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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For t	he 2013 ca	lendar year, or tax year beginning $_{ m Apr~1}$, 2013, and ending $_{ m Mar~3}$	1		, 2014
Ŗ _		if applicable is change	C Name of organization	D	Employer	dentification number
⊨	Name	•	American Legion #21 - Rundell-Holicky	1	45-02	74271
-	Initial re	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E	Telephone	number
-	Termin		PO Box 387		(701)	247-2460
┝		led return	City or town, state or province, country, and ZIP or foreign postal code	1_		
			Lakota ND 58344-0387			kemption ►
G	Acco	unting Meth		k ►	X If the	organization is not
1	Webs	site: 🏲 N				Schedule B
J	Tax-ex	xempt status	(check only one) — 501(c)(3) X 501(c) (1)	n 990), 990-EZ	'., or 990-PF)
K		of organiza	<u> </u>			
L	Add I asset	ines 5b, 6c is (Part II, c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		►\$	109,725.
Pa	ırt I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truc	tions fo	
			he organization used Schedule O to respond to any question in this Part I			
	1	Contribution	ons, gifts, grants, and similar amounts received		. 1	2,000.
	2	Program s	ervice revenue including government fees and contracts		. 2	
	3	Membersh	nip dues and assessments		. 3	1,971.
	4	Investmen	it income		. 4	
	5 a	Gross am	ount from sale of assets other than inventory			
	b	Less cost	or other basis and sales expenses			
	с 6		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5 c	
R	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000) 6a 98,8	384	.	
R E V E N	b	Gross inco	ome from fundraising events (not including \$ of contributions			
N U E		from fundr	raising events reported on line 1) (attach Schedule G if the sum coss income and contributions exceeds \$15,000) 6 b			
	С	Less: dire	ct expenses from gaming and fundraising events 6 c 81,	114	.	
	d	Net incom 6b and su	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		. 6 d	17,770.
	7 a	Gross sale	es of inventory, less returns and allowances			
	b	Less: cost	of goods sold			
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · ·	. 7с	
	8		enue (describe in Schedule O)	Reve	nue 8 /	6,870.
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	28,611.
	10	Grants an	d similar amounts paid (list in Schedule O)	i A	. [1/0]	10,338.
~ ^>	11				91	
	12	Salanes, o	other compensation, and employee benefits all fees and other payments to independent contractors		1212	
©¢ E.	13	Profession	nal fees and other payments to independent contractors	}	13	
√N \$	14	Occupant	y, rent, dunities, and maintenance.		117	3,033.
~_E ≪S	15	Printing, p	ublications, postage, and shipping		. 15	49.
6	16		enses (describe in Schedule O)			16,065.
巹	17		enses. Add lines 10 through 16	· ·	<u>- 17</u>	29,485.
	18		(deficit) for the year (Subtract line 17 from line 9)		. 18	<u>-874.</u>
NS NS	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		-	
35			orted on prior year's return)		. 19	43,904.
CALMAND NOW 12 SHOW	20		nges in net assets or fund balances (explain in Schedule O)			40.000
	21 1 E o		rk Reduction Act Notice see the senarate instructions.	• •	- 21	43,030. Form 990-FZ (2013)

Form 990-EZ (2013) American Legion	#21 - Rundell-Hol	icky	45	-0274	4271 Page 2	
	Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II					
Check if the organization used Sched	ule O to respond to any questi		A) Beginning of yea		(B) End of year	
22 Cash, savings, and investments		 _	42,904	$\overline{}$	42,145.	
			42,904	' 	42,145.	
23 Land and buildings24 Other assets (describe in Schedule O)	See L-24 Str	nt	1,000		885.	
25 Total assets			43,904	•	43,030.	
26 Total liabilities (describe in Schedule O)			43,904	* 	43,030.	
27 Net assets or fund balances (line 27 of o		L	43,904	-	43,030.	
Park III Statement of Program Service A			43,904	- 21	Expenses	
Check if the organization used School	edule O to respond to any que:	stion in this Part III		(Requi	ired for section 501	
What is the organization's primary exempt nurnose?	anican Tamian Doct				and 501(c)(4)	
Describe the organization's program service acc	omplishments for each of its th	ree largest program se	vices, as		zations and section a)(1) trusts, optional	
Describe the organization's primary exemple pages. Describe the organization's program service accommeasured by expenses. In a clear and concise repensited, and other relevant information for each	nanner, describe the services h program title	provided, the number of	persons	for oth	ers)	
28 Perform duties of America						
one hundred percent Ameri						
<u>government agencies, comm</u> (Grants \$) If the	s amount includes foreign grai	nts check here		28 a	16,065.	
29	o amount morados toroign grai	nto, oncon noro			10,003.	
(Grants \$) If the	s amount includes foreign grai	nts check here	-	29 a		
30	<u> </u>					
	- 					
	- -					
(Grants \$) If the	s amount includes foreign grai	nts check here		30 a		
31 Other program services (describe in Sched	fule O)					
	s amount includes foreign gran			31 a		
32 Total program service expenses (add Irr				32	16,065.	
Rankly List of Officers, Directors,						
Check if the organization used School						
	(b) Average hours per	(c) Reportable compensation	(d) Health benefits contributions to emplo	vee	(e) Estimated amount of	
(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	rred	other compensation	
Darray Catanan		1				
Roger_SaterenCommander	2.00			0.	0.	
Albert Johnson	2.00	<u> </u>	·			
Adjutant	2.00			0.	0.	
George Miller	2.00	 	-	- () 		
Finance Officer	2.00	0		0.	0.	
rinance Officer	2:00		•	<u> </u>		
			1			

