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EXTENDED TO MAY 16, 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For th	e 2014 calendar year, or tax year beginning $$ OCT $$ 1 $$, $$ $$ 2 $$ 1 $$ 4 $$ and e	ending S	EP 30, 2015				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	applicab	e AMERICAN LEGION AUXILIARY UNIT 270 INC	2					
Г	Addre	SS C /O MARTAN EL CUITRICUET I A						
F	Name		-	27-2968996				
<u> </u>	lchang lnitial	the state of the s	Room/suite	E Telephone number				
<u> </u>	return Final		nooni/suite	<u> </u>				
L_	return termir			703-938-3572				
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,603.			
Ļ	Amen	ded VIENNA, VA 22182		H(a) Is this a group re				
	Application	F Name and address of principal officer Print Print I	ıA	for subordinates				
	pendi	1906 TOYON WAY, VIENNA, VA 22182		H(b) Are all subordinates in	cluded? Yes X No			
1	Tax-ex	empt status 501(c)(3)X 501(c)(19) ◀ (insert no.) 4947(a)(1) oi	r 🔲 527	If "No," attach a	list (see instructions)			
J	Websi	te: ► N/A		H(c) Group exemption	n number ▶ 0964			
		forganization: X Corporation Trust Association Other	L Year		State of legal domicile: VA			
	art I	Summary	1 - 1 - 1					
	T-	Briefly describe the organization's mission or most significant activities THE C	ORPOR	ATTON IS OR	GANTZED			
Activities & Governance	'	EXCLUSIVELY FOR THE PURPOSES THAT ARE PER						
Jar Tar		Check this box If the organization discontinued its operations or dispose						
leri	2	•	ea or more	1 1				
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	3			
<u>~</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3			
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0			
Ţ.	6	Total number of volunteers (estimate if necessary)		6	1			
Ċŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
٩	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
JUN 3 0 2016	8	Contributions and grants (Part VIII, line 1h)		666,122.	13,603.			
~ 2	9	Program service revenue (Part VIII, line 2g)		0.	0.			
⇔ §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
ങ്	10	• • • • • • • • • • • • • • • • • • • •	-	0.	0.			
2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	666,122.	13,603.				
≼	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	54,969.	61,271.			
SCANNED Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
A§ Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
SCANN Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>=0.</u>		·			
ே மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,675.	4,582.			
	18		<u>کا</u> [58,644.	65,853.			
	19	Revenue less expenses Subtract line 18 from line 12	31 —	607,478.	-52,250.			
7.0	3	1 (C1 - 13 ft V - 17 th 7 th 17 th		ginning of Current Year	End of Year			
sts (<u> </u>			1,597,949.	1,545,699.			
Net Assets or	을 20	Total assets (Part X, line 16)	1	0.	0.			
et /	21	Total liabilities (Part X, line 26)	— ال <u>يتن</u>	1,597,949.				
	22	Net assets or fund balances Subtract line 21 from line 20		1,597,949.	1,545,699.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
tru	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Narian Chirichella		5/14/	16			
Sig	gn	Signature of officer		Date/				
He	re	MARIAN T CHIRICHELLA, PRESIDENT		<u>, </u>	. <u></u>			
		Type or print name and title						
		Print/Type preparer's name Preparer's sygnature	[[Date / Check	PTIN			
Pai	id	PHYLLIS PAIGE	_ ,	S/// /// self-employ	ed 1200052878			
Pre	parer	Firm's name PAIGE & ASSOCIATES, LDC		Firm's EIN	54-1911553			
	e Only	Firm's address 6715 LITTLE RIVER TPKE, SUITE 30)2					
	•	ANNANDALE, VA 22003-3546		Phone no. (703) 658-4900				
Ma	av the I	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
IVIC	Ay 1110 I	The diseased this fotont with the property shown above. (See monutations)		 	Form 990 (2014)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4c 4d	(Code))
	ANGELS OF MERCY SUPPORTS WOUNDED HOSPITIZALED VETRANS. Other program services (Describe in Schedule O))
4 c	ANGELS OF MERCY SUPPORTS WOUNDED HOSPITIZALED VETRANS.)
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	SALE OF POPPIES TO BE USE TO HELP SUPPORT VETERANS.		
4b	(Code) (Expenses \$)
		· · ·	
		 	
