

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



Form **990-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

A	For the	2013 calendar year, or tax year beginning MAY 1, 2013 and ending APF	₹ 30,	2014
В	Check if applicab			dentification number
Г	\neg	ess change AMERICAN LEGION AUXILIARY	, -	
Ē	\neg	change DEPARTMENT OF ALASKA	92-0	005348
Γ	_	The state of the s	E Telephone	
F	_	nated PO BOX 670750	-	688-0241
F			F Group Exe	
Ē		aton pending CHUGIAK, AK 99567	Number >	•
G				X if the organization is not
		e: ► N/A		attach Schedule B
		empt status (check only one) — 501(c)(3) X 501(c) (19) ◀(Insert no) 4947(a)(1) or 527		, 990-EZ, or 990-PF)
		f organization: X Corporation Trust Association Other	(, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	I.	
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	´. ▶ \$	134,272.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Pai	
		Check if the organization used Schedule O to respond to any question in this Part I		. X
	1	Contributions, gifts, grants, and similar amounts received	1	8,347.
	2	Program service revenue including government fees and contracts	2	29,773.
	3	Membership dues and assessments	3	50,390.
	4	Investment income SEE SCHEDULE O	. 4	17.
	5a	Gross amount from sale of assets other than inventory 5a		
	Ь	Less cost or other basis and sales expenses 5b		
	C	Gain or (loss) from sale of assets other than inventory (Subtract-Inje-5b from line 5a)	5c	
	6	Gaming and fundraising events		
m	a	Gross income from gaming (attach Schedule Git greater than		
Revenue		\$15,000) 6a 35,94	11.	
eVe	b	Gross income from fundraising events (not including \$ c 1 0 12) of contributions		
œ		\$15,000) Gross income from fundraising events (not including \$		
		gross income and contributions exceeds \$15,000)		
	C	Less direct expenses from gaming and fundraising events. 6c 2,07	72.	
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33,869.
	7a	Gross sales of inventory, less returns and allowances		<u> </u>
	Ь	Less cost of goods sold 7b		:
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	9,804.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	132,200.
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	35,508.
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	20,800.
nSe	13	Professional fees and other payments to independent contractors	13	2,750.
Expenses	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	. 14	752.
ũ	15	Printing, publications, postage, and shipping	15	703.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	76,154.
	17	Total expenses. Add lines 10 through 16	1 7	136,667.
·^	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,467.
jet	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Ass		(must agree with end-of-year figure reported on prior year's return)	19	191,899.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	187,432.

 $LHA \quad \hbox{For Paperwork Reduction Act Notice, see the separate instructions.} \\$

Form **990-EZ** (2013)

Form 990-EZ			RTMENT			
Part II	Balance	Sheets	(see the	instru	ctions f	or Part II)

<u> </u>	Check if the organization used Schedule O to res	spond to any questi	on in this Part II			X
			(A) Beginning of year	7	(B) E	nd of year
22	Cash, savings, and investments	_	185,569	- 22		181,734.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE C).	7,297			6,561.
25	Total assets		192,866			188,295.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE C	· _	967			863.
27			191,899	- 27		187,432.
P	Statement of Program Service Accomplishme	-	-	[V]		penses for section
1411-	Check if the organization used Schedule O to res		on in this Part III	<u> </u>		and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE C					ons and section) trusts, optional
	cabe the organization's program service accomplishments for each of its three largest program her, describe the services provided, the number of persons benefited, and other relevant inform		ses in a clear and concise		for others	
	SEE SCHEDULE O	· · ·				
				_		
	(Grants \$) If this amount includes foreign	grants, check here	>		28a	10,867.
29	SEE SCHEDULE O					<u> </u>
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign	grants, check here .	<u>.</u> ▶		29a	30,976.
30	SEE SCHEDULE O	·-·	,			
						
