

CASEY, MENDEN, FAUST & NELSON, PA
7900 WEST 78TH STREET, SUITE 450
EDINA, MN 55439

DECEMBER 26, 2019

AMERICAN LEGION AUXILIARY, DEPT. OF
MINNESOTA
20 W 12TH NO. 314
ST. PAUL, MN 55155

AMERICAN LEGION AUXILIARY, DEPT. OF MINNESOTA:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN
FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE
PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED
TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT
INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE
PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE
TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE
USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

SCOTT M. CALLAHAN
CERTIFIED PUBLIC ACCOUNTANT

EXTENDED TO JUNE 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **AUG 1, 2018** and ending **JUL 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN LEGION AUXILIARY, DEPT. OF MINNESOTA		D Employer identification number 41-0121904
	Doing business as		E Telephone number (651) 224-7634
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	20 W 12TH		314
City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55155			
F Name and address of principal officer: SANDIE DEUTSCH SAME AS C ABOVE			
G Gross receipts \$ 1,179,781.			
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," attach a list. (see instructions)			
H(c) Group exemption number ▶ 0964			
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (19) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MNALA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1922
M State of legal domicile: MN			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT LOCAL AND NATIONAL UNITS AND DESIGNATED ACTIVITIES OF VETERANS AND THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 3
	6	Total number of volunteers (estimate if necessary)	6 31326
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 736,903. Current Year 780,812.
	9	Program service revenue (Part VIII, line 2g)	198,255. 185,964.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,916. 108,056.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,539. 104,949.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,182,613. 1,179,781.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	195,530. 187,597.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	950,327. 969,027.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,149,857. 1,164,624.	
19	Revenue less expenses. Subtract line 18 from line 12	32,756. 15,157.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,498,687. End of Year 2,425,228.
	21	Total liabilities (Part X, line 26)	195,812. 74,287.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,302,875. 2,350,941.

Part II Signature Block

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	Signature of officer		Date	
	SANDIE DEUTSCH, DEPT. EXECUTIVE SECRETARY Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SCOTT M. CALLAHAN	Preparer's signature SCOTT M. CALLAHAN	Date 12/26/19	Check <input type="checkbox"/> if self-employed PTIN P00871234
	Firm's name ▶ CASEY, MENDEN, FAUST & NELSON, PA			Firm's EIN ▶ 41-1535741
Firm's address ▶ 7900 WEST 78TH STREET, SUITE 450 EDINA, MN 55439-2586			Phone no. 952-946-7900	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No