			**PUBLIC DISCLOSUR		DPY*	*							
	~		Short Form						OMB No. 1545-0047				
Forn	n 93	90-E	Return of Organization Exemp	ot Fr	om	Income	Ta	X	2024				
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve	enue C	ode (e	xcept private	found	ations	, 2021				
			Do not enter social security numbers on this for	orm, as	it may	be made put	olic.		Open to Public				
		t of the Treasu /enue Service	▶ Go to www.irs.gov/Form990EZ for instruction	is and	the lat	est informatio	on.		Inspection				
			ndar year, or tax year beginning OCT 1, 2021		and e	ndina SE	РЗ	0, 2	2022				
BC	Check i	if	C Name of organization		und o				lentification number				
		ress change	AMERICAN LEGION NATIONAL CONVENTI	ON									
	5	ne change	CORPORATION	011			2	7-38	357264				
									E Telephone number				
	Fina	I return/ ninated	20-12TH STREET W., ROOM 300A				8	66-2	259-9163				
	Ame	ended return	City or town, state or province, country, and ZIP or foreign postal code			•	F Gro	oup Exen	nption				
	Appli	cation pending	SAINT PAUL, MN 55155				Nu	mber 🕨					
G A	Accou	nting Metho	od: Cash _ X Accrual Other (specify) ▶				H Che	eck 🕨	X if the organization is				
I 1	Vebsi	ite: 🕨 🞹	WW.MNLEGION.ORG				not	require	d to attach Schedule B				
<u>J</u> 1	ax-ex	xempt statu	s (check only one) $-$ 501(c)(3) X 501(c) (19) (insert no.)	49	947(a)(1) or 📃 527	(Fo	rm 990)					
		of organizat		Other									
L A	Add lir	nes 5b, 6c, a	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	or more,	or if tot	al assets (Part I	l,						
			500,000 or more, file Form 990 instead of Form 990-EZ	Dala		·····		► <u>\$</u>	260.				
Pa	art I		nue, Expenses, and Changes in Net Assets or Fund			,			,				
			f the organization used Schedule O to respond to any question in this Part I						X				
	1		ons, gifts, grants, and similar amounts received					1					
	2		service revenue including government fees and contracts					2					
	3	Members	hip dues and assessments	ים מי	ОЦБІ			3	260.				
	4		nt income SI	1	<u>спе</u> і 			4	200.				
	5a		ount from sale of assets other than inventory					-					
	b		t or other basis and sales expenses					50					
	6 C		bss) from sale of assets other than inventory (subtract line 5b from line 5a) nd fundraising events:					5c					
	a	•	ome from gaming (attach Schedule G if greater than										
anı	^a	\$15,000)		6a									
Revenue	Ь	. , ,	ome from fundraising events (not including \$		ntributio	ons							
å	⁻		raising events reported on line 1) (attach Schedule G if the sum of such	_									
			ome and contributions exceeds \$15,000)	6b									
	c	-	ct expenses from gaming and fundraising events	6c									
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract li	ne 6c)			6d					
	7a		es of inventory, less returns and allowances										
	b	Less: cost	t of goods sold	7b									
	c		fit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c					
	8		enue (describe in Schedule O)					8					
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	260.				
	10		d similar amounts paid (list in Schedule O)					10 11					
	11	Benefits p	aid to or for members	d to or for members									
ses	12		other compensation, and employee benefits		12	735.							
Expenses	13		nal fees and other payments to independent contractors		13 14	100.							
БХр	14	Occupanc Drinting r	rent, utilities, and maintenance										
_	15 16		plications, postage, and shipping										
	17								735.				
	18		es. Add lines 10 through 16 eficit) for the year (subtract line 17 from line 9)						-475.				
ets	19		s or fund balances at beginning of year (from line 37, column (A))		18								
Net Assets			ee with end-of-year figure reported on prior year's return)					19	94,768.				
et /	20		nges in net assets or fund balances (explain in Schedule O)					20	0.				
z	21							21	94,293.				
LHA	A Fo	r Paperworl	Reduction Act Notice, see the separate instructions.						Form 990-EZ (2021)				

	CONVENTION		~ ~ ~ ~			
Form 990-EZ (2021) CORPORATION			27-38	5726	54	Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to res				/D) [r		
		A) Beginning of year		(B) EI	nd of yea	
22 Cash, savings, and investments		94,768			94,	293.
23 Land and buildings			23			
24 Other assets (describe in Schedule 0)		04 760	24		0.4	000
25 Total assets		94,768			94,	<u>293.</u>
26 Total liabilities (describe in Schedule 0)		0			0.4	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21 Part III Statement of Program Service Accomplishme		94,768	• 27			293.
		,			penses for sectio	n
Check if the organization used Schedule O to res		in this Part III			and 501(
What is the organization's primary exempt purpose? SEE SCHEDULE ()				ns; optio	nal for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		In a clear and concise	othe	ers.)		
	auon for each program uue.					
28 SEE SCHEDULE O						
(Grants \$) If this amount includes foreign	grants, check here		28a			
29						
(Grants \$) If this amount includes foreign	grants, check here	►	29a			
30						
(Grants \$) If this amount includes foreign	grants, check here		30a			
31 Other program services (describe in Schedule O)						
(Grants \$) If this amount includes foreign	grants, check here		31a			
32 Total program service expenses (add lines 28a through 31a)						
			► 32			
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one er	ven if not compensated - s	32 see the instruc	tions for	Part IV)	
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each one er	ven if not compensated - s	32 see the instruc	tions for	Part IV)	X
	pond to any question (b) Average hours	ven if not compensated - s in this Part IV (C) Reportable	ee the instruc	enefits,	Part IV) (e) Est	
	mployees (list each one er pond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health be contribution employee b	enefits, ns to enefit	(e) Est amount	imated of other
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AMERICAN LEGION NATIONAL CONVENTION