				 -		E 7E0
•	(Grants \$) If this amount includes foreign	grants, check here .			30a	5,750.
31	Other program services (describe in Schedule O)				31a	
32	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here		_	32	47,593.
25	Total program service expenses (add lines 20a tillough 5 fa)	· · · · · · · · · · · · · · · · · · ·				
P.	art M List of Officers, Directors, Trustees, and Key I	Employees (list each one	even if not compensated -	see the	instructions f	or Part IV)
P	List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to re				instructions f	for Part IV)
P	Check if the organization used Schedule O to re			(d) He	alth benefits,	or Part IV) . (e) Estimated
P		spond to any quest (b) Average hours per week devoted to	ion in this Part IV	(d) He contrempto	alth benefits, butions to byee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to re	spond to any questi (b) Average hours	(c) Reportable compensation (Forms	(d) He contremple plans,	alth benefits,	(e) Estimated
MA	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP	spond to any questi (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple plans,	alth benefits, abutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
MA PR	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT	spond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, buttons to byee benefit and deferred	(e) Estimated amount of other compensation
MA PR	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	aith benefits, abutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
MA PR SH 2N	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT	spond to any questi (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple plans,	alth benefits, abutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
MA PR SH 2N	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE RD VICE PRESIDENT INDA SCHMITT	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple plans,	alth benefits, ributions to pyee benefit and deferred pensation	(e) Estimated amount of other compensation 0 .
MA PR SH 2N LI	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT ECRETARY/TREASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	aith benefits, abutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation 0 .
MA PR SH 2N LI SE PE	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT (ARON CHERRETTE ID VICE PRESIDENT (NDA SCHMITT CRETARY/TREASURER ENNY MAZONNA	spond to any questi (b) Average hours per week devoted to position 20.00 10.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0 .
MAPR SH	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT ECRETARY/TREASURER ENNY MAZONNA ST VICE PRESIDENT	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple plans,	alth benefits, ributions to pyee benefit and deferred pensation	(e) Estimated amount of other compensation 0 .
MA PR SH 2N LI SE PE 1S	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT (ARON CHERRETTE ID VICE PRESIDENT (NDA SCHMITT CRETARY/TREASURER ENNY MAZONNA	spond to any questi (b) Average hours per week devoted to position 20.00 10.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation O . O .
MAP PR SH LI SE PE 1S DC SC	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT ECRETARY/TREASURER ENNY MAZONNA ST VICE PRESIDENT ORIS THOMAS	spond to any questi (b) Average hours per week devoted to position 20.00 10.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) He contremple plans,	alth benefits, abutions to synchronic deferred pensation 0. 0.	(e) Estimated amount of other compensation
MAPR SH	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT ENDA SCHMITT ECRETARY/TREASURER ENNY MAZONNA ST VICE PRESIDENT ORIS THOMAS ST—AT—ARMS	spond to any questi (b) Average hours per week devoted to position 20.00 10.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) He contremple plans,	alth benefits, abutions to synchronic deferred pensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT CERETARY/TREASURER ENNY MAZONNA ST VICE PRESIDENT ORIS THOMAS GT-AT-ARMS ARBE WOLKOFF IAPLAIN	spond to any questi (b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple plans,	alth benefits, ributions to pyee benefit and deferred pensation 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
MA PR SH 2N LI SE PE 1S DC SC BA CH SU	Check if the organization used Schedule O to re (a) Name and title ARGARET BLANKENSHIP RESIDENT IARON CHERRETTE ID VICE PRESIDENT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDA SCHMITT INDERTARY/TREASURER INNY MAZONNA INTO VICE PRESIDENT INDRIS THOMAS INTO TH	(b) Average hours per week devoted to position 20.00 10.00 40.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contremple plans,	alth benefits, ibutions to to be benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.

Form 990-EZ (2013)

Form 990-EZ (2013)

