Form <b>8868</b> (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Form 7004 to request an extension of time to file incom	ie tax retur	ns.			
	dentification			<b>T</b>		
Type or	Name of exempt organization, employer, or other file	r, see instru	actions.	Taxpayer	identification	number (TIN)
Print	MINNESOTA AMERICAN LEGION F		TON		41-167	7143
File by the	Number, street, and room or suite no. If a P.O. box, s				41 107	/145
due date for filing your	20 WEST 12TH ST, 300A		10115.			
return. See instructions.		oreign addi	ress see instructions			
	ST. PAUL, MN 55155	oroigir addi				
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	20 (individual)	03	Form 5227			10
Form 990	)-PF	04	Form 6069			11
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	)-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	I1-A	08				
<ul> <li>After yo</li> </ul>	ou enter your Return Code, complete either Part II or Par	rt III. Part II	I, including signature, is applicable c	only for an	extension of	
time to fil	e Form 5330.					
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	/ou must e	nter the following information.			
Pla	n Name					
Pla	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	nizations (s	see instructions)			
The bo	boks are in the care of RACHAEL HILL	2007		E		
<b>-</b> · ·	20 WEST 12TH ST, none No. 651-291-1800	300A	- ST PAUL, MN 5515	00		
-		- (- 4) 1 (-)	Fax No.			
	organization does not have an office or place of business					
box	is for a Group Return, enter the organization's four-digit	_				
	quest an automatic 6-month extension of time until A		1 - 0 -		pt organizatio	
	e organization named above. The extension is for the org				ipt organizatio	metumio
	calendar year 20 or	anization s	return for.			
X		20	2.3, and ending	SEP 3	0	, 20 <b>24</b>
		, 20	, and origing		• .	, , 20 <u></u>
2 lft	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period			i inai i otai		
3a lftl	his application is for Forms 990-PF, 990-T, 4720, or 6069	), enter the	tentative tax, less			
	/ nonrefundable credits. See instructions.	,		3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any	refundable credits and			
	imated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

nternal Rev		Under postion E01(a) E07 or 4047(a)(4) of the Internal Devices	Code /arr		2022				
nternal Rev		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form a			<b>LULJ</b> Open to Public				
1 Earth	of the Treasury renue Service	Go to www.irs.gov/Form990 for instructions and	the latest i	nformation.	Inspection				
A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024									
B Check if applicat	f <b>C</b> Name of	organization		D Employer identificat	tion number				
Addr									
chan		ESOTA AMERICAN LEGION FOUNDATION			, ,				
chan	nge Doing bi	usiness as	Den ser la cita	41-1677143	5				
Final Final	20 W	and street (or P.O. box if mail is not delivered to street address) EST 12TH ST	Room/suite	E Telephone number 651-291-18	300				
termi ated	in- City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,714,025.				
retur		PAUL, MN 55155		H(a) Is this a group retu	rn				
Appli tion pend		nd address of principal officer: LLOYD RICKER		for subordinates?	Yes X No				
	SAME	AS C ABOVE		H(b) Are all subordinates inclu-	ded? Yes No				
	xempt status:		or 527	- '					
J Webs		MNLEGION.ORG		H(c) Group exemption r					
K Form of <b>Part I</b>	of organization: [ Summarv	X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990 M S	itate of legal domicile <b>: MN</b>				
-			0.01134111						
ຍ 1		e the organization's mission or most significant activities: $\underline{TO}$ A S FOR MINNESOTA VETERANS AND THEIR			O FOND				
Governance 5 C	Check this bo								
2 xern					8				
ο <sup>6</sup> <sup>3</sup> <sup>4</sup>		voting members of the governing body (Part VI, line 1a)       3         ndependent voting members of the governing body (Part VI, line 1b)       4							
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)5							
6 itie		of volunteers (estimate if necessary)			0				
>		d business revenue from Part VIII, column (C), line 12			0.				
¥ t		business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
8	Contributions	and grants (Part VIII, line 1h)		663,751.	523,189.				
Bevenue 9 10		ce revenue (Part VIII, line 2g)		0.	0.				
a 10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		19,803.	50,944.				
<sup>m</sup>   11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		620.	968.				
12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		684,174.	575,101.				
13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		282,341.	205,862.				
14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.				
ທ 15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
u 16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.				
XI		ng expenses (Part IX, column (D), line 25)	0.						
비 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		449,283.	280,548.				
18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		731,624.	486,410.				
19	Revenue less	expenses. Subtract line 18 from line 12		-47,450.	88,691.				
d Balances d Balances				eginning of Current Year	End of Year				
02 Bala	Total assets (F			1,850,661.	1,971,578.				
5 d		(Part X, line 26)		1,848,540.	0. 1,971,578.				
<u>≍∃ 22</u> Part II		fund balances. Subtract line 21 from line 20		1,040,340.	т,э/т,э/б.				
		I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the heat of my lim	owledge and balief it is				
		Declaration of preparer (other than officer) is based on all information of w			owieuye and beller, it is				