	SEND GIRLS ON A WEEK LONG STATE PROGRAM FOR GIRLS ONLY.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$ DUES PAID ON BEHALF OF MEMBERS AND SUPPORT FOR VETERANS.		
1-	revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$)		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, a	nd
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e		
	If "Yes," describe these changes on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these new services on Schedule O		
_	the prior Form 990 or 990-EZ?	Yes	X No
2	Did the organization undertake any significant program services during the year which were not listed on		
	INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:	<u> </u>	
	PERMITTED TO BE CONDUCTED BY ORGANIZATIONS UNDER SECTION 501(C) THE IRC OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX		
	THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE PURPOSES THAT		OF
	Briefly describe the organization's mission	7 D T	
1	Check if Schedule O contains a response or note to any line in this Part III		X
1	art III Statement of Program Service Accomplishments		[==]
	n 990 (2014) C/O MARIAN T CHIRICHELLA 27-2968	, <u>, , , , , , , , , , , , , , , , , , </u>	Page 2

Form 990 (2014) C/O MARIAN T CHIRICHELLA
Part IV Checklist of Required Schedules

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI e Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X Ind the organization's separate or consolidated financial statements for the tax year of It along the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Ind X				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II 5 Is the organization is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Neeveue Procedule Sel-19 II II Yes, complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise or of amounts in the Neeveue Procedule organization which accounts the provide donor and areas, or hatoric organization organization receive or hold a conservation easiement, including easiements to preserve open space, the environment. Instinct land areas, or historic structures? If Yes, complete Schedule D, Part II 7 Did the organization report an amount in Part X, line 21 for secriov or custodial account liability, serve as a custodian for amounts not listed in Part X for provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part II 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VII 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VII 9 Did the organization report an amount for the habilities in Part X, line 15 that is 5% or more of its total assets reported in Part X line 16? If Yes, complete Schedule D, Part X II 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X line 16? If Yes, complete Schedule D, Par	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 De the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I' 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 Is the organization a section 501(k)(4), 501(c)(6),		If "Yes," complete Schedule A	1_		X
3 Dut the organization and angage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offices of "Ves," complete Schedule C, Part II Section 501(c)(3) organizations. Dut the organization angage in lobbying activities, or have a section 501(ii) election in effect during the tax yea? "I" "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19 "I" "Yes," complete Schedule C, Part II Dut the organization maintain any donor adversed flunds or any similar unds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule 0, Part II Dut the organization revenue hold a conservation easiment, including easiments to preserve open papec, the environment, instence land areas, or historic structures? If "Yes," complete Schedule 0, Part II Dut the organization and collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule 0, Part II Dut the organization direction or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization direction and yor the foliowing questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X as applicable Did the organization report an amount for revestments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part XI Did the organization report an amount for size of part X, line 10° If "Yes," complete Schedule D, Part XI Did the organization report an amount for other labilities in Part X, line 10° If "Yes," complete Schedule D, Part XI Did the organization report an amount for other labilities in Part X, line 10° If "Yes," complete Schedule D, Part XI Did the organization shalehold by the uncertain tax postions under	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax yea? // "Yes", complete Schedule C, Part II is the organization a section 501(ii(s), 501(i)(s), or 501(i)(s) or 501(i)(s) organization that receives membership dues, assessments, or similar amounts as defined in Reviewe Procedure 38-197 if "Yes", complete Schedule C, Part II but the organization maintain any donor adveced funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes", complete Schedule D, Part II but the organization reviewe or hold a conservation easement, including easements to preserve open space, the environment, histonical large and such funds or accounts? If "Yes", complete Schedule D, Part II but the organization and collections of works of art, histonical treasures, or other similar assets? If "Yes", complete Schedule D, Part II but the organization diversity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part IV If the organization saveries or any of the following quasitions is "Yes", then complete Schedule D, Part VIII but the organization saveries or any of the following quasitions is "Yes", then complete Schedule D, Part VIII but the organization report an amount for related organization in Part X, line 10? If "Yes," complete Schedule D, Part VIII but the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XIII but the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII but the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part XIII but the organization shallowing the Schedu	3				
dung the tax year "I"'es," complete Schedule C, Part II Is the organization a section 50 (6)(4), 501(6)(6), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in or listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI If the organization report an amount for listed organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI Did the organization report an amount for restributions, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for restributions, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X in 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X in 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X in 10 Did the organ		public office? If "Yes," complete Schedule C, Part I	3_		X
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bid the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization rocevor or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid Let environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid Let environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid Let environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid Let environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid Let environment, brown amounts not lasted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization or eport an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V I If the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part V I Did the organization report an amount for other lasted in Part X, line 10° If "Yes," complete Schedule D, Part X I Did the organization report an amount for other lasted in Part X, line 10° If "Yes," complete Schedule D, Part X I Did the organization report an amount for other lasted in Part X, line 10° If "Yes," complete Schedule D, Part X I Did the organization is about the interval of the Part X, line 10° If "Yes," complete Schedule D, Part X I Did the organization is about the interval of the Part X, line 10° If "Yes," complete Schedule D, Part X I Did the organi	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 11			116		- 41
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		·			<u> </u>
					<u>X</u>
	b	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	200.00

