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.. CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AF	or the 2	o is calendar year, or tax year beginning JUL.	\perp , $\angle 0 \perp 6$ and ϵ	enaing L	EC 31, 2016	
Вс	heck if pplicable	C Name of organization			D Employer identific	cation number
a		THE AMERICAN LEGION DEPAR	TMENT OF		[
	Address change	NORTH DAKOTA				
	Name change	Doing business as		-	45-0	103495
	Initial return	Number and street (or P.O. box if mail is not delivered t	to street address)	Room/suite	E Telephone number	
\Box	Final return/	405 WEST MAIN AVE, PO BOX	· · · · · · · · · · · · · · · · · · ·		1	293-3120
	termin- ated	City or town, state or province, country, and ZIP or		G Gross receipts \$	317,455	
	Amended	WEST FARGO, ND 58078		H(a) Is this a group re		
\vdash	⊒return]Applica- Ition	F Name and address of principal officer:DAVID		1		
<u> </u>	_Ition pending	SAME AS C ABOVE	for subordinates			
		H(b) Are all subordinates in				
			nsert no.) 4947(a)(1) o	r 527	1	list. (see instructions)
		▶ WWW.NDLEGION.ORG				n number ▶ 0925
		anization: X Corporation Trust Association	on Other	L Year	of formation: 1919 N	State of legal domicile; NI
Pa	art I S	ummary				
e	1 Bri	efly describe the organization's mission or most signification.	icant activities: OUR 1	<u> </u>	N IS TO PRO	MOTE THE
Governance	FC	OUR PILLARS OF THE AMERICAN	LEGION; VETE	ERANS	AFFAIRS AND	
Ĩ.	2 Ch	eck this box 🕨 🔲 if the organization discontinued	d its operations or dispos	ed of more	than 25% of its net as	sets
ove	3 Nu	mber of voting members of the governing body (Part V	VI, line 1a)		3	7
	4 Nu	mber of independent voting members of the governing	a body (Part VI. line 1b)		4	7
Activities &		al number of individuals employed in calendar year 20			5	
itie		al number of volunteers (estimate if necessary)	5 10 (1 a.t. 1, m.10 z.a)		6	75
÷	I	al unrelated business revenue from Part VIII, column ((C) line 12		7a	2,302
Ă	! '	t unrelated business taxable income from Form 990-T,	, ,,		7a 7b	-7,594.
	<u> b Ne</u>	tunrelated business taxable income from Form 990-1,	, iine 34			
				\vdash	Prior Year	Current Year
Revenue		ntributions and grants (Part VIII, line 1h)			108,932.	39,311.
	I	gram service revenue (Part VIII, line 2g)			353,531.	224,221
	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7	7d)		3,839.	16,078
_	11 Otl	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	0c, and 11e)	<u></u>	29,469.	10,698
	12 To	al revenue - add lines 8 through 11 (must equal Part V	/III, column (A), line 12)		495,771.	290,308
	13 Gra	ants and similar amounts paid (Part IX, column (A), line	es 1-3)		1,853.	7,831
	14 Be	nefits paid to or for members (Part IX, column (A), line	4)		44,334.	9,836
Ś	15 Sa	aries, other compensation, employee benefits (Part IX	(, column (A), lines 5-10)		176,753.	71,904
Expenses		ofessional fundraising fees (Part IX, column (A), line 11			0.	0.
bei	l		•	39.	*	, <u>, , , , , , , , , , , , , , , , , , </u>
ŭ	17 Otl	al fundraising expenses (Part X polumo (D), line 25) ner expenses (Part IX, eolumn (A), lines 11a 1 1d 11f-24	40)		217,771.	128,787
	18 To	al expenses Addition 12-17 (must equal Park)	imp (A) line 25)		440,711.	218,358
	10 10	al expenses Adolines 13-17 (must equal Part), colu venue less expenses Subtract line 48 from line 2	umm (A), ime 25)			71,950
L	19 Re	veriue less expeases Soutract line 46 from litter 2			55,060.	
ts o				Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	al assets (Part K, line@QDEM, UT			1,146,499.	1,232,695
et A	21 To	al liabilities (Part X, line 26)		<u> </u>	0.	3,523
		t assets or fund balances Subtract line 21 from line 20	0		<u>1,146,499.</u>	1,229,172
Pa	art II	Signature Block				
Unde	er penaltie	s of perjury, I declare that I have examined this return, includi	ing accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct, a	nd complete. Declaration of preparer (other than officer) is ba	ased on all information of wh	ich preparei	has any knowledge.	
		Sallych			9.18	-17
Sıgr	, 	Syntature of officer		**	Date	
Her	I .	DAVID JOHNSON, ADJUTANT				
		Type or print name and title				
	Pr	int/Type preparer's name Prepa	rer's signature		Date Check	PTIN
Paid		RACEE S. BUETHNER, CPA	bei a signature	I		
			my		7 * * * * * * * * * * * * * * * * * * *	
Prep		m's name WIDMER ROEL PC	TDD 101		Firm's EIN	45-0334950
Use	Offity Fil	m's address 4334 18TH AVE S, SU				1 005 6000
		FARGO, ND 58103-741			Phone no. 70	<u>1-237-6022</u>
May	the IRS	discuss this return with the preparer shown above? (s	see instructions)			X Yes No
63200	01 11-11-1	LHA For Paperwork Reduction Act Notice, see	e the senarate instruction	ns		Form 990 (2016

