# Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning 08/01/16 , and ending 07/31/17

AMERICAN LEGION AUXILIARY, 93-0112193
DEPARTMENT OF OREGON

Net Asset / Fund Balance at Begin	nning of Year		_	428,389
Revenue				
Contributions		132,793		
Program service revenue		128,522		
Investment income		296		
Capital gain / loss	· ·	200		
Fundraising / Gaming:				
C				
Direct expenses				
Net income				
Other income		12,435		
Total revenue	-	12,433	274,046	
Expenses		-	2/4,040	
Program services		100,124		
Management and general	-	96,831		
Fundraising		20,031		
Total expenses			196,955	
Excess / (deficit)		-	100,000	77,091
Excess / (deficit)			<del></del>	77,091
Changes				
			h	
Net Asset / Fund B	alance at End of Year			505,480
			_	
Reconciliation of F	gevenue.		Reconciliation of Eve	
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# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

<b>OMB</b>	No.	1545-1878

Onno 1101

2016

Department of the Treasury
Internal Revenue Service
Name of exempt organization

For calendar year 2016, or fiscal year beginning 8/01, 2016, and ending 7/31, 20 17

▶ Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

AMERICAN LEGION AUXILIARY, DEPARTMENT OF OREGON

Employer identification number

93-0112193

Name and title of officer

HELEN HISAW

PRESIDENT

Part I Type of Return and Return information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If	you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the	nen
eave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0	)- on

Information (Mholo Dollara Only)

the	applicable line below. Do not complete more than 1 line in Part I.		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	274,046
2a	Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X	l authorize .	ERICKSON	&	CARNEGIE	LLP	to enter my PIN	97070 as my sig	nature
				ERO firm name	e		Enter five numbers, but do not enter all zeros	
1	being filed w		es) r	egulating charities	as part of the IRS F	ated within this return that a coped/State program, I also author		
_	If I have indi	cated within this ret	urn t	that a copy of the	s my signature on the return is being filed w return's disclosure co	e organization's tax year 2016 e ith a state agency(ies) regulatir onsent screen.	electronically filed return.  ng charities as part of	

# Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93501597223

03/31/18

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 03/31/18

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public

OMB No. 1545-0047

_	For th	ne 2016 c	calendar	r vear or				, and ending							nspecu	011
		applicable:	Assessment of the last of the		ALCOHOLD STREET, STREE	1000			U.	1/21/1	- /	D.	mployer	identificati	on number	
		200000000000000000000000000000000000000	C Name of organization AMERICAN LEGION AUXILIARY, DEPARTMENT OF OREGON								D Employer identification number				( =	
$\sqcup$	Address	change	-													
Ш	Name ch	nange	Doing business as 93 – 0112193  Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number													
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Ħ	Applicatio	on pending	200 00000000			B1.					H(a) Is this a	roup re	etum for s	ibordinates?	Yes	X No
ш	Applicatio	on pending	HE	LEN H	ISAW						1,427 10 0110 0 5	, cop 10		aborali latos i	$\exists$	=
											H(b) Are all s	ubordin	ates incl	ided?	Yes	∐ No
											If "No	o," atta	ch a list.	(see instruct	ions)	
1	Tax-exer	mpt status:		501(c)(3)	X 501(c)	(19) ◀	(insert no.)	4947(a)(1) or		527						
J	Website	e: ▶ H	ITTP:	//WWW	.ALAOR	EGON.C	DRG/				H(c) Group ex	emptio	n numbe	•		
ĸ	Form of	organization:	X	Corporation	Trust	Association	Other >			LY	ear of formation:			M State of	legal domic	ile
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Governance	2	Check thi	is box	if the	organization	discontinu	ed its operation	ons or disposed of	of mo	re than 25	% of its net as	ssets.				
ಶ	3	Number of	of voting	members	of the gove	rning body (	(Part VI, line 1	la)					3	14		
								Part VI, line 1b)				***	4	13		
Activities	5	Total num	nber of i	individuals	employed in	calendar v	ear 2016 (Par	t V, line 2a)	* * * * * *				5	1		
냚	6	Total num	nhar of	voluntoore	(estimate if	nococcon/							6	10		
ď	7-	Total	alatad b	volunteers	(esumate ii	Ded VIII ee	(0) "							10		
	/a	Total unit	elated b	usiness re	venue from	Part VIII, co	olumn (C), line	12					7a			0
	D	Net unrela	ated bus	siness taxa	able income	from Form	990-T, line 34						7b			0
	9. Contributions and greats (Dark VIII. Have 4b)					Prior Ye		176	u	rrent Year						
e	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)									176			793			
Revenue											4		326		128	,522
è	10	Investmer	nt incom	ie (Part VI	II, column (A	(a), lines 3, 4	, and 7d)						108			296
ш.	11	Other reve	enue (P	art VIII, co	olumn (A), lin	es 5, 6d, 8d	c, 9c, 10c, and	d 11e)		L	1	6,0	028		12	,435
	12	Total reve	enue – a	add lines 8	through 11	(must equa	Part VIII, col	umn (A), line 12)			19	2,5	938		274	,046
	13	Grants an	nd simila	ar amounts	paid (Part I	X, column (	A), lines 1-3)									0
	14	Benefits p	nd similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)											0		
	15	Salaries.	other co	ompensatio	n employee	benefits (F	Part IX colum	n (A), lines 5–10	ή	_	3	8 (	062		34	,804
Expenses	16a	Profession	nal fund	raising fee	s (Part IX	olumn (A)	line 11e)	(. //		·····		<u> </u>	002			0
e l	h.	Total fund	onal fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25) ▶ 0						······					-		
Ä	17	Other eve	araising	(Dod IV a	(Part IX, COI	unin (D), iii	445 04-1				7.0	2 -	207		1.00	1 = 1
(15-50)	17	Other exp	benses (	Part IX, CC	olumn (A), III	ies Tra-Tro	a, 111–24e)						367			,151
	\$20V-45VH 0							), line 25)				1,4			Constitution (	, 955
- 60	19	Revenue	less exp	penses. Su	ubtract line 1	8 from line	12						509		77	,091
Net Assets or Fund Balances										-	Beginning of Co			Er	nd of Year	
ssel	20	lotal asse	ets (Pan	X, line 16	o)						43	5,5	_			,040
Pd A	21	Total liabi	ilities (Pa	art X, line	26)								510			,560
		Net asset	ts or fun	d balances	s. Subtract li	ne 21 from	line 20				42	8,3	389		505	,480
_P	art II	Sig	gnatur	e Block												
Ur	nder per	nalties of p	perjury, I	declare that	I have exam	ned this retu	rn, including ac	companying sched	ules ar	nd statemer	nts, and to the b	est of	f my kno	owledge ar	nd belief, i	t is
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	0 (2016) AMERICAN LEGIC		93-0112193	Page 2
Part		Service Accomplishments	line in this Part III	X
Dei	iefly describe the organization's mission		line in this Part III	
	E SCHEDULE O	11.		
بنبر	3 BUILDUEL G			
• • •				
3.4				
Die	d the organization undertake any signif	icant program services during the year	which were not listed on the	
pri	or Form 990 or 990-EZ?			Yes X N
If '	"Yes," describe these new services on	Schedule O.		
Die	d the organization cease conducting, o	r make significant changes in how it c	onducts, any program	□
				Yes X N
	"Yes," describe these changes on Scho			d b
			ree largest program services, as meas	
			the amount of grants and allocations to	others,
the	e total expenses, and revenue, if any,	or each program service reported.		
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	ther program services (Describe in Sch		f \$ ) (Revenue \$	nue \$