Form 990 (2014) C/O MARIAN T CHIRICHELLA

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	ļ ———
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	_	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	·	24a		х
.	Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-22
b	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		274		
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		3,7
05-	Part V, line 1	34		_X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Vos." complete Schoolule R. Part V. Inc. 2			
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	110101 Communication (and confidence of the confidence of th		990 ((0014)

Form 990 (2014)

C/O MARIAN T CHIRICHELLA

Part V Statements Regarding Other IRS Filings and Tax Compliance

27-2968996

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	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_						
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c_						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		_X_				
b	A MANAGER AND A STATE OF THE ST							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u> _				
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		_X_				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a_						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter Green prome from members or charabeldors							
a	Gross income from members or shareholders Cross income from other sources (Do not not amounte due or paid to other sources against							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
100	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
13	Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note. See the instructions for additional information the organization must report on Schedule O	isa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
J	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand							
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a	=	X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
			990	(2014)				

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Form 990 (2014) C/O MARIAN T CHIRICHELLA 27-2968996 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, ob, or too book, december the circumstances, proceeded, or changes in concedence							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X	ļ				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	<u>X</u>	 				
	Each committee with authority to act on behalf of the governing body?	8b	X_					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
44-								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		v				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_ <u>X</u> _				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40.						
13	Did the organization have a written whistleblower policy?	12c		v				
14	Did the organization have a written document retention and destruction policy?	13		X				
1 15	Did the process for determining compensation of the following persons include a review and approval by independent	14						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	150		Х				
	Other officers or key employees of the organization	15a 15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	UU		- 42				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
_	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed ►VA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply		-					
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MARIAN CHIRICHELLA - 703-938-3572							
	1906 TOYON WAY, VIENNA, VA 22182							

C/O MARIAN T CHIRICHELLA

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

Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

X Check this box if neither the organization r	1	orga	anıza	tion	COI	mpe	nsat	ed any current officer, of	director, or trustee		
(A)	(B) (C)			C)			(D)	(E)	(F)		
Name and Title	Average	(do	Position o not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee			is bot	han	compensation	compensation	amount of	
	week	-		dad	rect	T	Tee)	from	from related	other	
	(list any	ect						the	organizations	compensation	
	hours for	ē	 85			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	trust		9	Dens		(W-2/1099-MISC)		organization	
	organizations	laal E	ä		ploye	5 8				and related	
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MARIAN T CHIRICHELLA	40.00	_		_							
PRESIDENT/DIRECTOR		X		X	L	l		0.	0.	0_•	
(2) KATHRYN H KARLSON	5.00										
VICE PRESIDENT/DIRECTOR		X		X				0.	0.	0.	
(3) LORRAINE N FAGAN	5.00					ĺ					
DIRECTOR		X						0.	0.	0.	
(4) CAROL F LUKAS	5.00							_	_	_	
SECRETARY/TREASURER				Х				0.	0.	0.	
(5) VIRGINIA L BUSH	5.00									_	
HISTORIAN				X		<u> </u>		0.	0.	0.	
	_										
			<u> </u>			-					
	 					\vdash					
	<u> </u>		<u>.</u>								
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C/O MARIAN T CHIRICHELLA