45-0103495 Form 990 (2016) NORTH DAKOTA Page 2 Part III Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR MISSION IS TO PROMOTE THE FOUR PILLARS OF THE AMERICAN LEGION; VETERANS AFFAIRS AND REHABILITATION, AMERICANISM, HOMELAND SECURITY AND CHILDREN AND YOUTH. THE DEPARTMENT WORKS WITH 214 LOCAL POSTS TO ACCOMPLISH THESE GOALS. THESE POSTS PROVIDE VETERANS WITH FELLOWSHIP. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 186,609. including grants of \$ 7,831.) (Revenue \$ 217.996.) (Code) (Expenses \$ THE NDAL DEPARTMENT SERVICE OFFICE IS A CRITICAL ASPECT OF OUR ORGANIZATION PURPOSE AND DAILY GOALS AND OBJECTIVES. ASSISTING VETERANS COMPLETE AND FILE THE DISABILITY CLAIMS IS A PRIORITY FOR THE ORGANIZATION. AS A ONE PERSON OFFICER THE DSO HAS OVER 885 WALK IN CLIENTS AND OVER 1555 TELEPHONE CALLS PER YEAR. THIS DOES LEAVE MUCH TIME FOR RETURN E-MAILS OR RESEARCHING VETERAN CLAIMS AND APPEALS. THE DEPARTMENT IS ALWAYS VIGILANT TO ENSURE THAT THE VETERAN'S NEED ARE COMPLETED. 3,000.) 2,565. including grants of \$) (Expenses \$ Revenue \$ THE ND LEGION NEWS IS A PAPER PUT OUT QUARTERLY NOTIFYING MEMBERS OF ACTIVITIES THAT ARE OCCURRING. IT CONTAINS ALL THE OFFICERS' REPORTS AND PUBLICLY REPORTS THE DEPARTMENT EXECUTIVE COMMITTEE MINUTES FROM THOSE RESPECTIVE MEETINGS. THE ND LEGION NEWS HAS A CIRCULATION OF OVER 22,000 COPIES PER QUARTER. THE PAPER FOCUSES ON ISSUES RELATED TO VETERANS ISSUES, EVENTS AND FOR MEMBER RECOGNITION. IT IS USED TO DISTRIBUTE VETERANS TOPICS RECEIVED FROM THE NATIONAL DEPARTMENT OF VETERANS AFFAIRS. 923.) 798 • including grants of \$) (Expenses \$) (Revenue \$ PROGRAMS OF THE ORGANIZATION INCLUDE THE STATE BAND PROGRAM APPROXIMATELY 50 VOLUNTEER MUSICIANS THAT COME TOGETHER TO PLAY PATRIOTIC MUSIC AT THE DEPTS. CONFERENCES, CONVENTIONS, NATIONAL CONVENTION. THE ORATORICAL PROGRAM IS A HIGH SCHOOL SPEECH SCHOLARSHIP PROGRAM WHICH FOCUSES ON CONSTITUTIONAL TOPICS. AMERICAN LEGION BASEBALL IS A VERY LARGE AND ACTIVE COMMUNITY PROGRAM. THE AMERICAN LEGION TRADITIONALLY HAS 65 TEAMS PLAYING IN THREE DIFFERENT LEVELS OF PLAY. NORTH DAKOTA LEGION IS ACTIVE IN PROMOTING AND SPONSORING THE REGIONAL TOURNAMENT FOR LEGION BASEBALL. Other program services (Describe in Schedule O)) (Revenue \$ including grants of \$ 189,972. 4e Total program service expenses

