

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



Short Form Return of Organization Exempt From Income Tax

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

► 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. OMB No 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Check if applicable Address charge Name change Number and street for P O box, if mail is not delivered to street address)    Number and street for P O box, if mail is not delivered to street address)	<u> </u>			alendar year, or tax year beginning Apr 1 , 2015, and ending Mar 31		2016
Name change   Interior and process process and process process and process process and process and process process and process process and process process and process and process and process proce	B					
Number and zerous   Number and zeroet (of P O Box 4, final in not delibrored to species advises)   Recombination   Part		_	-	American Legion #21 - Rundell-Holicky	45-02	74271
Part			- · - · J			
Application proteins   La kot a   ND   58344-0387   F Group Exemption   No   Application proteins   La kot a   ND   S8344-0387   F Group Exemption		_		PO Box 387	(701)	247-2460
Applications pending   La kot a   Nin	•	_		City or town, state or province, country, and ZIP or foreign postal code	<del></del>	
Accounting Method		=				
Websits: N   A	G			1,5 00011 000,		
Taxexempt status (check only one)	ī		•			
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 \$ 140,974.    Part I	J			<u>·</u>		
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part	K	Form	n of organiz	ation X Corporation Trust Association Other		-
Check if the organization used Schedule O to respond to any question in this Part	L	Add asse	lines 5b, 6c ts (Part II, c	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	140,974.
1   9,640.		art I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions fo	r Part I)
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 1,130.  Investment income 4 123.  Investment income 5 a Gross amount from sale of assets other than inventory. 5 Less cost or other basis and sales expenses 5 b Less cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a 121, 459.  Investment income or (loss) from gaming and fundraising events (and lines 6 deceeds \$15,000) 6 b contributions from fundraising events (and lines 6 deceeds \$15,000) 6 b contributions from fundraising events (and lines 6 deceeds \$15,000) 6 b contributions from fundraising events (and lines 6 deceeds \$15,000) 6 contributions from fundraising events (and lines 6 deceeds \$15,000) 6 contributions from fundraising events (and lines 6 deceeds \$15,000) 6 contributions from fundraising events (and lines 6 deceeds \$15,000) 6 contributions from fundraising events (and lines 6 deceeds \$15,000) 6 contributions events (and lines 6 deceeds \$15,000) 6 deceeds \$15,000 6 decee			Check if t	the organization used Schedule O to respond to any question in this Part I		<u> </u> x
3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 a Gross an income from gaming (attach Schedule G if greater than \$15,000) 6 a 121,459. 6 b Gross income from fundraising events 7 a Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of con		1	Contributi	ons, gifts, grants, and similar amounts received	. 1	9,640.
4 Investment income  5 a Gross amount from sale of assets other than inventory.  b Less cost or other basis and sales expenses  5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ from fundraising events (root including \$ from fundraising events (not including \$ from fundraising events (root including \$ from fundraising events  6 b Gaming and fundraising events  6 c		2	Program s	service revenue including government fees and contracts	2	
5 a Gross amount from sale of assets other than inventory		3	Members	hip dues and assessments	3	_1,130.
5 a Gross amount from sale of assets other than inventory		4	Investmer	nt income	4	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including S of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances 7 b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 7 total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaines, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Pinnting, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 Cherr changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 61, 794		5 6	a Gross am	ount from sale of assets other than inventory	,	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a	2018	t	Less cost	t or other basis and sales expenses	-	
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a 121,459. b Gross income from fundraising events (not including \$ of contributions for contributions from fundraising events (not including \$ of contributions for contributions part (not including \$ of contributions (not including \$ of contributions \$ of contributions (not including \$ of contributions \$ of contribut					. 5 c	
b 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) . 6 b		i i	-			
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less direct expenses from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  7b  Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  15 Printing, publications, postage, and shipping  15 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 Cher changes in net assets or fund balances (explain in Schedule O)  10 See Form 990-EZ, Part I, Line 8 Other Revenue  8 8, 622.  7a  7b  7c  8 Other revenue, 8 0ther Revenue  8 8, 622.  7b  10 12, 920.  11 Benefits paid to or for members  11 12  12 Salanes, other compensation, and employee benefits  12 13 Professional fees and other payments to independent contractors  15 Printing, publications, postage, and shipping  15 Other expenses, (describe in Schedule O)  16 Other expenses, (describe in Schedule O)  17 Total expenses, delines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Sch	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+	
c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	SEP	_	from funds	raising events reported on line 1) (attach Schedule G if the sum		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		4	_			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		(	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ibtract line 6c)	6 d	23,743.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	Ø\$	7 a	Gross sale	es of inventory, less returns and allowances		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		l t	Less cost	t of goods sold		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 12, 920  11 12  12 13  13 14  14 7, 553  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 A7, 297  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 6 61, 794	00	(	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с	
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 12,920.  11 10 12,920.  12 13 13 14 7,553.  13 15 15 16 18 8,278.  14 7,553.  15 16 8,278.  16 8,278.  17 28,751.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 14,507.  19 18 27,297.  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 61,794.		8	Other reve	enue (describe in Schedule O)	unie 8	8,622.
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  10 12,920.  11 12  12 Salaries, other compensation, and employee benefits  12 13 Professional fees and other payments to independent contractor of the payme		9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>▶</b> 9	43,258.
Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Other changes in het assets or fund balances at end of year Combine lines 18 through 20  23 Other changes in het assets or fund balances at end of year Combine lines 18 through 20  24 Occupancy, rent, utilities, and maintenance  25 Other Expenses  16 8, 278.  27 Other Expenses  16 8, 278.  28 Other Expenses  16 8, 278.  29 Other Expenses  16 8, 278.  20 Other Expenses  17 Other Expenses  18 Other Expenses  18 Other Expenses  19 Other Expenses  10 Other Expenses  10 Other Expenses  10 Other Expenses  11 Other Expenses  12 Other Expenses  13 Other Expenses  14 0 Other Expenses  15 Other Expenses  16 8, 278.  27 Other Expenses  18 Other Expenses  18 Other Expenses  18 Other Ex		10	Grants an	d similar amounts paid (list in Schedule O)	. 10	
Professional fees and other payments to independent contractor SEP 0.2 2016 0 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 15 Other expenses (describe in Schedule O) 15 16 Other expenses. Add lines 10 through 16 17 28,751.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 14,507.  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) 19 47,297.  20 Other changes in net assets or fund balances (explain in Schedule O) See 1-20. Stmt 20 -10.  21 Net assets or fund balances at end of year Combine lines 18 through 20 51 61,794.		11	Benefits p	and to or for members	. 11	1
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 61, 794.	ļ	<u> </u> 12			. 12	<u></u>
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 61, 794.	į	13	Profession	nal fees and other payments to independent contractors. SEP. n. 2 .2016	. 13	
Total expenses. Add lines 10 through 16.  Nex Seg. Total expenses 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).  OGDS Part Start Line 16.0ther Expenses 16 8, 278.  16 8, 278.  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 14, 507.  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).  19 47, 297.  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year Combine lines 18 through 20.  21 Other changes in net assets or fund balances at end of year Combine lines 18 through 20.		N   14		cy, rent, utilities, and maintenance	. 14	7.553.
17 Total expenses. Add lines 10 through 16	- 1	≣   15	Printing, p		15	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17 Total expenses. Add lines 10 through 16			Other exp	enses (describe in Schedule O)	ses 16	8.278.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total exp	enses. Add lines 10 through 16		
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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  19  47,297.  20  19  47,297.  20  -10.  19  47,297.  20  -10.		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	
21 Net assets or fund balances at end of year Combine lines 18 through 20	N E	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19	
21 Net assets or fund balances at end of year Combine lines 18 through 20	Ť:	20			$\vdash$	
	•	·			<b>—</b>	
	B					