Sign Here	Signature of officer  LLOYD RICKER, PRESIDENT  Type or print name and title  Signed by:  Signed by: S	Date	3/18/2025					
Paid Preparer	AMANDA SYKORA AMANDA SYKORA	Date Check 03/03/25 self-employed Firm's EIN 41	PTIN P01607123					
Preparer         Firm's name         CLIFTONLARSONALLEN         LLP         Firm's EIN         41-074           Use Only         Firm's address         220         S         6TH         STREET,         SUITE         300           MINNEAPOLIS,         MN         55402         Phone no.612-376								
May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No         LHA       For Paperwork Reduction Act Notice, see the separate instructions.       332001 12-21-23       Form 990 (2023)								

	1 990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION	41-1677143	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: <u>TO ACCUMULATE A TRUST TO FUND PROGRAMS FOR MINNESOTA VET</u>		
	THEIR FAMILIES NOT ALREADY FUNDED FROM TRADITIONAL REVEN	WE SOURCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		ıd
4a	(Code:) (Expenses \$473,630 ·including grants of \$205,862 ·) (Reve	enue \$	0.)
	FUNDING FOR PROGRAMS THAT SERVE MINNESOTA VETERANS AND T		
	THAT ARE NOT ALREADY FUNDED FROM TRADITIONAL REVENUE SOU	JRCES.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve		)
-10		inde \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	inue \$	)
4d	Other program services (Describe on Schedule O.)		
4	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     473,630.	)	
4e	Total program service expenses473,630.	Q	90 (2023)
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Form	990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION 41-1677	143	Р	age <b>3</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1.10
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
4	Section 501(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	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
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 I	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8		X X
9	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	14b		X
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			

х Form 990 (2023)

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20a

20b

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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 any domestic organization or

Form	1 990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION 41-1677 rt IV Checklist of Required Schedules (continued)	143	Р	age <b>4</b>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
33	Schedule N, Part II	32		- 23
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
07	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ĺ
332004	4 12-21-23 F	Form	990	(2023)

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Form	990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION 41-1677	143	P	<sub>age</sub> 5		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_		
			Yes	No		
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 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		Х		
b	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 (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>				
6a	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?	<u>6a</u>		X		
b	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).					
а	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		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
f						
g						
-						
8						
-	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				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-				
		1				
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a					
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1	-				
b	amounts due or received from them.) <b>11b</b>					
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	<b>Note:</b> 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					
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

6 2023.05060 MINNESOTA AMERICAN LEGION A4867601

Form **990** (2023)

113

# Form 990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION 41-1677143 Page 6 Part VI 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 on Schedule O. See instructions.

