

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990-EZ

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

2021

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

B Check if applicable: C Name of organization AMERICAN LEGION NATIONAL CONVENTION CORPORATION D Employer identification number 27-3857264 E Telephone number 866-259-9163 F Group Exemption Number G Accounting Method: X Accrual I Website: WWW.MNLEGION.ORG J Tax-exempt status (check only one) - X 501(c)(19) K Form of organization: X Corporation 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 260.

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 X

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total is 260, Expenses total is 735, and Net Assets total is 94,293.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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	94,768.	22	94,293.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 <b>Total assets</b>	94,768.	25	94,293.
26 <b>Total liabilities</b> (describe in Schedule O)	0.	26	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	94,768.	27	94,293.

**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  **Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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.

28 <b>SEE SCHEDULE O</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)		32	

**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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFFREY OLSON PRESIDENT	2.00	0.	0.	0.
LYNNE NOTTAGE VICE PRESIDENT	2.00	0.	0.	0.
DAN WILLIAMS VICE PRESIDENT	2.00	0.	0.	0.
RANDY TESDAHL SECRETARY	2.00	0.	0.	0.
WILLIAM B. GOEDE TREASURER	2.00	0.	0.	0.
MIKE ASH BOARD MEMBER	2.00	0.	0.	0.
TERESA ASH BOARD MEMBER	2.00	0.	0.	0.
ROGER BALL BOARD MEMBER	2.00	0.	0.	0.
JOE BAYER BOARD MEMBER	2.00	0.	0.	0.
JIM COPHER BOARD MEMBER	2.00	0.	0.	0.
RAY DEZURIK BOARD MEMBER	2.00	0.	0.	0.
TOM LANNON BOARD MEMBER	2.00	0.	0.	0.

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**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 Sch. O to respond to any question in this Part V

		Yes	No
<b>33</b> 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 .....	<b>33</b>		<b>X</b>
<b>34</b> 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 .....	<b>34</b>		<b>X</b>
<b>35a</b> 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)? .....	<b>35a</b>		<b>X</b>
<b>b</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 .....	<b>35b</b>	N/A	
<b>c</b> 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 .....	<b>35c</b>		<b>X</b>
<b>36</b> 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 .....	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ..... <b>37a</b> 0.			
<b>b</b> Did the organization file Form 1120-POL for this year? .....	<b>37b</b>		<b>X</b>
<b>38a</b> 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? .....	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved .....	<b>38b</b>	N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>			
<b>b</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 .....	<b>40b</b>	N/A	
<b>c</b> 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 .....		N/A	
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		N/A	
<b>e</b> 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 .....	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>MN</b>			
<b>42a</b> The organization's books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>866-259-9163</b> Located at <b>20-12TH STREET W., ROOM 300A, SAINT PAUL, MN</b> ZIP + 4 <b>55155</b>			
<b>b</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)? .....	<b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country .....			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? .....	<b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country .....			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ..... <b>43</b> N/A			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44a</b>		<b>X</b>
<b>b</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 .....	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>45a</b>		<b>X</b>
<b>b</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 .....	<b>45b</b>		

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**AMERICAN LEGION NATIONAL CONVENTION CORPORATION**

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

**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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>47</b>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b>		
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>49b</b>		

**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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

**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." **N/A**

(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.

<b>Sign Here</b>	Signature of officer <b>WILLIAM GOEDE, TREASURER</b> Type or print name and title	Date _____
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN TAUER</b>	Preparer's signature <b>JOHN TAUER</b>	Date <b>02/09/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00294068</b>
	Firm's name <b>▶ CLIFTONLARSONALLEN LLP</b>			Firm's EIN <b>▶ 41-0746749</b>	
	Firm's address <b>▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>			Phone no. <b>612-376-4500</b>	

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

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

AMERICAN LEGION NATIONAL CONVENTION  
CORPORATION

Employer identification number  
27-3857264

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

260.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE SOCIAL WELFARE,  
RECREATIONAL ACTIVITES, AND PROVIDE PROGRAMS TO PERPETUATE THE MEMORY  
OF VETERANS.

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE ORGANIZATION ASSISTED THE AMERICAN LEGION DEPARTMENT  
OF MINNESOTA IN THE DEVELOPMENT AND PRESENTATION OF THE  
100TH ANNUAL NATIONAL CONVENTION OF THE AMERICAN LEGION,  
WHICH WAS HELD IN MINNESOTA IN 2018. APPROXIMATELY 9,268 MEMBERS AND  
GUESTS ATTENDED THE CONVENTION.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