DEPARTMENT OF ALASKA

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? 35b Х b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 X 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? . . . 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter. N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A ; section 4912 \triangleright N/A ; section 4955 \triangleright b 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? N/A 40b If "Yes," complete Schedule L, Part I s Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers N/A or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed AK Telephone no ▶ 907-688-0241 42a The organization's books are in care of ► LINDA SCHMITT ZIP+4 ▶ 99567 Located at ▶ PO BOX, CHUGIAK, AK b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х E At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X of Form 990-EZ X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form	`, ı 1 990-EZ (20		ION AUXILIARY F ALASKA				92-0005	348	~	Page 4
							" ^		Yes	No
46	If "Yes," co	anization engage, directly or indirectly, mplete Schedule C, Part I	<u> </u>	s on behalf of	or in opposition	n to candidates for pi	Tiplic offices	46		_ X _
Pε		Section 501(c)(3) organizati					50 154			
		All section 501(c)(3) organizations m				e the tables for line	es 50 and 51.			
		Check if the organization used Sche	edule O to respond to any	question in	tnis Part VI		·		Yes	No
47	Did the or	janization engage in lobbying activities	or have a coction 501/h) elec	tion in affact d	uring the tay ve	ar? If "Ves " complet	a Sch C Part II	47	163	110
48	-	nization a school as described in section				sairii res, complet	o ocii. O, i ait ii	48	 	
	_	panization make any transfers to an exe			Jule L	• • • •		49a	 	
	-	is the related organization a section 527		yamzanom.		• •		49b	<u> </u>	
50 50		this table for the organization's five high	· = '	(other than of	ficers director	s trustees and key ei	mnlovees) who e		ceived i	more
00	-	,000 of compensation from the organization		-	moors, amouton	s, trustoos and key or	iipioyees, wiie e	uon io	001404	11010
	tian \$100	(a) Name and title of each empl		(b) Aver	age hours devoted to	(C) Reportable compensation (Forms	(d) Health beneficontributions to employee beneficial	t am	e) Estim	
		1	N/A	pos	sition	W-2/1099-MISC)	plans, and deferre compensation	≈d C(mpens	ation
_								-		
						<u> </u>		+		
										_
f 51	Complete	ber of other employees paid over \$100, this table for the organization's five high on If there is none, enter "None"		nt contractors	who each rece	ived more than \$100	,000 of compens	sation	from the	Ð
_		ame and business address of each inde			(b)	Type of service	(c)	Comp	ensatio	n .
_				_	-				-	
_										
_			-			****				
								. <u> </u>		
	-	_								
d 52		ber of other independent contractors ea ganization complete Schedule A? Note .		ations and 49	47(a)(1) nonex	▶				
Unde	charitable	trusts must attach a completed Schedu	ıle A um. including accompanying sche	dules and statem			▶ [d belief, it is true, co	y orrect, a	es	No No
Deci	aration of prep	parer (other than partier) is coased out all informa	tion of which preparer has any kno	wiedge				201	4	
Sig He		LINDA SCHMITT, S Type or print name and title	ECRETARY/TREA	SURER			Date - *			
_		Print/Type preparer's name	Preparer's signature	$\overline{\mathcal{O}}$	Date	Check _	ıf PTIN			

332174 11-25-13 BETHE DAVIS

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶ RJG, A PROFESSIONAL CORPORATION

Firm's address ► 1100 WEST BARNETTE, SUITE 102

FAIRBANKS, AK 99701

Paid

Preparer

Use Only

P00841521

► X Yes No Form 990-EZ (2013)

Firm's EIN ▶ 92-0121157

Phone no (907)452-4156

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.

► Attach to Form 990 or Form 990-EZ.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

AMERICAN LEGION AUXILIARY

Employe

Employer identification number

DEPARTMENT OF ALASKA 92-0005348 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations 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 Yes No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No **Total** 3 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.