Form **990** (2016)

Form 990 (2016) NORTH DAKOTA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	77	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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 I			- T
4		3		X
7	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(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive 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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Х	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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	446		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
٠	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	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	19		X
		Form	990	(2016)

Form 990 (2016) NORTH DAKOTA

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ı	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		X
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		X
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).		L. a	. ش
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ĺ
	If "Yes," complete Schedule N, Part I	31		X
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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Ì
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(201€

Par	Check if Schedule O contains a response or note to any line in this Part V								
	Officer is schedule of contains a response of note to any line in this Part V			<u> </u>					
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	Yes	No					
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ					
·	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	Λ	<u> </u>					
	filed for the calendar year ending with or within the year covered by this return 2a 5								
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X						
	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		Х					
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		Х					
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		Х					
ь	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).	K.	<i></i> €€:						
	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 7b		X					
	, , , , , , , , , , , , , , , , , , ,								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		.,,					
	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	7c		X					
		,							
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
	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.	4,		3:					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- Alex	**					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter			/ %					
а	Initiation fees and capital contributions included on Part VIII, line 12		*, 3	3 '					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	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								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		· · · · ·							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Transport Processes or changes in Schedule Q. See instructions. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	· · · · · · · · · · · · · · · · · · ·							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
<u>Sec</u>	tion A. Governing Body and Management							
	<u> </u>		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	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							
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?	2	Х					
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		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> X</u>				
6	Did the organization have members or stockholders?	6	_X					
7a								
	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	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	~						
а	The governing body?	8a	Х					
b	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		<u> X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		~				
11a		11a	%	<u> </u>				
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990		X	. %.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
C	In Schedule O how this was done	40-	х					
13	Did the organization have a written whistleblower policy?	12c	Λ	X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-7						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		 *					
а	The organization's CEO, Executive Director, or top management official	15a		X				
	Other officers or key employees of the organization	15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	55		_ 				
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		x				
ь	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							
17	List the states with which a copy of this Form 990 is required to be filed ▶ND							
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) is	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	i 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:							
	<u>MANAGEMENT - 701-293-3120</u>							
	ARE WEED MAIN AVE. DO DOY EREZ WEED BADOO NO. 59079							

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NORTH DAKOTA

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Page 7

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

	Check if Schedule O contains a res	sponse or note to an	y 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.