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b	Х	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:			
а	The governing body?			Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	N
)a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		<u>10b</u>		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? <b>11a</b>		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		12c		
3	Did the organization have a written whistleblower policy?		13		X
ŀ	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
àa	bid the organization invest in, contribute assets to, or participate in a joint venture or similar analygen		16a		X
)a	taxable entity during the year?		<u>IUa</u>		
	taxable entity during the year?	e its participation			
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation zation's	16b		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	e its participation zation's			
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements?	e its participation zation's			
b eC	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? tion C. Disclosure	e its participation zation's	16b	availal	ble
b eC	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>MN</u>	e its participation zation's	16b	availat	ble
b eC	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	e its participation zation's	16b	availal	ble
b eC	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	e its participation zation's d 990-T (section 501( on Schedule O)	<b>16b</b> c)(3)s only)		ble
b	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed MN         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website X       Upon request Other (explain)	e its participation zation's d 990-T (section 501( on Schedule O)	<b>16b</b> c)(3)s only)		ble
b PC	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	e its participation zation's d 990-T (section 501( on Schedule O) nflict of interest policy	<b>16b</b> c)(3)s only)		ble
b eC 7 3	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website Another's website <u>X</u> Upon request Other <i>(explain)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conditate statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo <b>RACHAEL HILL - 651-291-1800</b>	e its participation zation's d 990-T (section 501( on Schedule O) nflict of interest policy	<b>16b</b> c)(3)s only)		ble
b ec	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	e its participation zation's d 990-T (section 501( on Schedule O) nflict of interest policy	<b>16b</b> c)(3)s only)		ble

Form 990 (2023) MINNESOTA									41-1677	143 <sub>Page</sub> 7
Employees, and Independer				з, г	ιсу		ipi	byees, mgnest oo	Inpensated	
Check if Schedule O contains a resp				in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key										
<ul> <li>1a Complete this table for all persons required to</li> <li>List all of the organization's current officers</li> <li>Enter -0- in columns (D), (E), and (F) if no compension</li> </ul>	be listed. Rep s, directors, tru	ort ( istee	com	pens	satio	on fo	or the	e calendar year ending v		
<ul> <li>List all of the organization's current key en</li> <li>List the organization's five current highest of who received reportable compensation (box 5 of \$100,000 from the organization and any related of</li> </ul>	ompensated e Form W-2, box	mple	oyee	s (o	ther	thar	n an	officer, director, trustee	, or key employee)	
<ul> <li>List all of the organization's former officers reportable compensation from the organization an</li> <li>List all of the organization's former director more than \$10,000 of reportable compensation fr See the instructions for the order in which to list the order in which the order in which to list the order in which the o</li></ul>	nd any related ors or trustees om the organiz	orga tha zatic	aniza t rec on ar	tion eive	is. ed, ir	n the	ecap	pacity as a former direct		
Check this box if neither the organization n	•			tion	con	nner	nsate	ed any current officer di	rector or trustee	
(A)	(B)	J. ga			<u>C)</u>	1001		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per week	box	not c , unle cer ar	ss pe	rson i	is botl	n an	compensation	compensation from related	amount of other
	(list any	director						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LLOYD RICKER	2.00	_		0	×	<u> </u>	ш			
PRESIDENT		х		x				0.	0.	0.
(2) BRUCE KOTTOM	2.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) WAYNE HAMMON JR	1.00									
SECRETARY		х		х				0.	0.	0.
(4) ROGER MYREN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) RYAN HILL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PAUL HASSING	1.00									
DEPARTMENT COMMANDER		Х						0.	0.	0.
(7) TOM FERNLUND	1.00									
PAST COMMANDER		Х						0.	0.	0.
(8) GREG COLBY	1.00									
LEGAL COUNSEL		Х						0.	0.	0.
						-				
		ŀ								

Form **990** (2023)