Form 990-EZ (2015) American Legion	#21 - Rundell-Hol	icky	45-	-027427	71 Page <b>2</b>
Part il Balance Sheets (see the inst	ructions for Part II)				
Check if the organization used Sched	<u>lule O to respond to any questi</u>	on in this Part II			X
		(4	A) Beginning of year	(E	B) End of year
22 Cash, savings, and investments			46,412.	22	60,909.
23 Land and buildings			0.	23	0.
<ul><li>23 Land and buildings</li><li>24 Other assets (describe in Schedule O)</li></ul>	See L-24 Str	nt	885.	24	885.
25 Total assets			47,297.		61,794.
26 Total liabilities (describe in Schedule O)			0.	26	01,794.
27 Net assets or fund balances (line 27 of o			47,297.	27	61,794.
Part III Statement of Program Service A	· , ,	,	47,297.	<u> </u>	
Check if the organization used Sch	edule O to respond to any que	structions for Part III)			•
What is the organization's primary event purpose?	edule O to respond to any que	SUOTITIONS FAIL IN	····	(Required	for section 501
Describe the organization's program service acc	erican Legion Post	Iron largoet program cor	VICOS OS	(c)(3) and ordanizati	501(c)(4) lons, optional
What is the organization's primary exempt purpose? Am Describe the organization's program service acc measured by expenses. In a clear and concise is penetized, and other relevant information for sea	nanner, describe the services	provided, the number of	persons	for others.	
benefited, and other relevant information for each	in program title.				<u></u>
28 Perform duties of America	n Legion to foster	and perpetuat	:e	-	
<u>one hundred percent Ameri</u>				-	
<u>government agencies, comm</u> (Grants \$) If th	is amount includes foreign grai	nts, check here		28 a	27,591.
29		<del>-                                    </del>	1		
		- <b></b>			
(Grants S ) If th	ıs amount ıncludes foreign grai			20 -	
	is amount includes foreign grai	its, check here		29 a	
30		<del></del>			
(Grants \$ ) If th	is amount includes foreign grai	nts. check here	<b>-</b>	30 a	
Other program services (describe in Sche	dule O)				
	is amount includes foreign grai			31 a	
32 Total program service expenses (add lir				32	
					<u> 27,591.</u>
Part IV List of Officers, Directors,	rustees, and Key Emp	DIOYEES (list each one eve	en if not compensated —	see the inst	ructions for Part IV)
Check if the organization used School	edule O to respond to any que:	stion in this Part IV		<del></del>	<u></u> L
Check if the organization used School	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e)	Estimated amount of other compensation
(a) Name and title		(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e)	Estimated amount of
(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e)	Estimated amount of other compensation
(a) Name and title  Richard Mork  Commander	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e) red (	Estimated amount of other compensation
(a) Name and title Richard Mork	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e) red (	Estimated amount of other compensation
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e)	Estimated amount of other compensation
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e)	Estimated amount of other compensation
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.
(a) Name and title  Richard Mork  Commander  Roger Sateren  Adjutant  George Miller	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	0 .	Estimated amount of other compensation  0.

