



Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning 4/1/2017, 2017, and ending 3/31/2018, 20

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Richard A. Reuther, unit 152 American Legion Auxiliary
Number and street (or P O box, if mail is not delivered to street address) Room/suite
p.o. box 152, c/o Robin Keller, 20 Olds St, North Adams, MA 01247
City or town, state or province, country, and ZIP or foreign postal code
Williamstown, MA 01267

D Employer identification number
04-3126390

E Telephone number
(802) 949-7021

F Group Exemption Number ▶ **0964**

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

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

I Website: ▶ **none**

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

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other **Patriotic organization**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	1,082
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	719
4	Investment income	
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6c	Less: direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	0
7b	Less: cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1,801
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	1,920
17	Total expenses. Add lines 10 through 16	1,920
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-119
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	1,835
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	1,715

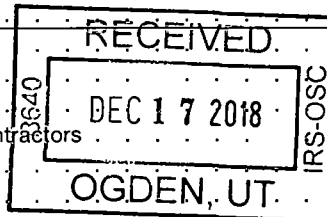
For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,835	22 1,715
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,835	27 1,715

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? support veterans and their families

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 <u>Leeds Veterans Hospital Christmas Gift Shop- we give cash donations to VA and R for this use, plus members donate new gloves, hats, scarfs, socks, toys, games, jewelry so Vets can pick items for family members. We them wrap, box and mail items at no cost to Veterans. 70 veterans, cash value \$1000.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 1,000
29 <u>Girls State program, interview and invite 11th grade students to a week long program focusing on leadership citizenship, advocacy, and teamwork. Girls attend classes and discuss the shared strength of women, as well as develop lasting friendships. one girl attended, cost for housing and meals \$325</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 325
30 <u>Make poppies to gain donations during Memorial day parade, attend and participate in remembrance ceremony Honor vets and their sacrifices. Donations and funds from raffles as well as membership dues are used to help charities such as Toys for Tots, Shrinners Hospital for childer elderly community members, church food pantry.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 1,000
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 300
32 Total program service expenses (add lines 28a through 31a)	32 2,625

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Nancy Griffin, President American Legion Auxiliary</u>	5	0	0	0
<u>Elizabeth Garcia, Senior Vice President</u>	3	0	0	0
<u>Julie Griffin, Junior Vice President</u>	1	0	0	0
<u>Robin Keller, Secretary and Treasurer</u>	3	0	0	0
<u>Jeannie Lemieux, Chaplain</u>	1	0	0	0
<u>Alice Bratcher, Historian</u>	1	0	0	0
<u>Paula Wolf, Sargent at Arms</u>	1	0	0	0
<u>Mary Fressola, Executive Committee</u>	2	0	0	0
<u>Jean Wysocki, Executive Committee</u>	2	0	0	0
<u>Paula Liuzzi, Executive Committee</u>	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ MA		
42a The organization's books are in care of ▶ Robin Keller, Treasurer Telephone no. ▶		
Located at ▶ 20 Olds Street, North Adams, MA ZIP + 4 ▶ 01247		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

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

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

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

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

	Yes	No
47		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

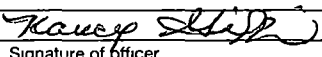
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here		12-9-18
	Signature of officer	Date
	Nancy Griffin, President American Legion Auxiliary Unit 152	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Richard A. Reuther , Unit 152 American Legion Auxiliary

Employer identification number

04-3126390

16 Other Expenses

VAMC partial reimbursement for Christmas Gift Shop clothing 100

VA and R for Veterans' rehabilitation and Vet Hospital 50

Poppies kit (dozens of hours of labor to make poppies) 73

membership dues and raffle income submitted to district for additional programs 946

Girls State room and board support for one girl 325

Presidents room expense for Department Convention (per standing rules) 266

Postage 10

Shriners for children 50

Veterans Creative Arts program (for healing) 50

Veterans Air Lift 50

30 Much of our work is done without direct cost from the budget such as burning old flags, attending funerals of vets, bring cookies to Fire

Dept., Board Member for childrens' group, work with Girls Scouts, work with highschool fundraisers, donating used goods to Salvation Army,

Goodwill Industries donating books to a library, food to food pantry, Members donated used eyeglasses, medical equipment We collected

Boxtops for Education, and can tabs for vision program. We donated new personal Hygiene items for women vets. A member donated

an afgan (blanket) and pillbox to an elderly person in Williamstown Commons supported housing 257 people benefitted, \$1000

#31 Other Program Expenses

Reimburse Auxiliary President for expenses Fall Conference and the Department Convention, per standing rules, one person \$300

IRS PLEASE NOTE, Unit 152 is seeking Recognition Under Group Exemption 0964.

The Unit has no office address, but mail is sent to Williamstown post office box, except the bank statement which is sent to the Treasurer's

home at 20 Olds Street, North Adams, MA 01247

Name of the organization

Employer identification number