## Checklist of Required Schedules

7 × 2 ×

2   1 st be organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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   4   Section 59(C(s)) organizations. Did the organization engage in lobbying advisies, or have a section 50((h)) election in effect during the tax year? If "Yes," complete Schedule C, Part II   5   Is the organization associan 501(c(s)), 501(c(s)), or 501(c(s)) or 501(c(s)) or 501(c(s)) or 501(c(s) or 501(c(s)) o				Yes	No
2 Is the organization required to complete Schedule B, Schedule C Contributors (see instructions)?  2 Is the organization mapped in direct or indirect political campaign activities on behalf of rin opposition to cardidates for public officia? If "Yes," complete Schedule C, Part I    3 Section 301(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 assection 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedures #81-91 If "Yes," complete Schedule C, Part II    5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part I    5 Did the organization receive or hold a conservation essement, including essements to preserve gene space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II    9 Did the organization and an amount in Part X, line 21, for escow 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 V    10 Did the organization directly or through a neitled organization, hold assets in temporally restricted endowments in part X, line 10 the organization report an amount for internation—program related in Part X, line 10 th Yes," complete Schedule D, Part V    11 If the organization report an amount for other and complete Schedule D, Part V    12 Did the organization report an amount for other insecurities program related in Part X, line 10	1	complete Schedule A			Х
3 Dit the organization engage in direct or indirect political campilation so hehalt of or in opposition to candidates for public office? If "Yes." complete Schedule C, Part II  5 Is the organization a section \$01(c)(4) congenization engage in lobying activities or have a section \$01(h) election in effect during the tax year? If "Yes." complete Schedule C, Part II  5 Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-19? If "Yes." complete Schedule C, Part II  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part II  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  8 Did the organization maintain any tond a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes." complete Schedule D, Part II  9 Did the organization maintain any organization receive or year of the similar assets? If "Yes." complete Schedule D, Part II  9 Did the organization maintain any organization historic structures? If "Yes." complete Schedule D, Part II  10 Did the organization environs? If "Yes." complete Schedule D, Part IV  11 Did the organization, directly or through a related organization, hold assets in temporarily restricted environments. or quasi-endoverments? If "Yes," complete Schedule D, Part V. II  11 If the organization environs? If "Yes." complete Schedule D, Part V. II  12 Did the organization environs If yes. "Organized Schedule D, Part V. II  13 Did the organization report an amount for intertainent—program related in Part X. line 10 Thres." complete Schedule D, Part V. II	2	***************************************			X
acadidates for public office? If "Yes," complete Schedule C, Part I   4   Section 501((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   4   Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197 If "Yes," complete Schedule C, Part III   5   Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   6   7   Did the organization receive or hold a conservation essement, indusing essements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II   7   7   7   7   7   7   7   7   7	3		-		21
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 lection in offect 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of receive of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization report and amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on Its elicit in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III 8 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 Did the organization discrete or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VI, VIII, IX, or X as applicable.  1 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V, VI, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If the state of the VI and VIII, IX or X as applicable.  3 Did the organization report an amount for investments—program related in Part X, line 10? It to tax via the via the via the via the via t		candidates for public office? If "Ves." complete Schedule C. Part I.	3		Х
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  11d		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  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  116  2 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b  2 Schedule D, Parts XI and XII is optional  12c  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 Did the organization maintain an office, employees, or agents outside of the United States?  14a  2 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  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 foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "	d				
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If "Yes," complete Schedule G, Part III	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

Checklist of Required Schedules (continued) Part IV Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 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 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 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). 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b 13 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. b 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 13b Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

93-0112193 Form 990 (2016) AMERICAN LEGION AUXILIARY, Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 O. 13 Enter the number of voting members included in line 1a, above, who are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

Sec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE
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)
	available 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
	financial 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 hooks and records:

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► NUMBERCRAFT, LLC 5075 SW GRIFFITH DR., SUITE 100

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

OR 97005

organization's exempt status with respect to such arrangements?

with a taxable entity during the year?

DAA

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X

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

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

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

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

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle ficer a	Pos check ess pe ind a	erson	than o is both or/truste	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) HELEN HISAW										
PRESIDENT	5.00			х				0	0	0
(2) KRISANN OWENS										
	5.00					1 1		101	-	
VICE PRESIDENT (3) KAREN BANKS	0.00			X		$\vdash$		0	0	0
(3) NAREN DANKS	5.00									
TREASURER	0.00			X				0	0	0
(4) MAGGIE LAMONT										
CHAPLAIN	5.00			Х				0	0	0
(5) ARDIS SNYDER						П				
	5.00									
PARLIAMENTARIAN	0.00			X				0	0	0
(6) PAM SEELYE										
NAT'L EXECUTIVE COM	5.00			Х				0	0	0
(7) CAROL WEBER										
	5.00								68	
SERGEANT-AT-ARMS (8)	0.00			X	_		-	0	0	0
(0)										
(9)										
(10)										
(11)										