Page 2

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
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)	34		X
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		v
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<u>X</u>
	330		
c 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	35 c		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	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions			
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total			
amount involved			
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
section 4911 ; section 4912 ; section 4955 ; section 4955			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40		 X
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
42 a The organization's books are in care of ▶ George Miller Telephone no ▶ (701)  Located at ▶ 10865 47th St NE, PO Box 552 Lakota ND ZIP+4 ▶ 58344-  b 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)?			3 No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the U.S?	42 c		X
43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	Yes	No
of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			
	44 b		
c Did the organization receive any payments for indoor tanning services during the year?	44 b 44 c		X X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 c		
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 c 44 d		
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 c		

Form 990-EZ (2015) American Legion #21 - Rundell-Holic	Form 990-EZ (2015)	American	Legion	#21	- ]	Rundell-Holick	v
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Λ	5	027	710	71

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Yes No

46 Did can	the organization engage, directly or indirectly didates for public office? If 'Yes,' complete So	/, in political campaign a chedule C, Part I	activities on behalf of or in	opposition to	46	Х
Pant VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only is must answer que	estions 47-49b and 5	2, and complete the	e tables	<u> </u>
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI			□
	the organization engage in lobbying activities				Ye	s No
	nplete Schedule C, Part II					
	the organization make any transfers to an ex		· · · · · · · · · · · · · · · · · · ·			+
	es,' was the related organization a section 52	•	•			<del> </del>
<b>50</b> Cor	nplete this table for the organization's five hig ployees) who each received more than \$100,	hest compensated emp	loyees (other than officer	s, directors, trustees and	d key	<del></del>
**	(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 amo	ount of ation
				70,1 == 1		
	al number of other employees paid over \$100 inplete this table for the organization's five high pensation from the organization. If there is no	·	pendent contractors who	each received more tha	n \$100,000 of	
	(a) Name and business address of each independent con			of service	(c) Compensa	ation
						-
						,
<b>d</b> Tota	al number of other independent contractors e	ach receiving over \$100	0,000			
com	the organization complete Schedule A? <b>Note</b> pleted Schedule A	<u> </u>	·		► Yes	No
Under penalt true, correct,	ies of perjum, declare that I bave examined this return, incl and complete Declaration preparer (other than office) is	luding accompanying schedules	s and statements, and to the best ch preparer has any knowledge	of my knowledge and belief, it is		-
•	I would the	out -				
Sign Here	Signature of officer  Richard Mork	how A	Noch	Date & 2	7-16	,
	Type or print name and title Print/Type preparer's name	Bronarar's signature	Data		PTIN	_
		Preparer's signature	Date	Check L If		
Paid	Allen I Orwick, EA	<u> Allen I Orwic </u>		self-employed	<u> P00033837</u>	
Preparer Use Only	<u> DIO IIOICSSIONA</u>			Firm's EIN	45-020041	0
USE OIIIY	Firm's address ► 208 Main Street Lakota	North, PO Bo	x 566 ND 58344-0		<u>45-039841</u> 01) 247-24	
May the II	RS discuss this return with the preparer show	n ahove? See instruction		7500 13	. ► X Yes	<u>ວິດ</u> ∏No
		abovo Goo mandone			Form <b>990-E</b>	

