Held at the End of the Tax Year
a Total number of conservation easements	. 2a
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 structure listed in the National Register	2 d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ►	d by the organization during the
4 Number of states where property subject to conservation easement is located ▶	_
5 Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds?	∐ Yes
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	-
 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements ▶ \$ 	during the year
B 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
9 In Part XIV, describe how the organization reports conservation easements in its revenue and exercise include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements	expense statement, and balance sheet, and scribes the organization's accounting for
Complete if the organization answered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenu art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIV, the text of the footnote to its financial statements that describes these items.	le statement and balance sheet works of h in furtherance of public service, provide,
b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	atement and balance sheet works of art, furtherance of public service, provide the
(i) Revenues included in Form 990, Part VIII, line 1	. ▶\$
(ii) Assets included in Form 990, Part X	> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	▶\$

			DEPARTMENT				45-010			Page 2
Randilli Organizations Mainta	ining Coll	ections	s of Art, Histo	orical '	Treasures, or	Other	Similar Ass	ets (c	ontını	<u>red)</u>
3 Using the organization's acquisition items. (check all that apply).	on, accessio	n, and of	_	_	_	hat are a	significant use	e of its o	ollectio	'n
a Public exhibition			7		ange programs					
b Scholarly research			e ∐ Other	·						
c Preservation for future genera										
4 Provide a description of the organ			•	•	· ·			ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to	be main	tained as part of	, nistoric f the org	anization's collection	otner sim ction?	ıllar	Yes	ſ	No
Pa就以 Escrow and Custodia line 9, or reported an	l Arrangei	ments.	Complete if	the org	ganization ans			rm 990), Par	t IV,
1a is the organization an agent, trust included on Form 990, Part X? .			•		ributions or other	assets r	not 	Yes	[No
b If 'Yes,' explain the arrangement	ın Part XIV a	and comp	olete the followin	ig table.			· · · · · ·			
5								Amoun	t	
c Beginning balance	•	• •	••		• • • • •	1c				
d Additions during the year .e Distributions during the year .	••	•		•	•• •	1 d				
f Ending balance			•• •	• •	•	1 e				
2a Did the organization include an ar	mount on Foi	rm 990 i	Part X line 217	•	• •	[·	Yes		No
b If 'Yes,' explain the arrangement		,,,,	urt X, III o Zi		• • •	•	• •		L	
Rait W Endowment Funds. Co		the org	anization ans	swered	Yes' to Forr	n 990.	Part IV, line	10.		
	(a) Curren		(b) Prior year		(c) Two years back		Three years back	<u> </u>	Four year	s back
1 a Beginning of year balance										
b Contributions								33.43		
c Net investment earnings, gains, and losses										
d Grants or scholarships								TANKS.		
e Other expenditures for facilities and programs	.	 -								
f Administrative expenses .								E STATE OF THE STA		
g End of year balance [<u> </u>						s reini	
2 Provide the estimated percentage		nt year e	nd balance (line	e ig, coil	umn (a)) neid as:					
a Board designated or quasi-endowing bear bear and bear	ment	<u> </u>	*							
c Temporarily restricted endowment	············ `	ь	9 .							
The percentages in lines 2a, 2b, a	-	d equal 1	° 00%							
3a Are there endowment funds not in organization by:	the possess	sion of th	e organization th	hat are h	neld and adminis	tered for	the		Yes	No
(i) unrelated organizations	,	•	• •					3a(i)		
(ii) related organizations				٠		••	• • • •	3a(ii)		
b If 'Yes' to 3a(II), are the related or					?	• • • • • •		3b		
4 Describe in Part XIV the intended					no 10	·				
Part VII Land, Buildings, and E	<u>-quipmen</u>					(a) A a	oursulated	(d) 1	Pools ve	
Description of property			t or other basis vestment)		ost or other sis (other)	depr	cumulated reciation	(0) 1	Book va	ilue
1 a Land					ž.					
b Buildings		L								
c Leasehold improvements		<u></u>								
d Equipment		ļ			159,234.		141,532.		17,	702.
e Other	<u> </u>	<u> </u>				-				
Total. Add lines 1a through 1e (Column BAA	ı (d) must eq	ual Forn	1 990, Part X, co	olumn (E	9), line 10(c).)	· ·	Sched	ule D (F		702.

TEEA3302 01/16/12

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).

<u>Sch</u>	edule D (Form 990) 2011 _THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495	Page 4
₽ã	Reconciliation-of-Change-in-Net Assets from Form 990 to Audited Financial 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		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
_	Net unrealized gains on investments		
	Donated services and use of facilities . 2b		
	Recoveries of prior year grants		
	I Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2.0	
_	Subtract line 2e from line 1	. 2e	
3		. S	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XiV.)		
	Add lines 4a and 4b	4c -	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5 /	
igai	Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	
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		
	Donated services and use of facilities		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
A-1-1-4-	Supplemental Information		
Part any a	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also con additional information	ift IV, lines 1b and 2b; uplete this part to provide	·
			· -
=			
- 	·		

Schedule D (Form 990) 2011 THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA Part XIV Supplemental Information (continued)	45-0103495	Page 5
RankXIV Supplemental Information (continued)		
•		
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·		