Par	1 V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes' provide a detailed description of each activity in Schedule O		Yes	No
,33	in rea, provide a detailed description of edon doubtly in concedere of the first transfer and tr	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
25-	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
352	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
Ł	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	25		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>X</u>
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return?	38 a		 X
Ł	o If 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
	amount involved			
	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9			1 1
	o Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
700	section 4911 , section 4912 , section 4955			
k	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		:	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed			
42.	a The organization's			
420	books are in care of George Miller Telephone no (701)	247-	-329	3
	Localed at ► 10865 47 St NE, PO Box 552 Lakota ND ZIP+4 ► 58344	-0552		
ŀ	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country			
	Coathe instructions for averaging and files requirements for Form TD F 00 22.1. Depart of Foreign Pank and Financial Accounts			. 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42 c		X
	If 'Yes,' enter the name of the foreign country			
_				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44 a		X
ı	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
(Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	I If 'Yes' to line 44c. has the organization filed a Form 720 to report these payments?			
45	If 'No,' provide an explanation in Schedule O	44 d 45 a		
	b Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	458		X
•	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b		X

· Form	990-EŻ(2013) American Legion #21	- Rundell-Hol	icky	45-02	74271	F	Page 4
			· ·			Yes	No
46	Did the organization engage, directly or indirectly	, in political campaign a	ctivities on behalf of or	in opposition to		I	Ţ
	candidates for public office? If 'Yes,' complete So				46	<u> </u>	X
Part			-41 47 40b	50 1 1			
	All section 501(c)(3) organization for lines 50 and 51.	is must answer que	stions 47-49b and	52, and complete the	e tables		
		O to room and to any ave	ation in this Doct VI				
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI		• • • • • • •		
47	Did the organization engage in lobbying activities	s or have a section 501(l	h) election in effect duni	ng the tax vear? If 'Yes.'		Yes	No
	complete Schedule C, Part II				47		
48	Is the organization a school as described in secti	ion 170(b)(1)(A)(ıı)? If 'Y	es,' complete Schedule	E	48		
49 a l	Did the organization make any transfers to an ex	empt non-charitable rela	ated organization?		49a	_	
bl	If 'Yes,' was the related organization a section 52	27 organization?			49b		
	Complete this table for the organization's five hig						
	employees) who each received more than \$100,	000 of compensation fro	m the organization If th	ere is none, enter 'None.'			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
					-		
			,				
f ⁻	Total number of other employees paid over \$100	,000 ▶		_			
51 (Complete this table for the organization's five hig	hest compensated indep	pendent contractors who	each received more that	n \$100,000 o	f	
	compensation from the organization. If there is no		(h) Time	of 00-100	(1) (2		
	(a) Name and business address of each independent conf	tractor	(в) туре	e of service	(c) Comp	ensauor	1
_					1		
			<u> </u>		<u> </u>		
52 I	Total number of other independent contractors ea Did the organization complete Schedule A? Note chantable trusts must attach a completed Schedi	e. All section 501(c)(3) or	rganizations and 4947(a	ı)(1) nonexempt	. ► Yes		
Under pe	enalties of perjury, I declare that I have examined this return, incl	uding accompanying schedules	and statements, and to the bes	t of my knowledge and belief, it is	<u></u>		
aue, con	rect, and complete Declaration of preparer (other than officer) is	Dased on all information of Which	in preparer has any knowledge	11-5-14			
C:~~	Signature of officer			Date 77			
Sign Here							
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
			l	Check Lif	1118		
Paid	Allen I Orwick, EA	Allen I Orwick		14 self-employed F	<u>20003383</u>	7	
Prepa							
Use O		North, PO Box		Firm's EIN	45-0398	<u>410</u>	
	Lakota		ND 58344-	0566 Phone no (70			
May th	ne IRS discuss this return with the preparer show	n above? See instructio	ns		. ► X Yes		No
				·	Form 990)-EZ (2	2013)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047 2013