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per	box.	, unle	heck : ss pe	rson I	s bot	h an	compensation	compensation	amount of
	week (list any	-	cer an	d a d	recto	r/trus	tee)_	from the	from related organizations	other compensation
	hours for related	individual trustee or director	ag get			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	1 truste	nal frus		oyee	ошрег		(** 2, 1000 1, 1000)		and related
	below line)	dividua	institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег			organizations
(1) ORLETTA KILEN	10.00	드	=	0_	×	= =	<u> </u>		-	
COMMANDER				x				0.	0.	0.
(2) KAREN MEIER	5.00									
COMMANDER-ELECT				Х	l			0.	_ 0.	0.
(3) LARRY LEIN	1.00									
VICE COMMANDER				X				0.	0.	0.
(4) BRUCE SAILER	1.00									
VICE COMMANDER			<u> </u>	X				0.	0.	0.
(5) GLENN WAHUS	1.00							_	_	_
VICE COMMANDER		_		X			L.	0.	0.	0.
(6) DAVID JOHNSON	40.00					1				
ADJUTANT			_	X	_		<u> </u>	23,502.	0.	906.
(7) CLIFFORD HERRICK	1.00	-								
FINANCE_OFFICER		_		X		<u> </u>	_	0.	0.	0.
(8) MARK ANTAL	1.00	-		l						
CHAPLAIN	1 00			X		_	<u> </u>	0.		0.
(9) KENNY WEIDERHOLT	1.00			,,				0		
EXEC. COMMITTEEMAN	1 00			X		-	<u> </u>	0.		0.
(10) WILLIAM LIPETZKY	1.00	-		7.7						_
EXEC. COMMITTEEMAN	1.00			X	\vdash	├	<u> </u>	0.	0.	
(11) TED BECKER	1.00	\mathbf{I}		x				0.	0.	0.
EXEC. COMMITTEEMAN	1.00			^			<u> </u>	<u> </u>	0.	
(12) HAROLD "BUD" GOLDSMITH JR.	1.00	$\{$	ļ	X				0.	0.	_ 0.
PAST COMMANDER (13) LEON HILTNER	10.00	┢╾	1	^		1		0.	<u> </u>	
DEPT. SERGEANT-AT-ARMS	10.00	1		X				0.	0.	_ 0.
(14) BOB KRAUSE	1.00	 					_	0.		
NEC	1.00	1		х				0.	0.	0.
(15) DON WEIBLE	1.00					1				
ALT NEC		1		Х				0.	0.	0.
(16) CHRISTIAN ANDERSON	1.00				<u> </u>	T	Г			
JUDGE ADVOCATE]		X				0.	_ 0.	0.
(17) KAREN MEIER	1.00									
HISTORIAN			L	Х	L		L_	0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		ploy	<u>ees</u>			ghe	st C			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per		(do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable	Reportable	Estimated
	week							compensation from	compensation from related	amount of other
	(list any	į						the	organizations	compensation
	hours for	d die				- G		organization	(W-2/1099-MISC)	from the
	related	te o	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	Į	퍨		oyee	din o				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	in in			organizations
/10\ CIRALED VETCETANCON	1.00	르	Ē	5	\$	로 등	3			
(18) SUMMER KRISTIANSON SERVICE OFFICER	1.00	1		x				0.	0	. 0
(19) ALAN FEHR	1.00			<u> </u>						1
MEMBESHIP CHIR		1	L	X				0.	0	. 0
					ļ	ļ_	<u> </u>			
		┨			•					
			├-	_	 	┼	_			
		1			ł					
										-
		<u> </u>			L					
		<u> </u>	ļ		-	-	L			
		-								
			-		┢	+				
1b Sub-total		٠	٠		<u> </u>			23,502.	0	906
c Total from continuation sheets to Part	VII, Section A							0.	0	
d Total (add lines 1b and 1c)							<u> </u>	23,502.	0_	. 906
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	
compensation from the organization	 									Yes N
2. Did the examination let any farmer office	director or tri	.ata	ر ا				۵.	highoot componented o	mnlavaa an	Tes N
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, K	y ei	пріс	уее	, Oi	nignest compensated e	mployee on	3 ~~~X
4 For any individual listed on line 1a, is the			omn	one	ation	n and	d ot	her compensation from	the organization	
and related organizations greater than \$1	•		•					•	tile organization	4 *** X
5 Did any person listed on line 1a receive o									idual for services	× 2 1
rendered to the organization? If "Yes," co										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest of	-	-								sation from
the organization Report compensation for	or the calendar y	ear	end	ng \	wrth	or w	/ithii		year.	
(A) Name and busine:	ss address	NT	ON:	F				(B) Description of s	services	(C) Compensation
		TA	OI4.					.		·
- teach										
2 Total number of independent contractors	(including but r	not li	mite	d to	the	se li	ste	d above) who received r	nore than	
\$100,000 of compensation from the orga	nization 🕨					0				
										Form 990 (201

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NORTH DAKOTA

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues 10 c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 39,311 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 39,311 h Total, Add lines 1a-1f Business Code 217,996. 561499 217,996. 2 a NATIONAL DEPARTMENT OF Program Service Revenue 2,302 3,000. 711130 5,302. b ND LEGION NEWS 923 923. 711130 c BAND AND OTHER PROGRAM f All other program service revenue 224,221 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,1<u>73.</u> 13,173 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 35 mg/s 7 a Gross amount from sales of 30,052 assets other than inventory b Less: cost or other basis <u>27,147</u> and sales expenses 2,905. c Gain or (loss) 2,905 2,905. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 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 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 **Business Code** Miscellaneous Revenue 10,623. 10,623 900099 11 a MEETINGS 900099 75 **b** OTHER d All other revenue 10,698. e Total. Add lines 11a-11d 2,302. 26,776. 221,919. 290.308. Total revenue. See instructions.