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on 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.

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

OMB No 1545-0047

2015 Open to Public

Name of the organization

EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

American Legion #21 - Rundell-Holicky 45-0274271 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations c Special fundraising events g d In-person solicitations **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. (i) Name and address of individual (ii) Activity (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) (or retained by) from activity (or retained by) nave custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II    Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 1: more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines List events with gross receipts greater than \$5,000.    (a) Event #1	(d) Total events (add column (a) through column (c))
Cevent type   Cevent type   Cevent type   Cotal number	ed more than  (d) Total gaming (add column (a) through column (a) through column (c))
2 Less Contributions	ed more than  (d) Total gaming (add column (a) through column (c))
2 Less Contributions	(d) Total gaming (add column (a) through column (c))
2 Less Contributions	(d) Total gaming (add column (a) through column (c))
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' on Form 990, Part IV, line 19, or reported \$15,000 on Form 990-EZ, line 6a.  Revenue  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  1 Gross revenue  1 21, 459.	(d) Total gaming (add column (a) through column (c))
5 Noncash prizes	(d) Total gaming (add column (a) through column (c))
6 Rent/facility costs	(d) Total gaming (add column (a) through column (c))
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' on Form 990, Part IV, line 19, or reported \$15,000 on Form 990-EZ, line 6a.  Revent	(d) Total gaming (add column (a) through column (c))
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' on Form 990, Part IV, line 19, or reported \$15,000 on Form 990-EZ, line 6a.  Revent	(d) Total gaming (add column (a) through column (c))
10 Direct expense summary. Add lines 4 through 9 in column (d)	(d) Total gaming (add column (a) through column (c))
10 Direct expense summary. Add lines 4 through 9 in column (d)	(d) Total gaming (add column (a) through column (c))
10 Direct expense summary. Add lines 4 through 9 in column (d)	(d) Total gaming (add column (a) through column (c))
Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo  1 Gross revenue	(d) Total gaming (add column (a) through column (c))
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo  1 Gross revenue	(d) Total gaming (add column (a) through column (c))
1 Gross revenue	(add column (a) through column (c))
E     1 Gross revenue     121,459.       2 Cash prizes     91,070.	121,459.
<b>2</b> Cash prizes	
	91,070.
L P 3 Noncash prizes	51,010.
CS	
T E S 4 Rent/facility costs	
5 Other direct expenses	6,646.
6 Volunteer labor	The state of the s
7 Direct expense summary. Add lines 2 through 5 in column (d)	97,716.
9. Not some promote Cubicot line 7 from line 4 column (4)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	23,743.
9 Enter the state(s) in which the organization conducts gaming activities North Dakota a Is the organization licensed to conduct gaming activities in each of these states?	· X Yes No
b If 'No,' explain	- <b>-</b>
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain	

Sche	dule G (Form 990 or 990-EZ) 2015 American Legion #21 - Rundell-Holicky 45-	-0274271	Page 3
	Does the organization conduct gaming activities with nonmembers?		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	X No
13	Indicate the percentage of gaming activity conducted in	1	
	The organization's facility	13a	ક
	An outside facility.		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	,	-
	Name <u>George Miller</u>		
	Address • 10865 47th St NE, PO Box 552 Lakota, ND 583440552		
t	Does the organization have a contract with a third party from whom the organization receives gaming revenue? of Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ \$ \$ \$ \$ \$ \$		ΧNο
	Name •		
	Address •		
16	Gaming manager information		
	Name Albert Johnson		
	Gaming manager compensation \$		
	Description of services provided All aspects of charitable gaming.		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	XYes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	organization's own exempt activities during the tax year \$ 12,920.		
<u>Par</u>	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation (see instructions).		

## **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

American Legion #21 - Rundell-Holicky

Employer identification number

45-0274271