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer Identification number Name of the organization American Legion #21 - Rundell-Holicky 45-0274271 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants а Mail solicitations Solicitation of government grants Internet and email solicitations f b Phone solicitations g Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (ii) Activity (iii) Did fundraiser from activity (or retained by) (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in organization column (i) Yes No 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part	}			Rundell-Holick	000 D 11/ E 4	74271 Page 2
	•	Fundraising Events. Complete if the more than \$15,000 of fundraising events events with gross receipts great	ent contributions a	and gross income on	Form 990-EZ, lines	s 1 and 6b.
·]		List events with gross rescripts ground	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R E			(event type)	(event type)	(total number)	through column (c)
REVERUE	1	Gross receipts				
E	2	Less Chantable contributions	- -			
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ь	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages	····			
X P E	8	Entertainment				
EXPENSES	9	Other direct expenses				
•		Direct expense summary Add lines 4 throug				
Pant		Net income summary Subtract line 10 from I Gaming. Complete if the organization				d more than
		\$15,000 on Form 990-EZ, line 6a.		,	, ,	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue		98,884.		98,884.
	2	Cash pnzes	_	73,165.		73,165.
D P E N S	3	Noncash prizes				
C S T E S	4	Rent/facility costs	<u>. </u>			
	5	Other direct expenses		7,949.		7,949.
	6	Volunteer labor	Yes %	X Yes 100.00 % No	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)			81,114.
	8	Net gaming income summary Subtract line ?	7 from line 1, column (c	9)		17,770.
		er the state(s) in which the organization operat		North Dakota		
		e organization licensed to operate gaming act o,' explain				· X Yes No
		e any of the organization's gaming licenses re	evoked, suspended or t	erminated during the tax y	/ear?	. Yes XNo