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

Schedule G (Form 990 or 990-EZ) 2013

AMERICAN LEGION AUXILIARY

Schedule G (Form 990 or 990-EZ) 2013 DEPARTMENT OF ALASKA

92-0005348 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

92-0005348 Page 2

Revenue Direct Expenses R	1 2 3 4 5 6 7 8 9 10 11 T 1	Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from little Garning. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)	m 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(total number) Line	(d) Total events (add col. (a) through col. (c)) (d) Total gaming (add col. (a) through col. (c))
Revenue Direct Expenses	2 3 4 5 6 7 8 9	Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from little Garning. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) ine 3, column (d) answered "Yes" to For	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (add
Revenue Direct Expenses	2 3 4 5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) ine 3, column (d) answered "Yes" to For	m 990, Part IV, line 19, or	reported more than	(d) Total gaming (add
Revenue Direct Expenses	2 3 4 5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	2 3 4 5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	3 4 5 6 7 8 9	Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	3 4 5 6 7 8 9	Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	4 5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	5 6 7 8 9	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	5 6 7 8 9	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	6 7 8 9 10	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Garning. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Revenue Direct Expenses	6 7 8 9 10	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Garning. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Bevenue Bevenue	7 8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Bevenue Bevenue	7 8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Par Par	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Par Par	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Bevenue Revenue	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Garning. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Par Par	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Garning. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Par Bevenue	11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" to For	(b) Pull tabs/instant	reported more than	
Par Beneune		Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to For	(b) Pull tabs/instant	<u> </u>	
Revenue		\$15,000 on Form 990-EZ, line 6a.	F	(b) Pull tabs/instant	<u> </u>	
			(a) Bingo		(c) Other gaming	
			(a) bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
				1		
			1	_]	
" l	1	Gross revenue	-	35,941.		35,941.
ഗിമ	•	Cook awar				
e l	2	Cash prizes				1
e G	3	Noncash prizes				
Direct Expenses	_					
<u> </u>	4	Rent/facility costs			<u></u>	
ا ۵						
	5	Other direct expenses .		2,072.		2,072.
				% Yes %	Yes %	5
- •	6	Volunteer labor	∟ No	X No	No No	
.	~	Direct cynonic cummer. Add hear Officered	h E in onlyeer (d)		•	2,072.
	7	Direct expense summary. Add lines 2 through	n a in column (a)	•••••		2,012.
	8	Net gaming income summary. Subtract line 7	7 from line 1. column (c	i)	•	33,869.
	_	,		·		<u> </u>
9 E	Ent	er the state(s) in which the organization opera	ates gaming activities:	AK		
a l	ls t	he organization licensed to operate gaming ac	ctivities in each of thes	e states?	- •	X Yes No
b l	lf "	No," explain:				
-				····		
40- 1	\A/-	re any of the organization's gaming licenses re	ovakad ayanandad	torminated duman Aba A	voor?	Yes X No
			•	•	year:	L TES LA NO
.		Yes, explain:				
-						
333083						

AMERICAN LEGION AUXILIARY

Sch	edule G (Form 990 or 990-EZ) 2013 DEPARTMENT OF ALASKA	92 – 0	<u> 00534</u>	18 Page 3
11	Does the organization operate gaming activities with nonmembers?		X Ye	s No
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?		Ye Ye	s X No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility		13a	%
	An outside facility		13ь 10	00.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name ► LOYAL LADY ENTERPRISES		_	
	Address ► PO BOX 92669 - ANCHORAGE, AK 99509			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•	X Ye	s No
	of f "Yes," enter the amount of gaming revenue received by the organization \$\(\simes \) 35,941. and the amount of gaming revenue retained by the third party \$\(\simes \) 28,024. If "Yes," enter name and address of the third party:	ount		
	Name ► LOYAL LADY ENTERPRISES			
	Address ► PO BOX 92669 - ANCHORAGE, AK 99509			
16	Gaming manager information:			
	Name ► LINDA SCHMITT			
	Gaming manager compensation ▶ \$ 20,800.			
	Description of services provided ▶ LINDA SCHMITT PERFORMS ALL BOOKKEEPING ORGANIZATION INCLUDING GAMING REPORTS	FOR	THE	
	X Director/officer Employee Independent contractor			
a	Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$\infty\$ \$ 33,869.	In the	X Ye	s 🔲 No
D.	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III lie	100 Q Qh	10h 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc		163 3, 36	, 100, 100,
	13c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc	tionsj.		
			· · · · <u>-</u>	
-				
		· <u> </u>		
				

SCHEDULE O (Form 990 or 990-EZ)

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 at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION AUXILIARY DEPARTMENT OF ALASKA

Employer identification number 92-0005348

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST AND INVESTMENT INCOME	17.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME, MULTIPLE SOURCES	4,077.
NATIONAL PASS THROUGH	541.
TRAVEL AND STATE DINNER REIMBURSEMENTS	5,186.
TOTAL TO FORM 990-EZ, LINE 8	9,804.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:	
AFFILIATE NAME: AMERICAN LEGION AUXILIARY NATIONAL	
PURPOSE OF PAYMENT: DUES AND ASSESSMENTS TO NATIONAL	
AMOUNT OF PAYMENT:	28,258.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIPS- GIRLS STATE	
GRANTEE NAME: MULTIPLE	
GRANTEE RELATIONSHIP: NONE- 4 SCHOLARSHIP RECEIPIANTS	
PROPERTY DESCRIPTION: SCHOLARSHIPS FOR COLLEGE	
AMOUNT GIVEN:	7,250.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND	MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