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	990 (2023) MINNESOTA	A AMERIC	'AN	[ L	EG	IO	N	FO	UNDATION	41-1	6771	L <b>4</b> 3	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F	·)
	Name and title	Average	(10			ition			Reportable	Reportable		Estim	ated
		hours per	box,	not ch , unles	s per	son i	is both	an	compensation	compensatio	on	amou	int of
		week	offic	cer and	d a di	irecto	or/trus	tee)	from	from relate	d b	oth	ner
		(list any	ctor						the	organizatior	is 🛛	comper	nsation
		hours for	r dire				eq		organization	(W-2/1099-MI	SC/	from	the
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC	)	organi	zation
		organizations	l trus	nal tr		oyee	dwo		1099-NEC)			and re	elated
		below	Individual trustee or director	Institutional trustee	cer	em pl	nest o	Former				organiz	ations
		line)	Indi	Inst	Officer	Key	Highest compensated employee	Forr					
							-						
						<u> </u>							
							<u> </u>						
46	Cubtotol								0.		0.		0.
	Subtotal								0.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								-				0.
	Total number of individuals (including but n	ot limited to th	ose	listed	d ab	ove	e) wh	o re	eceived more than \$100,	,000 of reportabl	е		~
	compensation from the organization												0
											ſ	Ye	es No
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	),000? If "Yes.	" со	mple	te S	Sche	edule	J f	or such individual			4	X
	Did any person listed on line 1a receive or a										····· [		
	rendered to the organization? If "Yes." com											5	X
	on B. Independent Contractors		2070	JI SU		5013	011 .						
	Complete this table for your five highest co	mnensated ind	ana	ndon		ontra	actor	e th	nat received more than 4	100 000 of com	noneat	ion from	
											pensat		
	the organization. Report compensation for	ine calendar ye	eare	nain	gw		JIWI			ear.		(0)	
	(A) Name and business	address	NIC	אדד					<b>(B)</b> Description of s	envices	C	(C) ompensa	tion
		2001033	INC	ONE				_	Description of a		0	Shipense	
											1		
								$\rightarrow$					
	Total number of independent contendent for		<b>at</b> 1:	nitori	+ *								
	Total number of independent contractors (ii \$100,000 of compensation from the organia		ot lin	nited	tot	thos		ted	above) who received m	ore than			

332008 12-21-23

			2023) MINNESOTA AME	RICAN LEO	GION FOUNDA	ATION	41-1677	143 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
<i>6</i> 6	4	~	Federated campaigns 1a					
ant; Ints								
ig 5			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
lar Gif			Related organizations 1d					
ini,			Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	523,189.				
d Tr		g	Noncash contributions included in lines 1a-1f					
aŭ		h	Total. Add lines 1a-1f		523,189.			
				Business Code				
đ	2	а						
Program Service Revenue	-	b						
Ser		c						
ž a								
Be		d						
ŗ		e						
ш.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		39,521.			39,521.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory $7a$ 1,150,347.					
		h	Less: cost or other basis					
ø		D						
evenue								
eve -					11 402			11 402
Å			Net gain or (loss)		11,423.			11,423.
Other R	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	·				
	10		Gross sales of inventory, less returns					
	10	u	and allowances <u>10</u>					
		L						
			J					
		С	Net income or (loss) from sales of inventory					
S				Business Code				
e le	11	а	OTHER INCOME	900099	968.			968.
enr		b						
tev		С						
Miscellaneous Revenue		d	All other revenue					
-		е	Total. Add lines 11a-11d		968.			
	12		Total revenue. See instructions		575,101.	٥.	0.	51,912.
332009	9 12	-21-						Form <b>990</b> (2023)

#### MINNESOTA AMERICAN LEGION FOUNDATION Form 990 (2023) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	50 501	F0 F01		
	and domestic governments. See Part IV, line 21	52,521.	52,521.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	153,341.	153,341.		
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,				
~	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 0	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9					
9 10	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
ıı a	Management				
b	Legal				
c	Accounting	3,828.		3,828.	
d	Lobbying			.,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	1,000.		1,000.	
12	Advertising and promotion				
13	Office expenses	2,116.		2,116.	
14	Information technology			-	
15	Royalties				
16	Occupancy				
17	Travel	3,119.		3,119.	
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	2,717.		2,717.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOYS STATE PROGRAM	87,050.	87,050.		
b	BASEBALL FUND EXPENSE	80,463.	80,463.		
c	GIRLS FASTPITCH SOFTBAL	18,603.	18,603.		
d	PHEASANT DINNER FUND EX	16,799.	16,799.		
е	All other expenses	64,853.	64,853.		
25	Total functional expenses. Add lines 1 through 24e	486,410.	473,630.	12,780.	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)				

#### MINNESOTA AMERICAN LEGION FOUNDATION 41-1677143 Page 11 Form 990 (2023) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 256,211. 353,010. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 1,585,226. 1,611,763. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 9,224. 6,805. Other assets. See Part IV, line 11 15 15 1,850,661. 1,971,578. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,121. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 2,121. 0. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 592,094. 27 667,370. 27 Net assets without donor restrictions 1,304,208. Net assets with donor restrictions 1,256,446. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,848,540. 1,971,578. Total net assets or fund balances 32 32 1,850,661. 1,971,578. 33 33 Total liabilities and net assets/fund balances