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an				l than	one	(D) (E) Reportable Reportable			i		_
		week (list any hours for related organizations below line)	itee or director			irecto	Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	i s	com fr org an	other other opensa rom th janizat d relat anizati	ation e ion ed
			4	_=	0	×	Ξ 0							
											•			
			-											
	Sub-total Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	0. eceived more than \$100	,000 of reportab	0. e			0.
	compensation from the organization							_					Yes	No No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual			•	·	•			. ,		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	or such individual			4		х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com, tion B. Independent Contractors	•				•		elate	ed organization or indivi	dual for services		5		Х
1	Complete this table for your five highest conthe organization. Report compensation for the										pens	ation f	rom	
	(A) Name and business			NE		1011	<u> </u>		(B) Description of s		C	(Compe	C) nsatio	n
									· · · · · · · · · · · · · · · · · · ·					
	1,							-						
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than	· <u>·</u> ··			
	\$100,000 of compensation from the organiz	zation 🕨				()					_		

C/O MARIAN T CHIRICHELLA

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 6,193. 1b **b** Membership dues Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 7,410 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 13,603 h_Total. Add lines 1a-1f **Business Code** Program Service 2 a ____ f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 13,603 0. Total revenue. See instructions.

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Form 990 (2014) C/O MARIAN T CHIRICHELLA
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	61,271.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes		····		
11	Fees for services (non-employees)				
а	Management				
b	Legal	175.			
C	Accounting	1,725.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4.50			· · · · · · · · · · · · · · · · · · ·
14	Information technology	150.			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.001			
19	Conferences, conventions, and meetings	2,031.			
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	35.			
22	· ' ' ' '	33.			
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			:	
а	POSTAGE AND DELIVERY	389.			
b	BANK FEES	52.			
С	REGISTRATION FEES	25.			
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	65,853.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here uf following SOP 98.3 (ASC 959.730)				

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C/O MARIAN T CHIRICHELLA

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1,597,828.	1	1,545,613.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer c	officers, directors,			
		trustees, key employees, and highest compens		i			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined under	-		
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	<u> </u>	employers and sponsoring organizations of sec					
ध		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	491.			
	b	Less accumulated depreciation	10b	405.	121.	10c	86.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,597,949.	16	1,545,699.		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and forme	r officei	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa		1			
		parties, and other liabilities not included on lines	s 17-24	Complete Part X of			
		Schedule D		-		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 📖 and			
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.				
<u>a</u>	27	Unrestricted net assets		}		27	
Ва	28	Temporarily restricted net assets		}-		28	· · · · · · · · · · · · · · · · · · ·
5	29	Permanently restricted net assets		.		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ L&			
s of		and complete lines 30 through 34.	^	_	^		
set	30	Capital stock or trust principal, or current funds	-4.6	0.	30	0.	
As	31	Paid-in or capital surplus, or land, building, or ed			1 507 040	31	1 545 600
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome,	or other funds	1,597,949.	32	1,545,699.
_	33	Total hebities and not coasts/fund belences	}	1,597,949. 1,597,949.	33	1,545,699. 1,545,699.	
	34	Total liabilities and net assets/fund balances			1,331,343.	34	1,345,699.

AMERICAN LEGION AUXILIARY UNIT 270 INC 27-2968996 Page 12 C/O MARIAN T CHIRICHELLA Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 13,603. Total revenue (must equal Part VIII, column (A), line 12) 1 1 65,853. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -52,250 3 Revenue less expenses Subtract line 2 from line 1 3 1,597,949 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments 5 5 6 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 1,545,699. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash ____ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both __ Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

X

Form 990 (2014)

За

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) 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 UNIT 270 INC C/O MARTAN T CHTRTCHELLA