332211 09-04-13

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 at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN LEGION AUXILIARY DEPARTMENT OF ALASKA

Employer identification number 92-0005348

DEPRECIATION		752.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
PROGRAM EXPENSES- GIRLS STATE, TRAVEL, INSURANCE	AND OTHER	23,675.
CONVENTIONS, CONFERENCE, MEETINGS, NATIONAL OFFI	CE	
VISITATION		10,875.
MISCELLANEOUS OTHER EXPENSES		1,185.
OFFICE		512.
INSURANCE		2,889.
DONATIONS		6,931.
LEGIONNAIRE LABLES		1,439.
SUPPLIES		12,881.
VA AND REHABILITATION EXPENSES		10,867.
CHILDREN AND YOUTH PROGRAM		1,325.
PAYROLL TAXES		2,410.
NATIONAL AEF		1,000.
WDNVP VISITATION EXPENSE		165.
TOTAL TO FORM 990-EZ, LINE 16		76,154.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FEDERAL REFUND RECEIVABLE	3,431.	3,431.
ACCOUNTS RECEIVABLE	500.	464.
PREPAID PAYROLL TAXES	14.	66.
OTHER DEPRECIABLE ASSETS	3,352.	2,600.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm990.

AMERICAN LEGION AUXILIARY Employ DEDADUMENTO OF ATACKA

Employer identification number

DEPARTMENT OF ALASKA		92-0005348
TOTAL TO FORM 990-EZ, LINE 24	7,29	7. 6,561.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF YE	AR END OF YEAR
FEDERAL TAX PAYABLE 990-T	89	3. 810.
STATE CORPORATE TAX AND PENALTY PAYABLE	7	4. 53.
TOTAL TO FORM 990-EZ, LINE 26	96	7. 863.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - P.		
ORGANIZATION, GIVING THOUSANDS OF DOLLARS AND VOL		
SUPPORT VETERANS AND THE PUBLIC. THE AMERICAN LE	GION AUXIL	IARY IS THE
WORLDS LARGEST WOMENS SERVICE ORGANIZATION.		
		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE A	CCOMPLISHM	ENTS:
THE AUXILIARY'S VETERAN'S AFFAIRS AND REHABILITAT	ION	
PROGRAM PROVIDES SERVICE AND FINANCIAL ASSISTANCE	то	
VETERANS AND THEIR FAMILIES. AUXILIARY MEMBERS AR	E	
INTERESTED IN RESTORING THE VETERAN AND HIS FAMIL	Y TO NORMA	L FUNCTION.
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE A	CCOMPLISHM	ENTS:
GIRLS STATE IS A NONPARTISAN PROGRAM THAT TEACHES	YOUNG	
WOMEN RESPONSIBLE CITIZENSHIP AND LOVE FOR GOD AN	D	
COUNTRY. THIS PROGRAM PROVIDES THE OPPORTUNITY LE	ARN HOW	
THEIR STATE AND LOCAL GOVERNMENT WORKS. THIS PROG	RAM ALSO P	ROVIDES
SCHOLARSHIPS FOR FURTHER EDUCATION. ALSO INCLUDED	ARE CHILD	REN AND
YOUTH ACTIVITIES ADN JUNIOR AUXILIARY ACTIVITIES.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN LEGION AUXILIARY Employ DEPARTMENT OF ALASKA

Employer identification number 92-0005348

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:
TEMPORARY EMERGENCY FINANCIAL ASSISTANCE TO AUXILIARY
MEMBERS AND PUBLIC WHO HAVE EXHAUSTED ALL OTHER PERSONAL
COMMUNITY RESOURCES AND DONATIONS TO OTHER NONPROFIT
ORGANIZATIONS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868** (Rev. January 2014)