Form 990 (2023)

332011 12-21-23

	990 (2023) MINNESOTA AMERICAN LEGION FOUNDATION	41-16	577143	Pa	<sub>ge</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		486,410.		
3	Revenue less expenses. Subtract line 2 from line 1	3			91.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,84			
5	Net unrealized gains (losses) on investments	5	3	4,3	47.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,97	1,5	78.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
2	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	1	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2023)

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047					
(Form 990)				nization is a section 501					2023	
				49		2020				
		nt of the Treasury evenue Service			ttach to Form 990 or Fo			ormotion		Open to Public Inspection
		of the organizati		Go to www.irs.gov/	Form990 for instruction	is and the	latest ini	ormation.	Employer	identification number
		or gamzati		ESOTA AMER	ICAN LEGION 1	TOUND	TION			1-1677143
Pa	art	I Reason			(All organizations must o			ee instruction		
The	org				For lines 1 through 12, c					
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	_	city, and stat	-							
5		- •	•		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
~		_		Complete Part II.)	e e setel sue it else suite sel in		70/L-\/ 4\/ A\	()		
6 7	X	•		-	nental unit described in ntial part of its support fi					aublic described in
'	L	_ 0		omplete Part II.)	intial part of its support in	on a gove	menta		le general j	Jublic described in
8					(1)(A)(vi). (Complete Par	t II.)				
9				. ,	in section 170(b)(1)(A)(	,	ed in conju	inction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:								
10		🗌 An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					et to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		_		mplete Part III.)	the back of the second the second			01-114		
11			-	-	ively to test for public satisfies the base of the second s	•				
12		-	-	-	ively for the benefit of, to ed in section 509(a)(1) o				•	
				-	f supporting organization					DIECK THE BOX ON
á	<b>1</b>		-	• •	supervised, or controlled				-	aivina
	_			-	gularly appoint or elect a	• • • •	-			
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
ł	<b>)</b> [	Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	г	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
C	: [		-		g organization operated				ly integrate	d with,
	. [		0	( ) (	). You must complete I	,	,			
C	1		-	• •	porting organization oper zation generally must sat				•	
					mplete Part IV, Sections				anallenin	1000
e	<b>,</b> [				written determination fro				II, Type III	
	-				nally integrated supporti			, , , , , , , , , , , , , , , , , , ,	<i>,</i> <b>,</b>	
1	E	nter the number	of supported of	organizations						
	<b>ј</b> Р			n about the supporte	· · ·	C. M. Harrison			-	
		(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
										<u> </u>
Tot	al									

## Schedule A (Form 990) 2023 MINNESOTA AMERICAN LEGION FOUNDATION 41-1677143 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	286,939.	495,568.	669,945.	663,751.	523,189.	2639392.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	206 020				F00 100	2620202
	Total. Add lines 1 through 3	286,939.	495,568.	669,945.	663,751.	523,189.	2639392.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						6 560
~							<u>6,560.</u> 2632832.
	Public support. Subtract line 5 from line 4.						2032032.
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2020	(a) 2021	(d) 2022	(a) 2023	(f) Total
	Amounts from line 4	286,939.	(b) 2020 495,568.	(c) 2021 669,945.	(d) 2022 663,751.	(e) 2023 523,189.	(f) Total 2639392.
		200,555.	499,5000	000,543.	000,7510	525,105.	20353521
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,793.	13,437.	21,091.	38,535.	39,521.	127,377.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	366.		3,260.	620.	968.	5,214.
11	<b>Total support.</b> Add lines 7 through 10						2771983.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	<u>94.98</u> %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>95.79 %</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;
						Schedule A	(Form 990) 2023