Employer identification number 27-2968996

Pa	rt I Organizations Maintaining Donor Advised		Other Similar Funds of	r Accou	ints.Com	plete if th	
	organization answered "Yes" to Form 990, Part IV, line					•	
	, , , , , , , , , , , , , , , , , , ,		or advised funds	(b) Fun	ids and oth	her accou	ints
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	rating that the	reente hold in donor advisod	funds			
3	are the organization's property, subject to the organization's e	-		iulius	Γ-	Yes	No
_		_		ad anlu	_	l res	140
6	Did the organization inform all grantees, donors, and donor ad			•			
	for charitable purposes and not for the benefit of the donor or	donor advisor	or for any other purpose co	meming		7 v	
Pa	impermissible private benefit? † II Conservation Easements. Complete if the orga	nization and	arad "Vas" to Form 990. Par	+ I\/ Jupo 7		<u>Yes</u>	No_
				i iv, iiie /			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or ed Protection of natural habitat	iucation) L	Preservation of a historic			area	
		L	Preservation of a certifie	a nistoric	structure		
_	Preservation of open space						l 1 4
2	Complete lines 2a through 2d if the organization held a qualifie	eo conservatio	n contribution in the form of	a conserva	ation easei	ment on t	ne iast
	day of the tax year				11-14 -44		- TV
	Takalar ada a farana akan aran aran a				Held at the	e End of th	e Tax Year
a	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
C	Number of conservation easements on a certified historic structure.		` '	2c	<u> </u>		
d	Number of conservation easements included in (c) acquired af	tter 8/1 //06, ar	id not on a historic structure	1 3	ĺ		
_	listed in the National Register			2d	<u> </u>		
3	Number of conservation easements modified, transferred, release	ased, extingui	shed, or terminated by the or	ganızatıor	i during the	e tax	
_	year >						
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the period	_	i, inspection, handling of		_	٦	
_	violations, and enforcement of the conservation easements it h					Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	-		- :			
7	Amount of expenses incurred in monitoring, inspecting, and er	-		•	\$		-
8	Does each conservation easement reported on line 2(d) above	satisfy the red	quirements of section 170(h)	4)(B)(ı)		٦	
_	and section 170(h)(4)(B)(ii)?					」Yes	L No
9	In Part XIII, describe how the organization reports conservation		•				
	include, if applicable, the text of the footnote to the organization	on's financial s	tatements that describes the	organizat	lon's acco	ounting for	r
Da	conservation easements	Ant Hinton	and Transcrives or Oth	au Cimail	A	<u>. </u>	
rai	t III Organizations Maintaining Collections of	-	·	er Simil	ar Assei	ıs.	
	Complete if the organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·					
та	If the organization elected, as permitted under SFAS 116 (ASC						
	historical treasures, or other similar assets held for public exhibitions of the control of the			ot public	service, p	rovide, in	Part XIII,
	the text of the footnote to its financial statements that describe						
b	If the organization elected, as permitted under SFAS 116 (ASC						
	treasures, or other similar assets held for public exhibition, edu	ucation, or rese	earch in furtherance of public	service, p	provide the	following	amounts
	relating to these items			_	_		
	(i) Revenue included in Form 990, Part VIII, line 1				\$		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, historical treas		•	aın, provid	е		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) re	lating to these items				
а	Revenue included in Form 990, Part VIII, line 1				\$		
b	Assets included in Form 990, Part X				\$		

_		IAN T CHIR							<u> 58996</u>		ge 2
Pa	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that are	a signifi	cant use	of its c	ollection	items	;
	(check all that apply)										
а	Public exhibition	•	:		hange programs						
b	Scholarly research	•	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	•		•	•		-	n Part	XIII		
5	During the year, did the organization solicit o					ılar assı	ets		ı		ı
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Yes"	to Form	1 990, Pai	rt IV, lir	1e 9, or		
	reported an amount on Form 990, Pai										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other assets r	not inclu	ided		1		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table		_					
	_					-			Amount		
С	Beginning balance					-	1c				
d	Additions during the year					-	1d				
е	Distributions during the year					-	1e				
f	Ending balance	200 5				L	1f				
2a	Did the organization include an amount on Fo					-			Yes	片	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete if										
ı aı	Lita Tenta Complete	_			(c) Two years back		orga vaara	book	(a) Four	waare h	
4-	Paginging of year balance	(a) Current year	(0) "	Prior year	(C) TWO YEARS DACK	(0) 1	ree years	Dack	(e) Four	rears u	aun
1a	Beginning of year balance Contributions										
b	Net investment earnings, gains, and losses							-+			
C	Grants or scholarships							-			
d	Other expenditures for facilities	'h-1'-				 		-+			
е	and programs										
f	Administrative expenses										
g	End of year balance			·		-					
2	Provide the estimated percentage of the curr	ent year end haland	e (line 1	a column (a	a)) held as						
– a	Board designated or quasi-endowment	one your one balance	%	9, 00.0	,,, 1101 a ao						
b	Permanent endowment ▶	%									
	Temporarily restricted endowment ▶	<u></u> %									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
За	Are there endowment funds not in the posse	•	ation the	at are held a	nd administered fo	r the or	ganızatıoı	n			
	by	•							[·	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(II)		
b	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds							
Par	t VI										
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	/, line 11a S	ee Form 990, Part	X, line 1	0				
	Description of property	(a) Cost or o			1 , ,	Accum		((d) Book	value	
		basis (investr	nent)	basis	(other) c	deprecia	ation	↓			
1a	Land							\perp			
b	Buildings										
С	Leasehold improvements						,	\bot			
d	Equipment							 			
	Other				491.		405	-			<u>86.</u>
Total	. Add lines 1a through 1e (Column (d) must ea	gual Form 990. Part	X. colur	nn (B), line 1	(Oc.)			1			36.