Form 990 (2016) NORTH DAKOTA
Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon									
	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) Fundraisıng expenses					
1	Grants and other assistance to domestic organizations	-			·					
	and domestic governments. See Part IV, line 21	7,831.	7,831.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members	9,836.	9,836.							
5	Compensation of current officers, directors,	27000	3,0301							
_	trustees, and key employees	24,408.	17,995.	5,408.	1,005.					
6	Compensation not included above, to disqualified	21/2001	17,555.							
-	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	33,838.	24,948.	7,497.	1,393.					
8	Pension plan accruals and contributions (include	33,030.	44,540.	1,431.						
•	section 401(k) and 403(b) employer contributions)	1,006.	742.	223.	41.					
9	Other employee benefits	6,003.	4,426.	1,330.	247					
10	Payroll taxes	6,649.	4,420.	1,473.	274					
11	Fees for services (non-employees):	0,043.	4,304.	1,4/3.	4/4					
	Management									
a b	Legal									
	Accounting	305.	-	305.						
	Lobbying	303.		303.						
	Professional fundraising services. See Part IV, line 17		****							
f	Investment management fees		-3-1	*						
	Other. (If line 11g amount exceeds 10% of line 25,									
y	column (A) amount, list line 11g expenses on Sch 0.)	7,200.	7 200							
12	· F	7,200.	7,200.	·						
13	Advertising and promotion Office expenses	22,852.	10 201	2 005						
	Information technology		18,281.	3,885.	686					
14	5,	6,659.	5,327.	1,132.	200					
15	Royalties	6 000		1 107	200					
16	Occupancy	6,980.	5,584.	1,187.	209					
17	Travel	15,200.	15,200.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	20 000	20 000							
19	Conferences, conventions, and meetings	29,880.	<u>29,880.</u>							
20	Interest			 -						
21	Payments to affiliates	2	2.040	424						
22	Depreciation, depletion, and amortization	2,551.	2,040.	434.	77.					
23	Insurance Other expenses Itemize expenses not equated	6,769.	5,415.	1,151.	203					
24	Other expenses. Itemize expenses not covered 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	PROGRAM EXPENSE	20,145.	20,145.							
b	COMMITTEE	6,924.	6,924.							
C	BAND EXPENSE	3,190.	3,190.	-						
d	OTHER	132.	106.	22.	4 .					
	All other expenses		100.	44.	4					
25	Total functional expenses. Add lines 1 through 24e	218,358.	189,972.	24,047.	A 220					
<u>25</u> _	Joint costs. Complete this line only if the organization	210,330.	109,914.	<u> </u>	4,339					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	, 🗂	ļ		ļ						
	Check here if following SOP 98-2 (ASC 958-720)		 		5 000 (224					

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 228,058. 261,470. Cash - non-interest-bearing 1 120,739. 148,015. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 78,379 basis. Complete Part VI of Schedule D 10a 11,585. b Less accumulated depreciation 10b 63,025. 10c 15,354. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV. line 11 12 786,117. 807,856. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1.146.499. .232.695. 16 16 3,523. 0. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,523. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,131,679. 1,214,352. Unrestricted net assets 27 27 14,820. 14,820. Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,229,172. 1,146,499. 33 Total net assets or fund balances 33 1,232,695. 1,146,499. Total liabilities and net assets/fund balances

Form 990 (2016)

	990 (2016) NORTH DAKOTA	45-01	03495	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>58.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,146	5,4	<u>99.</u>
5	Net unrealized gains (losses) on investments	5	10), <u>7</u>	<u>23.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<u>-</u>		
	column (B))	10	1,229	7,1	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	D CASH	.		,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	, ,		
	separate basis, consolidated basis, or both.				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			, 1
	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 Sch	edule O	1.25 ,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

632012 11-11-16

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

Name of the organization **Employer identification number** THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA 45-0103495 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 🗓 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 NORTH DAKOTA 45-01034

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")									
2	Tax revenues levied for the organ-						"			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	fumished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions	PART CENT		Profession of	AT TAKEN		• • • • • • • • • • • • • • • • • • • •			
•	by each person (other than a									
	governmental unit or publicly			NEW TOWN						
	supported organization) included	Care to Care to		1.45 98.46 Tab	W.L. & T. W.					
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4		m Maximum and and		gar "etts: "ettagga,	A CONTRACTOR OF THE PROPERTY O				
	etion B. Total Support	- %3 * ()	<u> </u>	*** * * * * * * * * * * * * * * * * * *	2 25,700 5 505	1 CASS 2 47 1				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Amounts from line 4	(4) 2012	(5) 2010	(0) 20	(0) 20.0	(0) 2010				
-	Gross income from interest,									
Ü	dividends, payments received on			j						
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
5	activities, whether or not the					:				
	business is regularly carried on									
10	Other income Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10	, , , ,		ni Ai A		\$70.00%				
	Gross receipts from related activities,	etc (see instruction		et euro materiale (m. 1962)	*** ** *	12				
	First five years. If the Form 990 is for			d fourth or fifth ta	l Ix vear as a section					
	organization, check this box and stop	ū	mot, cocoma, time	a, roartii, or iiitii ta	ix your as a soonor	1001(0)(0)				
Sec	tion C. Computation of Publ		rcentage							
	Public support percentage for 2016 (I	•		olumn (f))		14	%			
	Public support percentage from 2015		•	***		15	%			
	33 1/3% support test - 2016. If the c			n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and			
		-				,	>			
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
_	and stop here. The organization qual					•				
17a	10% -facts-and-circumstances test	•	· ·		13, 16a, or 16b. a	and line 14 is 10% o	r more,			
	and if the organization meets the "fac	_								
	meets the "facts-and-circumstances"						▶ □			
h	10% -facts-and-circumstances test	=				7a. and line 15 is 1	0% or			
J	more, and if the organization meets th						-:- - :			
	organization meets the "facts-and-circ									
12	Private foundation. If the organization									
.0	Titale loundation. If the organizatio	did flot official d	22.5 2.1 10 10, 10	-, .02,, 0, 170						