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#### 

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Su	pport						
Calendar year (or fiscal year	beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contribu	tions, and						
membership fees rece	eived. (Do not						
include any "unusual	grants.")						
2 Gross receipts from a merchandise sold or s formed, or facilities fu any activity that is rela organization's tax-exe	services per- rnished in ated to the						
3 Gross receipts from a are not an unrelated t							
iness under section 5	13						
4 Tax revenues levied for ization's benefit and e	ither paid to						
or expended on its be	····· F						
5 The value of services furnished by a govern	mental unit to						
the organization with							
6 Total. Add lines 1 thro	~ F						
<b>7a</b> Amounts included on 3 received from disqu							
b Amounts included on lines 2 if from other than disqualified p exceed the greater of \$5,000 amount on line 13 for the year	ersons that or 1% of the						
<b>c</b> Add lines 7a and 7b							
8 Public support. (Subtrac							
Section B. Total Sup	port				-		
Calendar year (or fiscal year	· · · ·	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6							
<b>10a</b> Gross income from in dividends, payments securities loans, rents and income from simi	received on , royalties,						
b Unrelated business taxal (less section 511 taxes) acquired after June 30, 1	from businesses						
c Add lines 10a and 10							
11 Net income from unre activities not included whether or not the bu regularly carried on	lated business on line 10b,						
12 Other income. Do not or loss from the sale of assets (Explain in Par	of capital						
13 Total support. (Add lines	· ·						
14 First 5 years. If the Fe	orm 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organiza	ation,
check this box and st							
Section C. Computa	tion of Public	Support Per	centage				
15 Public support percer	ntage for 2023 (lir	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percer						16	%
Section D. Computa	tion of Invest	tment Income	e Percentage				
17 Investment income pe	ercentage for 202	23 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income pe	-					18	%
19a 33 1/3% support test							e 17 is not
more than 33 1/3%, c		-	-				
b 33 1/3% support test							
line 18 is not more that							on
20 Private foundation.	t the organizatior	1 did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins		
332023 12-21-23			16	5		Schedul	e A (Form 990) 2023

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<sup>2023.05060</sup> MINNESOTA AMERICAN LEGION A4867601

### Schedule A (Form 990) 2023 MINNESOTA AMERICAN LEGION FOUNDATION 41-1677143 Page 4

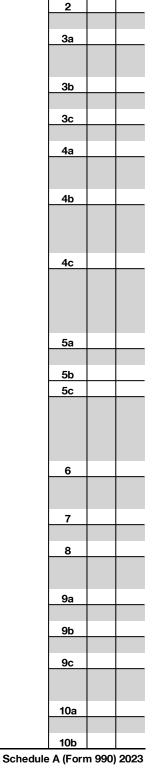
#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

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#### 41-1677143 Page 5 MINNESOTA AMERICAN LEGION FOUNDATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

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	dule A (Form 990) 2023 MINNESOTA AMERICAN LEG			11-1677143 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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Sche		RICAN LEGION F( a)(3) Supporting Orga			1-1677143	Page 7
Sect	on D - Distributions		(******	,	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2023	าร	(iii) Distributab Amount for 2		
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	f Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2023					
e			1			

Schedule A (Form 990) 2023

Part IV, Section A line 1; Part IV, Sec	MINNESOTA AMERICAN LEGION FOUNDATION41-1677143PageInformation.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;Inines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ction D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PARI	F II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS IN	ICOME
2019 AMOUNT: \$	366.
2021 AMOUNT: \$	3,260.
2022 AMOUNT: \$	620.
2023 AMOUNT: \$	968.
332028 12-21-23 20303 131839 A48	Schedule A (Form 990) 20 21 2023.05060 MINNESOTA AMERICAN LEGION A486

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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

INNESOTA	AMERICAN	LEGION	FOUNDATION

41-1677143

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Page **2** 

Employer identification number

MINNESOTA AMERICAN LEGION FOUNDATION

41-1677143

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>11,269.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

11320303 131839 A486760

Schedule B (Form 990) (2023)	Page
Name of organization	Employer identification number
MINNESOTA AMERICAN LEGION FOUNDATION	41-1677143

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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### 11320303 131839 A486760

2023.05060 MINNESOTA AMERICAN LEGION A4867601

3

Schedule I	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
MINNE	SOTA AMERICAN LEGION FO	UNDATION		41-1677143
Part III		ons to organizations described in s	ection 501(c)(7), (8), or (10)	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info.	. once.) \$
(a) No.	Use duplicate copies of Part III if additional			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
		[		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
·		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from				envirations of here with in held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
			·	
		[		
323454 12-26	5-23	25		Schedule B (Form 990) (2023)
		20		