Demostraant of the Townson

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

A Miner and filling for an Archamatic O Marin 12 - 1					. —
 If you are filing for an Automatic 3-Month Exte 	nsion, complete only Pa	rt I and check this box			. ► X
 If you are filing for an Additional (Not Automati 	ic) 3-Month Extension, c	omplete only Part II (on page 2 of	this form).		
Do not complete Part II unless you have already	been granted an automa	tic 3-month extension on a previou	sly filed Forr	n 8868.	
Electronic filing <i>(e-file)</i> . You can electronically file	Form 8868 if you need a	3-month automatic extension of tie	ne to file (6	months for a	corporation
required to file Form 990-T), or an additional (not a	utomatic) 3-month extens	ion of time. You can electronically	ile Form 886	8 to request	an extension
of time to file any of the forms listed in Part I or Pa	rt II with the exception of	Form 8870, Information Return for	Transfers As	ssociated Wit	h Certain
Personal Benefit Contracts, which must be sent to	the IRS in paper format	see instructions). For more details	on the elect	ronic filing of	this form,
visit www.irs.gov/efile and click on e-file for Chariti	ies & Nonprofits.				
Part : Automatic 3-Month Exten					
A corporation required to file Form 990-T and requ	iesting an automatic 6-mo	nth extension - check this box and	complete		
Part I only					▶
All other corporations (including 1120-C filers), par	rtnerships, REMICs, and ti	usts must use Form 7004 to reque	st an extens	ion of time	
to file Income tex returns.			Enter files	's identifying	number
Type or Name of exempt organization or other			Employer	dentification	number (EIN) or
print AMERICAN LEGION AUX				00 000	5340
File by the DEPARTMENT OF ALASK			<u> </u>	92-000	
due date for Number, street, and room or suite no.	If a P.O. box, see instruct	tions.	Social sec	urity number	(SSN)
filing your return. See PO BOX 670750			<u> </u>		
Instructions. City, town or post office, state, and Z	IP code. For a foreign add	ress, see instructions.			
CHUGIAK, AK 99567					
					[AT]
Enter the Return code for the return that this appl	ication is for (file a separa	te application for each return)			0 1
		T			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL		Form 1041-A			08
Form 4720 (Individual)	03	Form 4720 (other than individual)			09
		Form 5227			10
Form 990-PF	04				1
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06				11 12
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S	05 06 SCHMITT	Form 6069 Form 8870			
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX	05 06 SCHMITT	Form 6069 Form 8870 K 99567			
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241	05 06 SCHMITT - CHUGIAK, A	Form 6069 Form 8870 K 99567 Fax No. ▶			
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or p	05 06 SCHMITT - CHUGIAK, A	Form 6069 Form 8870 K 99567 Fax No. ▶ nited States, check this box			. ▶ □
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return, enter the organization does not have an office or point of this is for a Group Return of the organization does not have an office or point of this is for a Group Return of the organization does not have a group of the	05 06 SCHMITT - CHUGIAK, A place of business in the Unition's four digit Group Ex-	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	. If this is for	the whole gr	12 Description output the state of the stat
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or point in the care of the organization does not have an office or point in the care of the organization does not have an office or point in the or	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extensions this box ▶ □ and atta	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	. If this is for of all memb	the whole gr	12 Description output the state of the stat
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or point if this is for a Group Return, enter the organization box ▶	05 06 CHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Excitors box ▶ and attactor a corporation required	Form 6069 Form 8870 K 99567 Fax No. Fax No. Interest of the second of	. If this is for of all membe e until	the whole gr	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or p If this is for a Group Return, enter the organization box ▶	05 06 CHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Excitors box ▶ and attactor a corporation required	Form 6069 Form 8870 K 99567 Fax No. Fax No. Interest of the second of	. If this is for of all membe e until	the whole gr	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or p If this is for a Group Return, enter the organization of the group, check Tequest an automatic 3-month (6 months to DECEMBER 15, 2014, to is for the organization's return for:	05 06 CHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Excitors box ▶ and attactor a corporation required	Form 6069 Form 8870 K 99567 Fax No. Fax No. Interest of the second of	. If this is for of all membe e until	the whole gr	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or p If this is for a Group Return, enter the organization of the group, check Tequest an automatic 3-month (6 months of DECEMBER 15, 2014, the is for the organization's return for: □ calendar year or	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extension box ▶ and attaction a corporation required to file the exempt organization.	Form 6069 Form 8870 K 99567 Fax No. F	If this is for of all member e until ned above.	the whole gr	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or p If this is for a Group Return, enter the organization of the group, check Tequest an automatic 3-month (6 months to DECEMBER 15, 2014, to is for the organization's return for:	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extension box ▶ and attaction a corporation required to file the exempt organization.	Form 6069 Form 8870 K 99567 Fax No. Fax No. Interest of the second of	If this is for of all member e until ned above.	