Part VII Section A. Offi  (A)  Name and title	(B) Average hours per week (list any hours for	(de bo	o not o x, unle	Pos check ess pe	c) ition more rson i	than o	ne an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	nization related nizations	
	*****											
		•										
1b Sub-total	sheets to Part VII,	Sect	ion i	Α								
2 Total number of individual reportable compensation	als (including but not	limite	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
			700	truct	00	kov e	mn	loyee, or highest compensa	ated		Yes	No
employee on line 1a? If " 4 For any individual listed of	Yes," complete Sche	dule n of r	J for	r <i>suc</i> table	h in	dividu npen:	<i>ial</i> satio	on and other compensation complete Schedule J for su	from the	3		X
individual											ks .	X
5 Did any person listed on for services rendered to t	the organization? If "	Yes,"	con	ipens iplete	Sauo Sc	hedu	n al	ny unrelated organization o for such person	i ilidividual	5		X
Section B. Independent Cont  1 Complete this table for you		nens	ated	inde	nenc	dent (	cont	ractors that received more	than \$100,000 of			
compensation from the o	rganization. Report of	compe	ensa	tion	for th	he ca	lend	dar year ending with or with	nin the organization's tax y	ear.	(C)	
Nar	me and business address		_				-	Descrip	(B) tion of services		(C) Compensa	ation
						-		,				
2 Total number of independent	dent contractors (incl	uding	but	not	limit	ed to	tho	ose listed above) who	0			
received more than \$100	,000 or compensation	n Tro	m th	e or	yanı	zatior			U	19	Form 99	0 (2016

Form 990 (2016) AMERICAN LEGION AUXILIARY, 93-0112193 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or (D) Revenue excluded from tax exempt business under sections 512-514 function revenue 1a Federated campaigns **b** Membership dues ..... 1b 71,191 c Fundraising events 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 61,602 q Noncash contributions included in lines 1a-1f. \$ ..... h Total. Add lines 1a-1f 132,793 Revenue Busn. Code 2a GIRLS STATE 112,417 112,417 OTHER AUXILIARY ACTIVITIES 13,094 13,094 Service CONVENTION 2,155 2,155 PRESIDENTS PROJECT 856 856 Program f All other program service revenue ..... g Total. Add lines 2a-2f. 128,522 Investment income (including dividends, interest, and other similar amounts) -296 Income from investment of tax-exempt bond proceeds 5 Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 24,881 b Less: cost of goods sold ...... 12,446 b c Net income or (loss) from sales of inventory 12,435 12,435 Miscellaneous Revenue Busn. Code 11a b d All other revenue ...... e Total. Add lines 11a-11d 

274,046

140,957

296

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response	nplete all columns. All others	er organizations must comp nis Part IX	olete column (A).	П
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
57.0	and domestic governments. See Part IV, line 21				
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				
5	Compensation of current officers, directors,				
125	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	33,456		33,456	
7 8	Pension plan accruals and contributions (include	33,130		33/100	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,348		1,348	
11	Fees for services (non-employees):	***************************************			
а	Management				
b	Legal				
С	Accounting	6,400		6,400	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	E 420		7 420	
	(A) amount, list line 11g expenses on Schedule O.)	7,430		7,430 4,575	
12	• • • • • • • • • • • • • • • • • • • •	4,575		4,821	The second second
13	Office expenses	4,821		4,021	
14	Information technology				
15	Royalties				
16 17	Occupancy	11,971	396	11,575	
18	Payments of travel or entertainment expenses	/			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,515	673	9,842	
20	Interest	10			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	546		546	
23	Insurance	489		489	
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 O.)	70,952	70,952		
a	GIRLS STATE PATIENT SERVICES	14,411	14,411		
b	GIFT SHOP	12,289	12,289		
c d	EQUIPMENT RENTAL & REPAIR	5,998	12/200	5,998	
e	All other expenses	11,754	1,403	10,351	
25	Total functional expenses. Add lines 1 through 24e	196,955	100,124	96,831	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ■ if following SOP 98-2 (ASC 958-720)				
DAA	issuing our set producted the set of the set				Form 990 (2016)

