



CliftonLarsonAllen LLP  
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**AMERICAN LEGION FAMILY HOSPITAL  
ASSOCIATION**

**FORM 990-N INCOME TAX RETURN**

**FOR YEAR ENDED JULY 31, 2023**

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 08/01/2022 and ending 07/31/2023

Organization's legal name  
**AMERICAN LEGION FAMILY HOSPITAL  
ASSOCIATION**

Employer ID number  
41-0694680

Other names used by organization (DBA)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number and street (or P.O. box, if applicable)  
20 W. 12TH ST.

Room/Suite  
300A

Telephone number  
(651) 291-1800

City or town, state or country and ZIP + 4  
ST. PAUL, MN 55155

Web address, if applicable WWW.MNLEGION.ORG

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year .....

Check if organization is terminating (going out of business) .....

**Information regarding principal officer:**

Name  
ROBERT BRISTO

Street address  
20 W. 12TH ST., 300A

City, state or country and ZIP + 4  
ST. PAUL, MN 55155

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

www.ag.state.mn.us/charity

**SECTION A: Organization Information**

Legal Name of Organization AMERICAN LEGION FAMILY HOSPITAL

Federal EIN: 41-0694680

Fiscal Year-End: 07312023  
mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

<b>Mailing Address:</b> <u>RACHAEL HILL</u> Contact Person <u>20 W. 12TH ST., NO. 300A</u> Street Address <u>ST. PAUL, MN 55155</u> City, State, and ZIP Code <u>651-291-1800</u> Phone Number <u>RHILL@MNLEGION.ORG</u> Email Address	<b>Physical Address:</b> <u>RACHAEL HILL</u> Contact Person <u>20 W. 12TH ST., NO. 300A</u> Street Address <u>ST. PAUL, MN 55155</u> City, State, and ZIP Code <u>651-291-1800</u> Phone Number <u>RHILL@MNLEGION.ORG</u> Email Address
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1. Organization's website: WWW.MNLEGION.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_  Alternate  Former  
\_\_\_\_\_  Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION  
\_\_\_\_\_

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 10,448.

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf?  Yes  No  
If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No  
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.  
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$	<u>10,448.</u>	1
2. Government Grants	\$	<u>                    </u>	2
3. Program Service Revenue	\$	<u>23,596.</u>	3
4. Other Revenue	\$	<u>5,406.</u>	4
5. <b>TOTAL INCOME</b>	\$	<u>39,450.</u>	5

**EXPENSES**

6. Program Expenses	\$	<u>28,335.</u>	6
7. Management & General Expenses	\$	<u>7,668.</u>	7
8. Fund-raising Expenses	\$	<u>                    </u>	8
9. <b>TOTAL EXPENSES</b>	\$	<u>36,003.</u>	9
10. <b>EXCESS or DEFICIT</b>	\$	<u>3,447.</u>	10

(Line 5 minus Line 9)

**ASSETS**

11. Cash	\$	<u>156,462.</u>	11
12. Land, Buildings & Equipment	\$	<u>                    </u>	12
13. Other Assets	\$	<u>                    </u>	13
14. <b>TOTAL ASSETS</b>	\$	<u>156,462.</u>	14

**LIABILITIES**

15. Accounts Payable	\$	<u>                    </u>	15
16. Grants Payable	\$	<u>                    </u>	16
17. Other Liabilities	\$	<u>                    </u>	17
18. <b>TOTAL LIABILITIES</b>	\$	<u>                    </u>	18

**FUND BALANCE/NET WORTH**

	\$	<u>156,462.</u>	
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(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members	28,335.	28,335.		
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting	4,120.		4,120.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other	1,350.		1,350.	
12. Advertising and promotion				
13. Office expenses	1,409.		1,409.	
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel	662.		662.	
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	127.		127.	
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d	36,003.	28,335.	7,668.	
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				