Forn	1990-EZ (2021) CORPORATION 27-3857			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements		;	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part \	/	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a				
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
D	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 user or did it argues in an excess banefit transaction in a prior user that has not been repeated on any			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	z
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400	11/	
6	$T = \frac{1}{2}$			
h	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \square N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed \blacktriangleright MN			
42 a	The organization's books are in care of THE ORGANIZATION Telephone no. > 866-25	9-9:	163	
	Located at ► 20-12TH STREET W., ROOM 300A, SAINT PAUL, MN ZIP+4 ► 5			
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		Yes	No
	account)?	42b		X
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
		ſ	Vaa	No
			res	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44-		x
	Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44		v
-	of Form 990-EZ	44b		X X
	Did the organization receive any payments for indoor tanning services during the year?	44c		
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	444		
1E e	in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	чJd		
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
			90-F7	(2021)
				(·)

132173 12-08-21

Form	n 990-EZ (2	D21) CORPORA	FION						27-38	85726	54	Page 4
											Ye	s No
46	Did the or	ganization engage, directly o	r indirectly, in poli	tical campaign activities	s on behalf of or	in oppositio	on to candi	dates for pu	Iblic office	?		
	If "Yes," co	mplete Schedule C, Part I								4	6	X
Pa	art VI 🤤	Section 501(c)(3) Or	rganizations	Only								
	A	All section 501(c)(3) organ	nizations must ar	nswer questions 47-4	19b and 52, ar	nd complete	e the tabl	es for lines	50 and \$	51.		
	(Check if the organization	used Schedule (O to respond to any	question in thi	s Part VI						
											Ye	s No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?											
	lf "Yes," co	mplete Sch. C, Part II								4	7	
48	Is the orga	inization a school as describ	ed in section 170(b)(1)(A)(ii)? If "Yes," co	If "Yes," complete Schedule E						8	
49 a	Did the or	ganization make any transfer	rs to an exempt no	n-charitable related org	l organization?					4	9a	
b	b If "Yes," was the related organization a section 527 organization?							4	9b			
50	Complete	this table for the organizatio	n's five highest co	mpensated employees	(other than offic	ers, director	s, trustees	, and key er	nployees)	who each	received	l more
	than \$100	,000 of compensation from t	the organization. If	there is none, enter "N	one."		_		-			
		(a) Name and title o	of each employee		(b) Averag		(C) R	eportable	(d) Health contribut	iono to	(e) Est	
		per week devoted to w-2/1099-					099-MISC/	employee plans, and	e benefit	amount		
			N/A		posit	109	1099-NEC)		Isation	compe	Isation	
							_					
			• • • • • • •									
		ber of other employees paid				▶						
51		this table for the organizatio	/-	mpensated independen	t contractors wh	10 each recei	ived more	than \$100,0	00 of com	pensatio	n from th	е
		on. If there is none, enter "No								() 0		
	(a) Na	ame and business address o	f each independen	t contractor		(D) Type of s	service		(C) Co	mpensat	ion
	Total num	ber of other independent cor	ntractors each rece	aiving over \$100.000								
		ganization complete Schedul		-	tions must attai	rh a						
		· · · · ·				Jinu					Yes	No
Unde		of perjury, I declare that I ha				iles and state	ements ar	id to the bes	st of my kr			
	-	d complete. Declaration of p								lomougo		,, 10
						innen propa	i or nuo un	j mienieug				
Sig	ın 🛛	Signature of officer Date										
He	re 📘	WILLIAM GOEI	DE, TREAS	SURER								
		Type or print name and title	, 									
	I	Print/Type preparer's name	e	Preparer's signature		Date		Check	if P	TIN		
Pai	d			,				self- emplo	yed			
		JOHN TAUER		JOHN TAUER		02/09	9/23			P0029	9406	8
	parer	Firm's name CLIF'						Firm's EIN				
US	e Only	Firm's address ► 220			TE 300			Phone no.	64.0	-376-		0
				, MN 55402								
Мау	the IRS dis	cuss this return with the pre								► X	Yes	No

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 for the latest information. AMERICAN LEGION NATIONAL CONVENTION

Open to Public Inspection Employer identification number

27 - 3857264

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

CORPORATION

DESCRIPTION OF PROPERTY:

INTEREST INCOME

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

TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. OR INDIRECTLY,

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

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260.

OMB No. 1545-0047

Name of the organization AMERICAN LEGION N CORPORATION	Employer identification number $27 - 3857264$				
Part IV List of Officers, Directors, Trustees, and	Key Employees. List each one	even if not compensated. (see the instructions fo	r Part IV.)	
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	I	
DAN LUDWIG					
BOARD MEMBER	2.00	0.	0.	0.	
ROGER K. OLSON					
BOARD MEMBER	2.00	0.	0.	0.	
ROBIN PICRAY					
BOARD MEMBER	2.00	0.	0.	0.	
MARLAND RONNING	2.00		0		
BOARD MEMBER	2.00	0.	0.	0.	
LARRY RYAN BOARD MEMBER	2 00	0.	0		
	2.00	0.	0.	0.	
TOM SCHOTTENBAUER	2 00	0.	0		
BOARD MEMBER	2.00	U•	0.	0.	
DONALD R SCHROEDL BOARD MEMBER	2.00	0.	0.	0.	
DON WALSER	2.00			U•	
BOARD MEMBER	2.00	0.	0.	0.	
BOARD MEMBER	2.00	0.	0.	0.	
132471 11-18-21			Schedu	le O (Form 990)	