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

Employer identification number 45-0103495

THE AMERICAN LEGION DEPARTMENT OF RATE General Information on Grants and	MENT OF NORTH DAK	DAKOTA nce				45-0103495	95
	s to substantiate the a	imount of the gran	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	intees' eligibility for the	grants or assistance,	and	X Yes No
	procedures for monitor	ring the use of gra	nt funds in the United Si	lates	_		
股和 Grants and Other Assistance to Governments an	ice to Governme	nts and Organ	nd Organizations in the United States. Complete if the organization answered 'Yes' to	ed States. Comple	te if the organiza	tion answered 'Y	es' to
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 can be duplicated if additional space is needed	for any recipient tadditional space	hat received manages in the contract of the co	iore than \$5,000. C	heck this box if no	one recipientire	ceived morè than	\$5,000.
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			6, 600.	0.	COST	NONE	SCHOLARSHIP FU
(2)							
(3)							
(4)							
(5)							
					-		
				:			
$\Omega_{}$							
(8)							
				-			
Z Enter total number of other organizations listed in the line 1 table) and government org. ons listed in the line 1	anizations listed ir tahle	rne line I table		:		
	see the Instructions	for Form 990.		TEFA3901	06/01/11	Schedu	Schedule I (Form 990) (2011)
•				!!!!!			

Page 2 Radium 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 Rate Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (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) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt_I Line 2 Pt_I_Line_2 8 m 4 S 9

BAA

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011Openio (2010)

Inspection

OMB No 1545-0047

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.

Name of the organization THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	45-0103495
Pt VI, Line 6 THE ORGANIZATION HAS MEMBERS THAT ARE VETERANS	THAT PAY
MEMBERSHIP DUES	
Pt_VI, Line 7aTHE PAID MEMBERS ELECT THE OFFICERS OF THE ORGA	NIZATION
Pt_VI, Line 7b MAJOR ISSUES DECIDED BY THE OFFICERS ARE PUT TO	A VOTE
BY MEMBERS OF THE ORGANIZATION	
Pt VI, Line 11a THE BOARD APPROVES THE 990 AND IT IS AVAILABLE	TO THE
MEMBERS TO REVEIW.	
Pt VI, Line 19 THE 990 IS AVAILABLE FOR PUBLIC VIEWING AT THE	WRITTEN =
REQUEST AND IS LOCATED AT THE DEPARTMENT OFFICE	<u>:</u>
	-

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

T /0/10 P OMB No 1545-1709 A

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you a	re filing for an Automatic 3-Month Extension, con	mplete only	Part land check this box		≻ X
-	re filing for an Additional (Not Automatic) 3-Mon			•	
Electronic :	nplete Part II unless you have already been grante filing (e-file). You can electronically file Form 8866 required to file Form 990-T), or an additional (no	B if you nee	d a 3-month automatic extension of time	to file (6 months fo	ra 18868 to
Associated	required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which niling of this form, visit www.irs.gov/efile and click of	nust be sent	I to the IRS in paper format (see instruct	formation Return for ions). For more deta	r Transfers alls on the
Femil A	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	automatic 6	-month extension check this box and co	mplete Part I only	P
All other co income tax	prporations (including 1120-C filers), partnerships, returns.	REMICS, a	and trusts must use Form 7004 to reques	t an extension of tin	ne to file
			Enter filer's identi	íying number, see i	
Type or	Name of exempt organization or other filer, see instructions			Employer identification r	iumber (EIN) or
print	THE AMERICAN LEGION DEPARTMEN	ОВТН ПАКОТА	X 45-010349	15	
ile by the	Number, street, and room or suite number. If a P.O. box, see a	Social security num			
due date for iling your	405 WEST MAIN AVE, PO BOX 505	57			
eturn See nstructions.	City, town or post office, state, and ZIP code. For a foreign add		ictions	11. ,1	
.,,	WEST FARGO			ND 5807	8-5057
Enter the Ro	eturn code for the return that this application is fo	or (file a ser	parate application for each return)		. 01
Application s For		Return Code	Application Is For		Return Code
orm 990		01	Form 990-T (corporation)		07
orm 990-B	L	02	Form 1041-A		08
orm 990-E		01	Form 4720	······································	09
orm 990-Pi	F	04	Form 5227		10
orm 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
Telephor If the org If this is check the exter 1 I reque	ne No. (701) 293-3120 ganization does not have an office or place of but for a Group Return, enter the organization's four is box in the group, on the group is for. est an automatic 3-month (6 months for a corporation or 15 1 20 13 1 to file the exempt organization is for the organization's return for:	digit Group theck this be ation require	e United States, check this box . Exemption Number (GEN) 0925 . If ox ► and attach a list with the named to file Form 990-T) extension of time		
► <u>X</u>	calendar year 20 or tax year beginning Jun 1 , 20 _11 _	, and endin	g <u>May 31</u> ,20 <u>12</u>		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check re	eason:	al return	
	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions			3a \$	0.
b If this a paymen	application is for Form 990-PF, 990-T, 4720, or 60 nts made Include any prior year overpayment all	069, enter a lowed as a	ny refundable credits and estimated tax credit	3b \$	0.
<u>EFTPS</u>	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System) See	<u>instructions</u>	······ · · · · · · · · · · · · · · · ·	3c \$	0.
aution. If yo	ou are going to make an electronic fund withdraw	al with this	Form 8868, see Form 8453-EO and Form	n 8879-EO for	