the whole gr	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of PO BOX Telephone No. P907-688-0241 If the organization does not have an office or point this is for a Group Return, enter the organization box I if it is for part of the group, check Trequest an automatic 3-month (6 months of DECEMBER 15, 2014, the is for the organization's return for: The property of the group, check of the group, check of the organization's return for: The property of the group, check of the group, check of the organization's return for: The property of the group of the group, check of the organization's return for: The property of the group of	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Exciting box and attate for a corporation required to file the exempt organization and the corporation of the exempt organization and the corporation required to file the exempt organization and the corporation required to file the exempt organization and the corporation required to file the exempt organization and the corporation are corporated as a corporation of the corporation and the corporation are corporated as a corporation are corporated as a corporation and the corporation are corporated as a c	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all member e until ned above.	the whole great the extension	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S In the books are in the care of PO BOX Telephone No. P 907-688-0241 If the organization does not have an office or point this is for a Group Return, enter the organization box Point it is for part of the group, check I request an automatic 3-month (6 months of DECEMBER 15, 2014, the is for the organization's return for: DECEMBER 15, 2014, the is for the organization's return for: May 1, the image of the tax year beginning May 1, the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of the tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year entered in line 1 is for less the source of tax year ente	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Exciting box and attate for a corporation required to file the exempt organization and the corporation of the exempt organization and the corporation required to file the exempt organization and the corporation required to file the exempt organization and the corporation required to file the exempt organization and the corporation are corporated as a corporation of the corporation and the corporation are corporated as a corporation are corporated as a corporation and the corporation are corporated as a c	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all member e until ned above.	the whole great the extension	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S In the books are in the care of PO BOX Telephone No. P 907-688-0241 If the organization does not have an office or point of the group, check of the group, check of the group, check of the organization of the group, check of the group of the	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extins box and atta for a corporation required to file the exempt organization and atta 2013 and atta	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all member e until ned above.	the whole great the extension	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S In the books are in the care of PO BOX Telephone No. P 907-688-0241 If the organization does not have an office or point of the group, checked processes of the group, checked processes of the organization of the group, checked processes of the group of the group, checked processes of the group of the gr	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extins box and atta for a corporation required to file the exempt organization and atta 2013 and atta	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all members and above.	the whole great the extension	oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA 3 The books are in the care of ▶ PO BOX Telephone No. ▶ 907-688-0241 If the organization does not have an office or point of the group, check of the group of the	05 06 SCHMITT — CHUGIAK, A blace of business in the Unition's four digit Group Extension and attal for a corporation required to file the exempt organization and 12 months, check rease PF, 990-T, 4720, or 6069,	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all member e until ned above.	the whole great the extension	→ □ oup, check this sion is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of PO BOX Telephone No. 907-688-0241 If the organization does not have an office or point of the group, check of the group, check of the group, check of the group and the group, check of the group and the group, check of the organization of the group, check of the organization of the group, check of the group of the group, check of the group, check of the group of the gro	05 06 CHMITT — CHUGIAK, A clace of business in the Unition's four digit Group Exciting box ▶ and atta for a corporation required to file the exempt organization and 12 months, check rease PF, 990-T, 4720, or 6069, enter and 12 months are second at 12 months.	Form 6069 Form 8870 K 99567 Fax No. F	If this is for of all members and above. Final return 3a	the whole great the extension	12 Description is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S In the books are in the care of PO BOX Telephone No. P907-688-0241 If the organization does not have an office or point of the group, check of the group, check of the group, check of the group, check of the organization of the group, check of the group, ch	05 06 CHMITT — CHUGIAK, A clace of business in the Unition's four digit Group Exciting box ▶ and attate for a corporation required to file the exempt organization and 12 months, check reast perior year overpayment are prior year overpayment are considered.	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all members and above.	the whole great the extension The extension	12 Description is for.
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINDA S The books are in the care of PO BOX Telephone No. 907-688-0241 If the organization does not have an office or point in the care of PO BOX If this is for a Group Return, enter the organization of the group, check in the care of PO BOX I request an automatic 3-month (6 months of DECEMBER 15, 2014, the calendar year or PO BOX If the organization's return for: Calendar year or PO BOX If the tax year entered in line 1 is for less the Change in accounting period If this application is for Forms 990-BL, 990-nonrefundable credits. See instructions. If this application is for Forms 990-PF, 9	obschmitt CHUGIAK, A clace of business in the Unition's four digit Group Excitors and attated of a corporation required to file the exempt organization and its months, check rease PF, 990-T, 4720, or 6069, enter any prior year overpayment at a include your payment with the CHMITT in the CHMITT	Form 6069 Form 8870 K 99567 Fax No. inted States, check this box	If this is for of all members and above. Final return 3a	the whole great the extension The extension	→ □ oup, check this sion is for.