27-2968996 Page 3 Schedule D (Form 990) 2014 C/O MARIAN T CHIRICHELLA Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2)(3)(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5) (6)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

▶

(7) (8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

. . AMERICAN LEGION AUXILIARY UNIT 270 INC

Schedule D (Form 990) 2014 C/O MARIAN T CHIRICHELLA 27-2968996 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Pai	rt XI Reconciliation of Revenue per Audited Financial	otatements with never	ue per neturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV	/, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:]	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e_	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pai	rt XII Reconciliation of Expenses per Audited Financial	· · · · · · · · · · · · · · · · · · ·	ises per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	,			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
	•	4a		
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	40.1	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	4c 5	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information.		5	
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	: XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information.	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	×XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	: XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	: XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	: XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4, Part IV, lines 1b and 2b,	5	XI,

SCHEDULE I (Form 990)

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service			o de la contraction de la cont	► Attach to Form 990.	m 990.	Attach to Form 990.	c	Open to Public ,
Name of the organization	AMERICAN LEG	ON ATTA	TT, TARY TINT	T 270 TNC	s instructions is a	L WWW.IIS.GOVIORIISS		
		CHIRIC	HELLA					27-2968996
Part I General Infor	General Information on Grants and Assistance	istance						
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	antiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	tion
criteria used to awai	criteria used to award the grants or assistance? Describe in Bart IV the organization's procedures for monitoring the use of grant funds in the United States	s for monito	tacts to something	etal Lett a spart	30400			X Yes No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990. Part IV. line 21. for any	tic Organiza	ations and Domestic	Governments.	complete if the organic	anization answered "Y	'es" to Form 990. Part	IV. line 21. for any
recipient that	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Part II can t	e duplicated if additi	ional space is need	ded			
1 (a) Name and address of organization or government	ess of organization (b	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organity	anizations listed in the	e line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructio	ns for Form 990.					Schedule I (Form 990) (2014)

Page 2

27-2968996

Schedule I (Form 990) (2014) C/O MARIAN T CHIRICHELLA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance.
ETERANS AND/OR THEIR FAMILY MEMBERS ARE PROVIDED SSISTANCE WITH MEMBERSHIP DUES, TRAVEL, CLOTHING, OOD, ELECTRONICS, ETC.	0	0	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, line	e 2, Part III, column	(b), and any other ac	ditional information	