10 Does the organization operate gaming activities with normembers?	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	' Schedule G (Form 990 or	r 990-EZ) 201	3 American	Legion #21	- Rundell-H	olicky	45-0274271	Page 3
administer chantable gaming?	administer charitable gaming? 13 Indicate the percentage of gaming activity operated in a The organization's facility. 13a 3 b An outside facility. 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name * Albert Johnson Address * 10266_39th_St_NE_Lakota_ND_58344 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?								No
13 Indicate the percentage of gaming activity operated in a The organization's facility	13 Indicate the percentage of gaming activity operated in a The organization's facility. b An outside facility. 13b	12 Is the organization administer chantable	a grantor, ber le gaming?	neficiary or trustee o	f a trust or a men	nber of a partnership	or other entity form	ed to	X No
a The organization's facility	a The organization's facility	J							
b An outside facility	b An outside facility								
Name Albert Johnson Alter the amount of gaming revenue received by the organization Saming revenue Albert Johnson Yes Xino No Yes, enter the amount of gaming revenue received by the organization Saming revenue returned by the third party Saming revenue Saming reven	Name Albert Johnson Gaming manager information Name Albert Johnson Address Description of services provided Ball aspects of charitable gaming. Description of services provided Ball aspects of charitable gaming. Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to be distributions from the gaming proceeds to retain the state gaming license? No Entry the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, b), 10b, 15b, 15c, 16, and 17b, as applicable. Also provided any additional								
Name Albert Johnson Address 10266_39th St NE_Lakota, ND_58344 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Name Albert Johnson Address 10266 39th St NF_Lakota, ND 58344 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	-							ુ
Address \ 10266 39th St NE Lakota, ND 58344 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Address 10266 39th St NE Lakota, ND 58344 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	14 Enter the name and	d address of the	ne person who prep	ares the organiza	tion's gaming/specia	al events books and	records	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Name ► <u>Alber</u>	<u>t Johnso</u>	<u>n</u>					
b if 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party: c if 'Yes,' enter name and address of the third party: Name Address Address Gaming manager information Name Albert Johnson Gaming manager compensation S	b If Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party: c If Yes,' enter name and address of the third party: Name Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	Address ► <u>1026</u>	6 <u>6 39th</u>	St_NE_Lakota	<u>, ND 58344</u>				
b if 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party: c if 'Yes,' enter name and address of the third party: Name Address Address Gaming manager information Name Albert Johnson Gaming manager compensation S	b If Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party: c If Yes,' enter name and address of the third party: Name Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	15a Does the organizati	on have a cor	ntact with a third pa	rtv from whom the	organization receiv	es gaming revenue?		XNo
of gaming revenue retained by the third party c if 'Yes,' enter name and address of the third party: Name Address Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	of gaming revenue retained by the third party \$ \$ c if 'Yes,' enter name and address of the third party: Name								٠٠٠٠
c If 'Yes,' enter name and address of the third party: Name Address Address Gaming manager information Name Albert Johnson Gaming manager compensation \$	c If 'Yes,' enter name and address of the third party: Name Address Add	of gaming revenue	retained by th	e third party	\$				
Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$								
Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	Address 16 Gaming manager information Name Albert Johnson Gaming manager compensation \$	Name ►							
Name Albert Johnson Gaming manager compensation \$	Name Albert Johnson Gaming manager compensation \$								
Gaming manager compensation \$ \$	Gaming manager compensation \$	Address							
Description of services provided All aspects of charitable gaming. X Director/officer	Description of services provided All aspects of charitable gaming. X Director/officer	16 Gaming manager in	nformation						
Description of services provided All aspects of charitable gaming. X Director/officer Employee Independent contractor	Description of services provided All aspects of charitable gaming. X Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? X Yes No	Name ► <u>Alber</u> t	<u>t Johnso</u> r	<u>1</u>		·			
Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	Gaming manager of	ompensation	* \$	0_				
a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? No No	Description of servi	ces provided	► All aspe	cts of cha	rıtable gami	<u>ng.</u>		
a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	X Director/officer		Employee		Independent con	tractor		
state gaming license?	state gaming license? X Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	-							
organization's own exempt activities during the tax year \$ 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	organization's own exempt activities during the tax year \$ 9,815. Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	state gaming licens	e ^{၇'}					X Yes	No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional					•	t organizations or sp	ent in the	
		Part IV Supplemental Supplemental II	e <mark>ntal Infori</mark> II, lines 9, 9	mation. Provide b, 10b, 15b, 15	the explanati	ons required by	Part I, line 2b, co Also provide any	olumns (iii) and (v), additional	
									
					 				
									
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	at www.irs.gov/tottii990.	Employer identification number
		45-0274271
While Lican Fedion	#21 - Rundell-Holicky	10 02/12/2
	_	
		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
Facility rent	6,600.
Color Guard fees	150.
Veterans Day supper	120.
Total	6,870.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Building improvement	9,100.
Conference & meeting expense	2,088.
Insurance	1,339.
Membership fees	1,234.
Misc. expense & correcting adjustments	581.
Office supplies	429.
Real estate taxes	608.
Supplies	586.
Travel	100.
Total	16,065.

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information Part III, Line 17a (continued)

State Name	Amount
North Dakota	9,815.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Cash Bank Loan to Third Base	1,000.	885.
Total	1,000.	885.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Repairs	971.
SD Box Rent	76.
Utilities	1,986.
Total	3,033.

Supporting Statement of:

Form 990-EZ/Line 15

	Description	Amount
Postage		49.
Total		49.

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
General Account	19,690.
Gaming Account	15,253.
Charitable Trust Fund Account	7,961.
Total	42,904.

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Charitable Trust Fund Account	12,622.
Gaming Fund Account	13,982.
General Fund Account	15,541.
Total	42,145.

Additional Information

Grants and Donations		
American Legion Color Guard	993	
Devils Lake DAV	200	
Devils Lake Homeless Vets	100	
Lakota Community Club	100	
Lakota Community Library	1,000	
Lakota Volunteer Ambulance	1,700	
Michigan Community Club	450	
ND Boys State	450	
ND Patriot Guard	200	
ND Vets Home	500	
Nelson County	255	
Nelson County Park Board	3,031	
Nursing Home Resident Programs	859	
SADD	200	
Shamrock Fund	100	
USS North Dakota	100	
Walking for the Fallen	100	
Total	10,338	