Schedule A (Form 990 or 990-EZ) 2016 NORTH DAKOTA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

50	qualify under the tests listed be etion A. Public Support	elow, please comp	lete Part II.)					
								
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and			•				
	membership fees received. (Do not		44 444					
	include any "unusual grants.")	558,344.	14,431.	583,027.	405,202.	268,007.	1829011.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	36,636.		30,488.	36,092.	3,923.	107,139.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
_	•	E04 000	14 421	612 515	441 204	271 020	1026150	
	Total. Add lines 1 through 5	594,980.	14,431.	613,515.	441,294.	271,930.	1936150.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6)	.S.	w /			Zýw.	1936150.	
	Section B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	594,980.	14,431.	613,515.	441,294.	271,930.	1936150.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,003.	6,232.	31,599.	22,556.	13,173.	93,563.	
b	Unrelated business taxable income		•		•	•		
	(less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	20,003.	6,232.	31,599.	22,556.	13,173.	93,563.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is							
40	regularly carried on Other income Do not include gain	25,999.	6,742.	29,820.	50,637.	2,302.	115,500.	
12	or loss from the sale of capital	20 040	12 000	25 415			04 000	
40	assets (Explain in Part VI)	29,840.	13,820.	37,417.	514 405	005 405	81,077.	
	Total support. (Add lines 9, 10c, 11, and 12)	670,822.	41,225.	712,351.	514,487.	287,405.	2226290.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
80.	check this box and stop here	io Cupport Dov						
	tion C. Computation of Publ						06.00	
	Public support percentage for 2016 (I		•	olumn (f))		15	86.97 %	
	Public support percentage from 2015			-		16	87 . 20 %	
	ction D. Computation of Inves						4 00	
	Investment income percentage for 20			e 13, column (f))		17	4.20 %	
	Investment income percentage from 2	· ·	-			18	3.83 %	
19a	33 1/3% support tests - 2016. If the							
Ь	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the				=		▶ 【X】 and	
	line 18 is not more than 33 1/3%, che	eck this box and sto	op here. The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	ightharpoons	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
 1		
2		
3a		
3b		- ANTE -
3c	* , '	- Na
4a		
् 4b	, 74.	
4c	* 2	
, , , , , , , , , , , , , , , , , , ,	* 64°	
5a 		"
5b 5c		
56		
7		
8		-
9a		-
9b		
9c		
10a		
10b		

<u>S</u> che	dule A (Form 990 or 990-EZ) 2016 NORTH DAKOTA 45	-010349	5 Pa	ge 5
_	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<u> 11c</u>		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	į		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	"	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
500	supervised, or controlled the supporting organization. Ition C. Type II Supporting Organizations			
Sec	don C. Type if Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ŀ		
	the supported organization(s).	*	<u> </u>	
Sec	tion D. All Type III Supporting Organizations	····		
	Mon D. Am Typo in Supporting O. gameations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ž		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	*	,	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		*	×
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u> </u>	ľ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	**		
	significant voice in the organization's investment policies and in directing the use of the organization's	^		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	\$. gen - 0.00	
	supported organizations played in this regard.		<u> </u>	<u></u>
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	tions).		
а				
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	· · · · · · · · · · · · · · · · · · ·		İ	į
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ł		
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	<u>2a</u>	├	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	+	-
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Orac		5-0103495 Page 6
1	Type in North underland integrated costants cupperting			Dard VII \
•	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the content of the content			Part VI.) See instructions. A
Sect	ion A - Adjusted Net Income	inplete ((A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	· ·	
6	Portion of operating expenses paid or incurred for production or	1		
•	collection of gross income or for management, conservation, or		ı	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			· · · · · · · · · · · · · · · · · · ·
-	instructions for short tax year or assets held for part of year)	ŀ		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	-	
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	10		, ,
-	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	1		<u>* </u>
	Subtract line 2 from line 1d	2		
3		3		-
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6_		
<u> 7</u>	Recoveries of prior-year distributions	7		 .
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* *	
4	Enter greater of line 2 or line 3	4		`
5	Income tax imposed in prior year	5	<u> </u>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		*	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

