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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-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 **APR 30, 2014**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
**AMERICAN LEGION AUXILIARY
 DEPARTMENT OF ALASKA**

D Employer identification number
92-0005348

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 670750

E Telephone number
907-688-0241

City or town, state or province, country, and ZIP or foreign postal code
CHUGIAK, AK 99567

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**19**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **134,272.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	8,347.
	2	Program service revenue including government fees and contracts	29,773.
	3	Membership dues and assessments	50,390.
	4	Investment income	17.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	35,941.
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events	2,072.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	33,869.	
Expenses	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	9,804.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	132,200.
	10	Grants and similar amounts paid (list in Schedule O)	35,508.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	20,800.
	13	Professional fees and other payments to independent contractors	2,750.
	14	Occupancy, rent, utilities, and maintenance	752.
Net Assets	15	Printing, publications, postage, and shipping	703.
	16	Other expenses (describe in Schedule O)	76,154.
	17	Total expenses. Add lines 10 through 16	136,667.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-4,467.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	191,899.
	20	Other changes in net assets or fund balances (explain in Schedule O)	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	187,432.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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Check if the organization used Schedule O to respond to any question in this Part II

X

Check if the organization used Schedule O to respond to any question in this Part III ☒ X

Check if the organization used Schedule O to respond to any question in this Part IV

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AMERICAN LEGION AUXILIARY

DEPARTMENT OF ALASKA

Form 990-EZ (2013)

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Part V**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 ☒

	Yes	No
33 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		X
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 a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c 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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a 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 prior year and still outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39a Section 501(c)(7) organizations. Enter:		
39b Initiation fees and capital contributions included on line 9 N/A		
39c Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
40b 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 N/A		
40c 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 N/A		
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
40e 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 X		
41 List the states with which a copy of this return is filed AK		
42a The organization's books are in care of LINDA SCHMITT Telephone no 907-688-0241		
Located at PO BOX, CHUGIAK, AK ZIP + 4 99567		
42b 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)? If "Yes," enter the name of the foreign country X		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c 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 X		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X		
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X		
44c Did the organization receive any payments for indoor tanning services during the year? X		
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O X		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X		
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)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there 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 amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

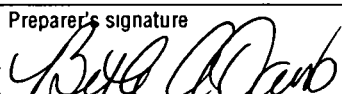

Signature of officer

12/1/2014
Date

LINDA SCHMITT, SECRETARY/TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BETHE DAVIS		11/25/14		P00841521
Firm's name	Firm's EIN		Firm's address	
RJG, A PROFESSIONAL CORPORATION	92-0121157		1100 WEST BARNETTE, SUITE 102	
Firm's address	Phone no			
FAIRBANKS, AK 99701	(907) 452-4156			

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2013

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Internal Revenue Service

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

Name of the organization **AMERICAN LEGION AUXILIARY
DEPARTMENT OF ALASKA**

Employer identification number
92-0005348

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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?

☐ **Yes**☐ No

- 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.

[illegible]**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.

AMERICAN LEGION AUXILIARY

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

92-0005348 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NONE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue		35,941.		35,941.
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses		2,072.		2,072.
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				2,072.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				33,869.

9 Enter the state(s) in which the organization operates gaming activities: AK

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

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

11 Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ 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?

☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a	%
-----	---

13b	100.00 %
-----	----------

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► LOYAL LADY ENTERPRISES

Address ► PO BOX 92669 - ANCHORAGE, AK 99509

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 35,941. and the amount of gaming revenue retained by the third party ► \$ 28,024.

c If "Yes," enter name and address of the third party:

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 FOR THE ORGANIZATION INCLUDING GAMING REPORTS

☒ 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?

☒ 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 ► \$ 33,869.

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 complete this part to provide any additional information (see instructions).

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.

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

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Name of the organization

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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:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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.

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

OMB No 1545-0047

2013

Open to Public
Inspection

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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 OFFICE	
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 (Form 990 or 990-EZ) (2013)

332211
09-04-13

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.

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

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TOTAL TO FORM 990-EZ, LINE 24 7,297. 6,561.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FEDERAL TAX PAYABLE 990-T	893.	810.
STATE CORPORATE TAX AND PENALTY PAYABLE	74.	53.
TOTAL TO FORM 990-EZ, LINE 26	967.	863.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PATRIOTIC SERVICE
ORGANIZATION, GIVING THOUSANDS OF DOLLARS AND VOLUNTEER HOURS TO
SUPPORT VETERANS AND THE PUBLIC. THE AMERICAN LEGION AUXILIARY IS THE
WORLD'S LARGEST WOMEN'S SERVICE ORGANIZATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AUXILIARY'S VETERAN'S AFFAIRS AND REHABILITATION
PROGRAM PROVIDES SERVICE AND FINANCIAL ASSISTANCE TO
VETERANS AND THEIR FAMILIES. AUXILIARY MEMBERS ARE
INTERESTED IN RESTORING THE VETERAN AND HIS FAMILY TO NORMAL FUNCTION.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

GIRLS STATE IS A NONPARTISAN PROGRAM THAT TEACHES YOUNG
WOMEN RESPONSIBLE CITIZENSHIP AND LOVE FOR GOD AND
COUNTRY. THIS PROGRAM PROVIDES THE OPPORTUNITY LEARN HOW
THEIR STATE AND LOCAL GOVERNMENT WORKS. THIS PROGRAM ALSO PROVIDES
SCHOLARSHIPS FOR FURTHER EDUCATION. ALSO INCLUDED ARE CHILDREN AND
YOUTH ACTIVITIES AND 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.

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

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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.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. AMERICAN LEGION AUXILIARY DEPARTMENT OF ALASKA	Employer identification number (EIN) or 92-0005348
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 670750	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHUGIAK, AK 99567	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LINDA SCHMITT

- The books are in the care of ► **PO BOX - CHUGIAK, AK 99567**

Telephone No. ► **907-688-0241**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **MAY 1, 2013**, and ending **APR 30, 2014**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions. AMERICAN LEGION AUXILIARY DEPARTMENT OF ALASKA	Employer identification number (EIN) or 92-0005348
File by the due date for filing your return See instructions Number, street, and room or suite no. If a P O. box, see instructions. PO BOX 670750	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHUGIAK, AK 99567	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LINDA SCHMITT

- The books are in the care of ☒ **PO BOX - CHUGIAK, AK 99567**

Telephone No. ☒ 907-688-0241

Fax No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MARCH 15, 2015**

5 For calendar year ☐, or other tax year beginning **MAY 1, 2013**, and ending **APR 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ *Linda Schmitt* Title ☒ CPA

Date ☐

Form 8868 (Rev. 1-2014)

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