	Check if Schedule O contains a response or no	to any line in	uns rait X		<del>                                     </del>	/D:		
				(A) Beginning of year		(B) End of year		
1	Cash—non-interest bearing							
2			L	185,510	2	185,686		
3	Pledges and grants receivable, net			3				
4	Accounts receivable, net	212	4	1,678				
5	Loans and other receivables from current and former	officers, directo	ors,					
	trustees, key employees, and highest compensated e	employees.			7.1			
	Complete Part II of Schedule L				5			
6	Loans and other receivables from other disqualified p	ersons (as defir	ned under section			er i la la Galery		
	4958(f)(1)), persons described in section 4958(c)(3)(E							
	sponsoring organizations of section 501(c)(9) volunta							
ω l	organizations (see instructions). Complete Part II of S				6			
Assets	Notes and loans receivable net	oneddie L			7			
A As	Notes and loans receivable, net Inventories for sale or use			945		045		
9				345	8	945		
	repair expenses and coloned charges	11			9	4,053		
10	la Land, buildings, and equipment: cost or	1.0	15 671		175			
	other basis. Complete Part VI of Schedule D	10a	15,671	Brita Delinere Line	100	treatment bank as		
	b Less: accumulated depreciation	[ 10b ]	14,489	1,728		1,182		
11	이 그는 사용하다 아이들이 살았다면 아이트 그 등이 있었어? [24일 ] 사람이 그렇지만 생각하다 그런 경기를 하다 하다 하다 그 살아 가는 살아 있다.		11					
12				12				
13	F - 3			13				
14	Intangible assets			14				
15	Other assets. See Part IV, line 11				15			
16				435,999	16	522,040		
17	Accounts payable and accrued expenses			17	14,784			
18				6,000	18			
19	Deferred revenue				19			
20	Tax-exempt bond liabilities		The state of the s		20			
21		of Schedule D			21			
ω 22					17825			
Liabilities	trustees, key employees, highest compensated employees		1					
ᅙ	disqualified persons. Complete Part II of Schedule L		1	A STATE OF THE BEAUTY OF THE STATE OF THE ST	22			
పి  ₂₃		aird parties			23			
24		narties						
25		to related third			24			
-"	parties, and other liabilities not included on lines 17-24		" pre-1		1			
				1 (10		1 556		
26	of Schedule D			1,610		1,776		
26	3			7,610	26	16,560		
s l	Organizations that follow SFAS 117 (ASC 958), che	Service of the servic	X and					
일	complete lines 27 through 29, and lines 33 and 34.				312 6			
E 27	Unrestricted net assets			294,647	27	440,388		
<u>m</u> 28	• • •			133,742	28	65,092		
5 29	* *************************************				29			
-	Organizations that do not follow SFAS 117 (ASC 9	58), check here	e ▶					
S	complete lines 30 through 34.				100			
30					30			
¥ 31	Paid-in or capital surplus, or land, building, or equipme	ent fund			31			
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income,	or other funds			32			
2 33				428,389	33	505,480		
34				435,999	34	522,040		

orm	990 (2016) AMERICAN LEGION AUXILIARY, 93-0112193			Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\perp$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			046
2	Total expenses (must equal Part IX, column (A), line 25)	2			955
3	Revenue less expenses. Subtract line 2 from line 1	3			091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	28,3	389
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5(	)5,4	480
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				133
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		TAR.		
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		sitrings.		
	reviewed on a separate basis, consolidated basis, or both:				小數
	Separate basis Consolidated basis Both consolidated and separate basis				EE
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
250	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		10.33		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
1776	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	i i	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		2.009001		
116	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	- Square and the square property of the squar	/S==2-0	For	m 990	0 (2016)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number AMERICAN LEGION AUXILIARY, DEPARTMENT OF OREGON 93-0112193 Part I 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) 2 Aggregate value of grants from (during year) 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?		Yes No
6	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		П. П.
D	conferring impermissible private benefit?  art II Conservation Easements.		Yes No
-	art II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	ant lan	d area
	Protection of natural habitat Preservation of a certified historic st	tructure	ė
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva-	ation	
	easement on the last day of the tax year.	Dett	Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b		2b	
C	Number of conservation easements on a certified historic structure included in (a)	2c	
d			
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during	the .
	tax year ▶		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ease	ments	during the year
	· · · · · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement	ts duri	ng the year
525	<b>&gt;</b> \$		
8	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)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described in the control of the control of the footnote to the organization's financial statements that described in the control of the control o	cribes t	the
-	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar	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.
- 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.