### 11320303 131839 A486760

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SCI	HEDULE D	Supplementa	al Financial S	tatements		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes			2023
	nent of the Treasury	А	ttach to Form 990.			Open to Public
	Revenue Service	Go to www.irs.gov/Form99	U for instructions and t	ne latest information.	Employer	Inspection identification number
Name		MINNESOTA AMERICAN	LEGION FOUNI	DATION		1-1677143
Par	t I Organiza	ations Maintaining Donor Advise				
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advise	ed funds	( <b>b)</b> Funds an	d other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v		l ald in donor advised fund	10	
Ŭ	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	•	oses and not for the benefit of the donor o	<b>v v</b>			
	impermissible priva				-	Yes No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).	_		
		n of land for public use (for example, recrea	tion or education)	Preservation of a histo		
	—	f natural habitat		Preservation of a certi	fied historic	structure
•		n of open space		untions in the former of a sec		
2	day of the tax year	through 2d if the organization held a qualit	led conservation contrib	oution in the form of a co		at the End of the Tax Year
а		onservation easements			2a	
		And and have a second data and a second second			2a 2b	
c	-	vation easements on a certified historic stru			2c	
d		vation easements included on line 2c acqu				
		ture listed in the National Register			2d	
3		vation easements modified, transferred, rel			zation during	the tax
	year					
4		where property subject to conservation eas				
5	-	tion have a written policy regarding the per		tion, handling of		
~		orcement of the conservation easements it r hours devoted to monitoring, inspecting,		ad opforoing concorretio		
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	nandling of violations, a	nd emorcing conservatio	neasements	s during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and er	oforcing conservation ea	sements duri	ng the year
						ng the year
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B)(i	)	
	and section 170(h)	)(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's	s financial statements tha	at describes	the
Der	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Aut Historical Tra	anuran ar Athar S	imilar Aa	
Par		•	•	asures, or Other 5	imilar Ass	iels.
4.		f the organization answered "Yes" on Form				
18	e e	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	•			Orks
		Part XIII the text of the footnote to its finar				
b		elected, as permitted under FASB ASC 95			sheet works	sof
-		sures, or other similar assets held for public				
		ng amounts relating to these items.	, , ,			,
	•	ded on Form 990, Part VIII, line 1			\$	
		ed in Form 990, Part X				
2	If the organization	received or held works of art, historical treat	asures, or other similar a	assets for financial gain, I	orovide	
	-	unts required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
	-	eduction Act Notice, see the Instructions	s for Form 990.		Sche	dule D (Form 990) 2023
332051	09-28-23		26			
			20			