45-0103495 Page 7 Schedule A (Form 990 or 990-EZ) 2016 NORTH DAKOTA Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 5 Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (ii) (iii) (i) Distributable Underdistributions **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 *8 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. 2 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3 and 4c Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 99	0 or 990-EZ) 2016 1	NORTH DAKOTA	A		45-0103495 Page 8
Part VI Suppl Part IV, line 1; P	emental Inform Section A, lines 1, 2 art IV, Section D, line	ation. Provide the ex, 3b, 3c, 4b, 4c, 5a, 6, es 2 and 3; Part IV, Se	cplanations required by l 9a, 9b, 9c, 11a, 11b, an ction E, lines 1c, 2a, 2b,	Part II, line 10, Part II, line 17a d 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1, Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, . V, Section B, line 1e; Part V,
	D, lines 5, 6, and 8; tructions.)	and Part V, Section E,	lines 2, 5, and 6. Also c	omplete this part for any addit	ional information.
SCHEDULE A	, PART III	, COLUMN C,	EXPLANATION	FOR SHORT YEAR	<u>:</u>
THE COLUMN	(B) 2012	IS A SHORT	YEAR FROM 6/	1/2014 TO 6/30/	2014 AND
COLUMN (E)	2016 IS A	SHORT YEAR	FROM 7/1/20	16 TO 12/31/201	6
		·			
	····				
					
		747.			
		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
			<u>-</u>		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. THE AMERICAN LEGION DEPARTMENT OF

Employer identification number

NORTH DAKOTA 45-0103495 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the 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 included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Sche	dule D (Form 990) 2016 NORTH D.							-010349		age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, or Ot	her S	imilar <i>l</i>	Assets(con	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following that are	a signific	cant use	of its collecti	on item	s
	(check all that apply):									
а	Public exhibition	d	ا 🗀 اد	an or excl	nange programs					
b	Scholarly research	е	. 🗀 oı	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organization's e	xempt	purpose	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hist	oncal treas	sures, or other sim	ilar ass	ets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	llection?			Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the o	rganızatioı	n answered "Yes"	on Forr	n 990, Pa	art IV, line 9,	r	
	Is the organization an agent, trustee, custod	· · · · · · · · · · · · · · · · · · ·	liary for co	ntribution	s or other assets r	not inclu	ıded			
10	on Form 990, Part X?	ian or ourier intermet	andry 101 CC	ווטטווטוווי	s of other assets i	iot ii ioit	dea	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	hle:				165	_	_ 110
D	1 103, explain the arrangement in rait Air	and complete the lo	mowning ta	ole.		Γ		Amou		
_	Beginning balance					-	1c	Airiou	1	
	Additions during the year					<u> </u>	1d			
	Distributions during the year					-	1e			
•	Ending balance					-	1f			
22	Did the organization include an amount on Fe	orm 990 Part Y line	21 for es	Crow or Cl	istodial account li	_ bditu2		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		165		
Pai										
		(a) Current year		or year	(c) Two years back		hree years	hack (e) Fo	ur years	hack
1a	Beginning of year balance	(b) Contont you	(2) 1 11.	or you.	(C) Two yours out	10,.	in oo your	Judic (C) 10	<u> you.o</u>	- Duoit
h	Contributions					+-				
	Net investment earnings, gains, and losses					+				
d	Grants or scholarships					+				
u	Other expenditures for facilities				 !	+				
-	and programs									
	Administrative expenses							 		
'	End of year balance					-				
2	Provide the estimated percentage of the curi	ront year and haland	o /line 1a	column (a)) hold as					
٠,	Board designated or quasi-endowment	ent year end balanc	%	COIDITIT (a	j) rield as.					
a h	Permanent endowment	%								
D	Temporarily restricted endowment	% %								
C	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		ation that	ara hald ar	ad administrator of fo	v tha a				
Ja		ssion of the organiza	auon mai	are new ar	iu auministereu it	n the of	yanızatı	ווכ	Van	Na
	by: (i) unrelated organizations							254	Yes	No_
	(ii) related organizations							3a(i	7	_
h	If "Yes" on line 3a(ii), are the related organizations	itions listed as ros:	rad on Sal	nadula Da				3a(ii	4	
4	-							<u>3b</u>		<u> </u>
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		MINGUL IO	iius						
L	Complete if the organization answere) Part IV	lino 11a C	ee Form 990 Part	X line	10			
	Description of property	(a) Cost or o		(b) Cost) Accun		(d) Do	ok valu	
	Description of property	basis (investr		basis (depreci		(0) 00	JK Valu	ie
	Land	2033 (1176311		Dasis ((5.1101)	h.col		 		
			-							
	Buildings							 		
	Leasehold improvements			2	8,739.	2 -	7,578	 	11,1	61
	Equipment		-		9,640.		5,447		<u> / -</u>	93.
	Other	gual Form 000 Port	V saluman				,, <u>44/</u>		_ * / 1 5	54