Part III Organizations Maintaining C	Collections of	Art, Historical Tr	easures, or	Other Simil	ar Asse	ts (contin	ued)	3330
3 Using the organization's acquisition, accession,								
collection items (check all that apply):								
a Public exhibition		oan or exchange pro						
b Scholarly research	e 🔲 (	Other						
c Preservation for future generations	1925 - 22 10 2011							
4 Provide a description of the organization's colle	ections and explain	how they further the	organization's e	exempt purpose	in Part			
XIII.		f and bistorical tracers	er ether ei	milar				
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to						Ye	<u>.</u> Г	No
Part IV Escrow and Custodial Arra		art of the organization	15 Collections				<u> </u>	140
Complete if the organization a	inswered "Yes"	on Form 990. Pa	rt IV line 9	or reported a	n amour	nt on Form	1	
990, Part X, line 21.		011 1 01111 000, 1 0						
1a Is the organization an agent, trustee, custodian	or other intermedi	ary for contributions of	or other assets	not				
included on Form 990, Part X?						Ye	s [	No
b If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:					-	
Made 1 (a)						Amoun		
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			_
2a Did the organization include an amount on For							_	No
b If "Yes," explain the arrangement in Part XIII. C	theck here if the ex	planation has been p	rovided on Part	XIII				L
Part V Endowment Funds.		F 000 B						
Complete if the organization a	Stephen Control of the Control of th		The state of the s	AND THE RESERVE AND ADDRESS OF THE PARTY OF		k (e) Fou		h a ale
	(a) Current year	(b) Prior year	(c) Two years	back (d) Ini	ree years back	(e) F00	years	Dack
1a Beginning of year balance						_		
b Contributions							_	_
c Net investment earnings, gains, and								
losses		1125						
d Grants or scholarships								
e Other expenditures for facilities and								
programs						-		
f Administrative expenses						The state of the s		
g End of year balance  2 Provide the estimated percentage of the current	t year end halance	(line 1a column (a))	held as:		7			- 175
a Board designated or quasi-endowment ▶		(iiiic 1g, coldiiii (c))	noid do.					
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c should	* * * * * * * *							
3a Are there endowment funds not in the possess		tion that are held and	administered for	or the				
organization by:	ion of the organiza						Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						11111		
b If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on Schedule R?				.6(4.6(6)		
4 Describe in Part XIII the intended uses of the								
Part VI Land, Buildings, and Equip								
Complete if the organization a		on Form 990, Pa	rt IV, line 11	a. See Form	990, Pa	rt X, line 1	0.	
Description of property	(a) Cost or other b	manuscript and the second seco		(c) Accumulate		(d) Book		
S 9 9 92	(investment)	(oth	er)	depreciation				
1a Land		- 12 F P		ALL MOVEMEN	A STATE			
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment			2,729		,547		1,	182
e Other			12,942		,942			
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line 1	0c.)		▶		1,	182

			11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
DAT 1200 12010	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
2) Closely-he	eld equity interests		
3) Other			
	***************************************		
	***************************************		
(D)			
(E)	***************************************		
(0)	***************************************		
			The state of the s
(H)	on (b) must as all form 000 Rad V and (D) line 40 lb		
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	n Form 000 Deat IV line	11- C F 000 B-1 V II - 10
	Complete if the organization answered "Yes" o		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(6)			No.
(7)			
(8)			
(9)	/h)		
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	E	
	Other Assets		
Part IX	Other Assets.	- F 000 B-+ N/ I'	441.0 5 000 5 44 5
Рап іх	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
		n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(1)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" organization (a) Description	n Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) Description  (a) Description	n Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" of (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum.	Complete if the organization answered "Yes" of (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of line 25.	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum.	Complete if the organization answered "Yes" of (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of line 25.  (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Federal (2) PAYRO	Complete if the organization answered "Yes" of (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of line 25.  (a) Description of liability	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal (2) PAYRO	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum. Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) PAYRO (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Complete if the organization answered "Yes" of (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of line 25.  (a) Description of liability  income taxes  DLL ACCRUALS	n Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (Column Part X (2) PAYRO (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or line 25.  (a) Description of liability income taxes	n Form 990, Part IV, line  (b) Book value  1,776	(b) Book value