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Inspection

AMERICAN LEGION AUXILIARY UNIT 270 INC C/O MARIAN T CHIRICHELLA

Employer identification number 27-2968996

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATIONS UNDER SECTION 501(C)(19) OF THE IRC OR THE CORRESPONDING
SECTION OF ANY FUTURE FEDERAL TAX CODE, INCLUDING, BUT NOT LIMITED TO
THE FOLLOWING:
1. PROMOTE SOCIAL WELFARE OF THE COMMUNITY
2. ASSIST DISABLED AND NEEDY WAR VETERANS AND MEMBERS OF THE U S ARMED
FORCES AND THEIR DEPENDENTS, AND WIDOWS AND ORPHANS OF DECEASED
VETERANS
3. PROVIDE ENTERTAINMENT, CARE AND ASSISTANCE TO HOSPITALIZED VETERANS
AND MEMBERS OF THE U S ARMED FORCES
4. CARRY ON PROGRAMS TO PERPETUATE THE MEMORY OF DECEASED VETERANS AND
MEMBERS OF THE U S ARMED FORCES, AND TO COMFORT THEIR SURVIVORS
5. CONDUCT PROGRAMS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR
EDUCATIONAL PURPOSES
6. SPONSOR OR PARTICIPATE IN ACTIVITIES OF A PATRIOTIC NATURE
AND
7. CARRY ON ALL ACTIVITIES OF THE NATIONAL CHAPTER OF THE AMERICAN
LEGION AUXILIARY INC OF WHICH THE CORPORATION IS AFFILIATED AND TO BE A
MEMBER.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1. PROMOTE SOCIAL WELFARE OF THE COMMUNITY
2. ASSIST DISABLED AND NEEDY WAR VETERANS AND MEMBERS OF THE U S ARMED
FORCES AND THEIR DEPENDENTS, AND WIDOWS AND ORPHANS OF DECEASED
VETERANS

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization AMERICAN LEGION AUXILIARY UNIT 270 INCC/O MARIAN T CHIRICHELLA	Employer identification number 27-2968996
AND MEMBERS OF THE U S ARMED FORCES	
4. CARRY ON PROGRAMS TO PERPETUATE THE MEMORY OF DEC	CEASED VETERANS AND
MEMBERS OF THE U S ARMED FORCES, AND TO COMFORT THE	R SURVIVORS
5. CONDUCT PROGRAMS FOR RELIGIOUS, CHARITABLE, SCIEN	TIFIC, LITERARY OR
EDUCATIONAL PURPOSES	
6. SPONSOR OR PARTICIPATE IN ACTIVITIES OF A PATRIOT	IC NATURE
AND	
7. CARRY ON ALL ACTIVITIES OF THE NATIONAL CHAPTER O	F THE AMERICAN
LEGION AUXILIARY INC OF WHICH THE CORPORATION IS AFE	'ILIATED AND TO BE A
MEMBER.	
FORM 990, GROUP EXEMPTION INFORMATION	
THIS ORGANIZATION OPERATES UNDER THE FOLLOWING TAX E	XEMPTION
ORGANIZATION. IT FORMERLY FILED AS A PART OF A GROU	P OF ENTITIES UNDER
A SINGLE FORM 990. THIS ORGANIZATION RETAINS EXEMPT	STATUS UNDER THE
GROUP DETERMINATION:	
AMERICAN LEGION AUXILIARY	
NATIONAL HEADQUARTERS TAX EXEMPT INFORMATION	
FEIN: 35-0144340	
INDIANA TIN: 0001757610	
GROUP EXEMPTION NUMBER: GEN 0964	
ADDRESS:	
8945 N MERIDIAN STREET, SUITE 200	
INDIANAPOLIS, IN 46260	
492£12 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 9	90-EZ) (2014)	Page 2
Name of the organization	AMERICAN LEGION AUXILIARY UNIT 270 INC C/O MARIAN T CHIRICHELLA	Employer identification number 27-2968996
TELEPHONE: (31	7) 569-4500	
WEBSITE: LEGIO	ON-AUX.ORG	
TAX EXEMPT UNI	DER SECTION 501(C)(19) OF THE INTERNAL REVE	NUE CODE
	VI, SECTION A, LINE 6:	
THE AUXILIARY	IS A MEMBERSHIP ORGANIZATION.	
FORM 990, PAR	r VI, SECTION A, LINE 7A:	
MEMBERS ELECT	THE GOVERNING BODY WHICH CONSISTS OF OFFICE	ERS AND THE BOARD
OF DIRECTORS.		
FORM 990, PAR	VI, SECTION B, LINE 11:	
BOARD MEMBERS	ARE PROVIDED COPIES OF THE 990 PRIOR TO FIL	LING DURING THE
MEETING OF THI	E BOARD OF DIRECTORS.	
FORM 990, PAR	VI, SECTION C, LINE 19:	
REQUEST CAN BI	MADE IN WRITING TO THE ADDRESS OF THE ORGA	ANIZATION.