Form 886	68 (Rev. 1·2014)					P:	age 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	box		▶ X]
Note. On	ly complete Part II if you have already been granted an a	utomatic :	3 month extension on a previously (il	ed Form 8	868.		
	are filing for an Automatic 3-Month Extension, comple					- .	
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies ne	eded).	
			Enter filer's	identifying	numbei	r, see instruct	ons
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identificat	tion number (E	IN) or
print	AMERICAN LEGION AUXILIARY		ļ	00 0005040			
File by the				92-0005348			
due date for filing your return See	Journ Do Boy 670.750			Social sec	unty num	nber (SSN)	
Instructions	City, town or post office, state, and ZIP code. For a for CHUGIAK, AK 99567	oreign add	ress. see instructions.				-
Enter the	Return code for the return that this application is for (file		to application for each return)			0	1
	neturn code for the return that this application is for this	e a separa	te application for each return)			· -	
Applicat	ion	Return	Application				turn
ls For		Code	Is For	Shark African	£4. 5-2.10 x	C	ode
	0 or Form 990-EZ	01	in a same and a same and a same and a same a sa	Charle William	#######	(2)11111 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11 (2)11	(3133)X
Form 99		02	Form 1041-A				28
	20 (individual)	03	Form 4720 (other than individual)				<u>09</u> 10
Form 99		04	Form 5227 Form 6069				11
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 8870				12
	0-T (trust other than above) to not complete Part II if you were not already granted	·	 	iously file	d Form 8		14
310Fib	LINDA SCHMITT	<u> </u>	matte o month extension on a pre-	iousiy inc	<u> </u>		
• The h	ooks are in the care of ▶ PO BOX - CHUGI.	AK, A	K 99567				
	hone No. ► 907-688-0241		Fax No. ▶		*****		
	organization does not have an office or place of busines	s in the U	nited States, check this box		_	[. ▶ □]
	is for a Group Return, enter the organization's four digit				the whol	e group, check	this
box ►	. If it is for part of the group, check this box	_	ach a list with the names and EINs of				
4 lr	equest an additional 3-month extension of time until		н 15, 2015				
5 Fo	r calendar year, or other tax year beginning	MAY 1	, 20 <u>13</u> , and endin	g APR	30 <u>,</u>	2014	·
6 lf t	the tax year entered in line 5 is for less than 12 months, or	check reas	son: Initial return	Final r	eturn		
	Change in accounting period						
7 St	ate in detail why you need the extension	<u> </u>					
<u>A</u>	DDITIONAL TIME IS REQUIRED T	O FIL	E A COMPLETE AND A	CCURA	TE RE	TURN.	
_							
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any				
	onrefundable credits. See instructions.			8a	\$		0.
	this application is for Forms 990-PF, 990-T, 4720, or 606						
	x payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid				Λ
	reviously with Form 8868.			<u>86</u>	\$		0.
	alance due. Subtract line 8b from line 8a. Include your p		th this form, if required, by using				0.
EF	TPS (Electronic Federal Tax Payment System). See insti		at he completed for Doct II	8c	\$		
Under pe	Signature and Verifica naities of penury, I declare that I have examined this form, inclu correct, and complete, and that I am authorized to prepare this f	ding accom	ist be completed for Part II opanying schedules and statements, and t		f my know	rledge and belief,	
	9 . 01. 1 1°						
Signature	Della their Title ▶	CPA		Date		DGCD (Day 4	2014
					ror	m 8868 (Rev. 1	-20 14)