Sche	edule D (Form 990) 2016 AMERICAN LEGION AUXILIARY,	93-	UTTZTDD	Page 4
	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990	ments With Reven		
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
b		1.1.1.1.1		
	Recoveries of prior year grants		No.	
d	1 (2) (3) (1) (1) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		1000	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
ALC: NOT A	art XII Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 990			
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
37		0.00		
b		1111		
c		1111	0.00	
d	* *************************************	1111 - T	2e	
32	Add lines 2a through 2d			
3			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
а				
	Investment expenses not included on Form 990, Part VIII, line 7b		(45.5)	
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b	4c	
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b		
b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	4b	5	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	t V, line 4; Part X, line	
b c 5 Provi 2; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa vide any additional inform	rt V, line 4; Part X, line ation.	
b c 5 Provi 2; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa vide any additional inform	rt V, line 4; Part X, line ation.	
Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
b c 5 Proving 22; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
b c 5 Proving 22; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
b c 5 Proving 22; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
b c 5 Proving 22; Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa vide any additional inform	rt V, line 4; Part X, line ation.	
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b c 5 Per Provide Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
b c 5 Per Provide Prov	Other (Describe in Part XIII.) Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	rt IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line ation.	
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Schedule D (Fo	rm 990) 2016 Z	AMERICAN	LEGION	AUXILIARY,	93-0112193	Page 5
Part XIII	Supplemental	I Information	(continued)			
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service 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. Inspection

Open to Public Inspection

OMB No. 1545-0047

Name of the organization AMERICAN LEGION AUXILIARY, 93-0112193 DEPARTMENT OF OREGON FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES IN THE SPIRIT OF SERVICE, NOT SELF, THE MISSION OF THE AMERICAN LEGION AUXILIARY IS TO SUPPORT THE AMERICAN LEGION AND TO HONOR THE SACRIFICE OF THOSE WHO SERVE BY ENHANCING THE LIVES OF OUR VETERANS, MILITARY, AND THEIR FAMILIES, BOTH AT HOME AND ABROAD. FORM 990 - ORGANIZATION'S MISSION IN THE SPIRIT OF SERVICE, NOT SELF, THE MISSION OF THE AMERICAN LEGION AUXILIARY IS TO SUPPORT THE AMERICAN LEGION AND TO HONOR THE SACRIFICE OF THOSE WHO SERVE BY ENHANCING THE LIVES OF OUR VETERANS, MILITARY, AND THEIR FAMILIES, BOTH AT HOME AND ABROAD. FOR GOD AND COUNTRY, WE ADVOCATE FOR VETERANS, EDUCATE OUR CITIZENS, MENTOR YOUTH, AND PROMOTE PATRIOTISM, GOOD CITIZENSHIP, PEACE AND SECURITY. FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERSHIP IN THE AMERICAN LEGION AUXILIARY IS LIMITED TO THE GRANDMOTHERS, MOTHERS, WIVES, SISTERS AND DIRECT AND ADOPTED FEMALE DECENDANTS OF MEMBERS OF THE AMERICAN LEGION OR OF ALL MEN AND WOMEN WHO WERE IN THE ARMED FORCES OF THE UNITED STATES DURING ANY PERIOD OF WAR. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ELECT OFFICERS BY SECRET BALLOT AT THE DEPARTMENT CONVENTION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE DEPARTMENT EXECUTIVE COMMITTEE AND BY THE

Name of the organization  AMERICAN LEGION AUXILIARY,	Employer identification number 93 – 0112193
FINANCE COMMISSION.	93-0112193
TIME CONTIDUION.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUM	ENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
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***************************************	DIGT 1 07 -
	PAGE 1 OF 1

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

AMERICAN LEGION AUXILIARY,

DEPARTMENT OF OREGON

Identifying number 93-0112193

	ss or activity to which this form relates  NDIRECT DEPRECIAT	TON						
_			erty Under Section	179				
			, complete Part V b		omplete Part	I.		
1	Maximum amount (see instruction						1	500,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 pro						3	2,010,000
4	Reduction in limitation. Subtract li			0.0000000000000000000000000000000000000			4	
5	Dollar limitation for tax year. Subtract li						5	
6	(a) Description	Salar Sa	And the second s	ost (business use	and the same of th	Elected cost	-37	
-								
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179	property. Add amount	s in column (c), lines 6 a	and 7			8	
9	Tentative deduction. Enter the sn						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter					ns)	11	
12	Section 179 expense deduction.		12					
13	Carryover of disallowed deduction							
	: Don't use Part II or Part III below				13			
70.00			nd Other Deprecia	tion (Don't	include listed	propert	v.) (S	ee instructions.)
14	Special depreciation allowance fo							
•	during the tax year (see instruction						14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACI						16	546
			le listed property.) (					
	it iii MAONO Depresia	tion (Don't moide	Section A					
17	MACRS deductions for assets pla	aced in service in tax	vears beginning before 2	2016		000000000000000000000000000000000000000	17	0
18	If you are electing to group any assets place							
10	Section B—/	Assets Placed in Ser	vice During 2016 Tax	ear Using the	e General Depr	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property		***					
b	5-year property							
С	7-year property							
d	10-year property							
	15-year property							
f								
a	25-year property			25 yrs.		S/L		
1123	Residential rental			27.5 yrs.	MM	S/L		
- 55	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
- 53	property				MM	S/L		
	Section C—As	ssets Placed in Serv	ice During 2016 Tax Yo	ear Using the	Alternative Dep	reciation	Syster	m
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	40-year			40 yrs.	ММ	S/L		
	art IV Summary (See in	structions.)						
21	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12,		lines 19 and 20 in colum	n (g), and line	21. Enter			
-	here and on the appropriate lines						22	546
23	For assets shown above and place							
	portion of the basis attributable to				23			
For	Panerwork Reduction Act Notice		ıctions					Form 4562 (2016)