Schedule D (Form 990) 2016

	N PEGION DELY	ARTMENT OF	45 0400405
Schedule D (Form 990) 2016 NORTH DAKOT	<u>A</u>		45-0103495 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market 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"	on Form 990 Part IV line	11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1) INVESTMENTS	807,856		
(2)	007,030	END OF TEAK IN	AKKEI VALOE
** **	·		
(3)			<u> </u>
(4)			 · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)			
(8)			
(9)	007.056		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	807,856		
<u> </u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u>-</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	****		
(8)			
(9)			

Schedule D (Form 990) 2016

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2016 NORTH DAKOTA 45-0103495 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recovenes of prior year grants 2c Other (Describe in Part XIII) d 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments ₹, 2b c Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

2016: Open to Public

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

THE AMERICAN LEGION DEPARTMENT OF

Name of the organization Department of the Treasury Internal Revenue Service

‡	CAN LEGIC	ON DEPARTMEN	NT OF	;			Employer identification number $45-0103495$
Part I General Information on Grants and Assistance	nd Assistance						
	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion Yes X No
凉	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organ \$5,000. Part II ca	izations and Domesti לולסש יו De duplicated ול	ic Governments. (tional space is nee	Somplete if the org ded.	anization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE AMERICAN
INDIANAPOLIS IN 46206		581(C)3	7,831,	0.	FMV		LEGION
	·						
	nd government or		isted in the line 1 table				•
۳,	listed in the line						A
LHA For Paperwork Reduction Act Notice, see the Instructions for Forn	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA

Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

45-0103495

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) (2016)

30

632102 11-01-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA

Employer identification number 45-0103495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REHABILITATION, AMERICANISM, HOMELAND SECURITY AND CHILDREN AND YOUTH.
THE DEPARTMENT WORKS WITH 214 LOCAL POSTS TO ACCOMPLISH THESE GOALS.
THESE POSTS PROVIDE VETERANS WITH FELLOWSHIP, FAMILY AND COMMUNITY
INTEGRATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILY AND COMMUNITY INTEGRATION.
FORM 990, PART VI, SECTION A, LINE 2:
ORLETTA KILEN AND TED BECKER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS. THE MEMBERS ARE VETERANS THAT PAY MEMBERSHIP
DUES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE PAID MEMBERS ELECT THE OFFICERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B:
MAJOR ISSUED DECIDED BY THE OFFICERS ARE PUT TO A VOTE BY MEMBERS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:
EACH COMMITTEE CAN ACT BUT NEEDS TO HAVE APPROVAL OF THE GOVERNING BODY.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Namé of the organization THE AMERICAN LEGION DEPARTMENT OF NORTH DAKOTA	Employer identification number 45-0103495
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ADJUTANT REVIEWS THE 990 PRIOR TO FILING THE 990. THE	990 IS AVAILABLE
TO THE MEMBERS TO REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY EACH MEMBER REVIEWS AND SIGNED THE CONFLICT OF I	NTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE 990 IS AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQU	EST AND IS LOCATED
AT THE DEPARTMENT OFFICE.	
FORM 990, PART XII, LINE 1:	
THE MODIFIED CASH BASIS HAS BEEN USED FOR MORE THAN THE P	AST YEAR AND A
HALF, ADJUSTMENT WERE MADE ON PRIOR YEAR 990. THE CORRECT	BOX IS BEING
CHECKED ON THE CURRENT YEAR 990.	
	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	