Two Year Comparison Report Form 990 2015 & 2016 For calendar year 2016, or tax year beginning 08/01/16 07/31/17 ending Name Taxpayer Identification Number AMERICAN LEGION AUXILIARY, DEPARTMENT OF OREGON 93-0112193 2015 2016 Differences 1. Contributions, gifts, grants 59,594 1. 61,602 2,008 2. Membership dues and assessments 2. 74,882 71,191 -3,691 3. Government contributions and grants 3. 4. Program service revenue 42, 326 128,522 86,196 4. 5. Investment income ..... 5. 108 296 188 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming ..... 9. 16,028 12,435 -3,593 Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 12. Total revenue. Add lines 1 through 11 192,938 274,046 12. 81,108 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 33,704 -33,704 15. 16. Salaries, other compensation, and employee benefits 16. 4,358 34,804 30,446 17. Professional fundraising fees 17. 18. Other professional fees 1,300 18. 13,830 12,530 19. Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion 20. 546 546 21. Other expenses 141,521 147,775 6,254 21. 196,955 22. Total expenses. Add lines 13 through 21 22. 181,429 15,526 11,509 23. Excess or (Deficit). Subtract line 22 from line 12 23. 77,091 65,582 24. Total exempt revenue 192,938 274,046 81,108 24. 25. Total unrelated revenue 25. 26. Total excludable revenue 58,462 141,253 82,791 26.

27.

28.

29.

30.

31.

32.

27. Total assets

30. Number of voting members of governing body

31. Number of independent voting members of governing body

32. Number of employees

29. Retained earnings

28. Total liabilities

33. Number of volunteers

435,999

429,999

14

14

2

6,000

522,040

505,480

14

13

16,560

86,041

10,560

75,481

Form <b>990</b>		Тах В	Tax Return History			2016
Name AMERICAN LEGION AUXI DEPARTMENT OF OREGON	LEGION AUXILIARY, NT OF OREGON				Employer 93 – (	Employer Identification Number 93-0112193
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				59,594	61,602	
Membership dues				74,882	71,191	
Program service revenue				42,326	128,522	
Capital gain or loss						
Investment income				108	296	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				16,028	12,435	
Total revenue				192,938	274,046	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				33,704		
Other compensation				4,358	34,804	
Professional fees				1,300	13,830	
Occupancy costs						
Depreciation and depletion				546	546	
Other expenses				141,521	147,775	
Total expenses				181,429	4	
Excess or (Deficit)				11,509	77,091	
Total exempt revenue				192,938	274,046	
Total unrelated revenue						
				58,462	141,253	
Total Assets				435,999	522,040	
Total Liabilities				6,000	16,560	
Net Fund Balances				429,999	505,480	

93-0112193		F	ederal Stat	ements	1		
		Taxa	ble Interest on	Investme	nts		
Descript	ion						
		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME					-		
	\$	296		25			
TOTAL	\$	296					

93-0112193	Federal St	Statements		
ta l	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	· Fees for Service (Non-€	employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
BOOKKEEPING TOTAL	\$ 7,430	\$ \$	\$ 7,430 \$ 7,430	\$ \$
	Form 990, Part IX, Line 2	Part IX, Line 24e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
OREGON LEGIONNAIRE PRINTING DONATIONS AWARDS TELEPHONE	\$ 5,820 2,480 1,403 1,079 586	1,403	5,820 2,480 1,079	w
OTHER EXPENSE TOTAL	\$ 11,754	\$ 1,403	\$ 10,351	\$