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PartIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			TA AMERICA						41-16			age <b>2</b>
collection terms (check all that apply).       a       Debte coholbition       d       Loan or exchange program         b       Scholarly research       a       Debter	Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical	Treasures,	or Othe	r Simi	lar Assets	conti	nued)	
a Public exhibition b Scholary research c Preservation for foure generations d C Duran or exchange program c Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? I reported an amount on Form 500, Part X, line 21. I is the organization angent, rustee, custodian, or other intermediary for contributions or other assets not included on Form 590, Part X? I is the organization angent, rustee, custodian, or other intermediary for contributions or other assets not included on Form 590, Part X? I is the organization angent, rustee, custodian, or other intermediary for contributions or other assets not included on Form 590, Part X? I is the organization include an amount on Form 500, Part X, line 21, for ascrow or custodial account liability? I end organization include an amount on Form 500, Part X, line 21, for ascrow or custodial account liability? I endowment FundS Complete if the organization nanswered 'Yes' on Form 590, Part V, line 10. I if Yes, 'explain the arrangement in Part XIII. December 2 in Gord Statistic nanswered 'Yes' on Form 590, Part V, line 10. I if Yes in Call the arrangement in Part XIII. I control the organization answered 'Yes' on Form 590, Part X, line 10. I if Yes in Call the arrangement in Part XIII. I control the organization answered 'Yes' on Form 590, Part V, line 10. I if Yes in Call the arrangement in Part XIII. I control the organization answered 'Yes' on Form 590, Part V, line 10. I the expenditures for facilities and programs	3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of t	he following th	nat make s	significa	nt use of its			
b       Scholary research       e       Other         c       Prevention for future generations         4       Provide a description of the organization solich or receive donations of art, historical treasures, or other similar assets       to be solid the organization solich or receive donations of art, historical treasures, or other similar assets         Part W       Escrow and Custodial Arrangements       Complete if the organization answerd "Yes" on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Intermediary for additions during the year         c       Beginning balance       Intermediary       Intermediary       Intermediary       Intermediary         2       Did the organization include an amount on Form 990, Part X, line 21.       For solary hips       No         b       Complete if the organization include an amount on Form 990, Part X, line 21.       For solary hips       No         b       Contributions       Intermediary       Intermediary       No       No		collection items (check all that apply).										
b       Scholary research       e       Other         c       Prevention for future generations         4       Provide a description of the organization solich or receive donations of art, historical treasures, or other similar assets       to be solid the organization solich or receive donations of art, historical treasures, or other similar assets         Part W       Escrow and Custodial Arrangements       Complete if the organization answerd "Yes" on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Intermediary for additions during the year         c       Beginning balance       Intermediary       Intermediary       Intermediary       Intermediary         2       Did the organization include an amount on Form 990, Part X, line 21.       For solary hips       No         b       Complete if the organization include an amount on Form 990, Part X, line 21.       For solary hips       No         b       Contributions       Intermediary       Intermediary       No       No	а	Public exhibition		d 🗌	Loan or	exchange prog	gram					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements Complete if the organization asswered "Ves" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is disting balance         Calditions during the year         Id         Id         Id	b	Scholarly research		e 🗌								
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations										
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	4	Provide a description of the organization's co	ollections and explai	n how th	ney furthe	er the organiza	tion's exe	mpt pur	pose in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IW         Escrow and Custodial, Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, fusuee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.           1a         Is the organization an agent, fusuee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Amount           c         Beginning balance         1d         Image: Complete if the organization has been provided in Part XIII           c         Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Image: Complete if the organization has been provided in Part XIII           Part V         Endowment Funds         Complete if the organization naswered "Yes" on Form 990, Part V, line 10.           a Beginning of year balance         all Current year         (a) Three years back (d) Three years back (d) Fore years back for on Form 990, Part IV, line 10.           a Beginning of year balance         all Current year         (b) For year (c) Two years back (d) Three years back (d) Fore years back for on Form 990, Part IV, line 10.           a Beginning of year balance         all Current year         (b) For year (c) Two years back (d) Three years back (d) Fore years back (d) Three years back (d) Three yea	5	· •			•	-			-			
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 21.       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Complete intermediary for escretor or custodial account liability?         Ca       Additions during the year       Image: Complete intermediary for escretor or custodial account liability?       Ves       No         D       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Complete in the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete in the organization answered 'Yes' on Form 990, Part X, line 10.         Ta       Beginning of year balance       [a) Current year       (b) Pror year       (c) Two years back (d) Three years back (e) Four years back in the month, second account liability?       Ves       No         Ta       Beginning of year balance       [a) Current year       (b) Pror year       (c) Two years back in the processes on the organization answered 'Yes' on Form 990, Part X, line 10.										Yes		No
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Intermediary for contributions of the arrangement in Part XII and complete the following table:       Amount       Intermediary for contributions of the arrangement in Part XII.       Amount       Intermediary for explain the arrangement in Part XII.       Intermediary for explain the explain the explanatin maskeer free for form form opart to inte	Par											
on Form 930, Part X?       Yes       No         b It "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       No         b Contributions       (a) Current year       (b) Prior years back.       (d) Three years back.       (e) Four years back.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Control the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a					5				,	,		
on Form 930, Part X?       Yes       No         b It "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       No         b Contributions       (a) Current year       (b) Prior years back.       (d) Three years back.       (e) Four years back.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Control the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a	1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribu	tions or other	assets not	t include	ed			
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance           d       Additions during the year          1d          d       Distributions during the year          1d          f       Ending balance          1t           1d          2a       Did the organization include an amount on Forn 990, Part X, line 21, for escrew or custodial account liabity?          Ves           No          b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation tab seen provided in Part XIII           Part V										Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: State Sta	b								····· ∟		L	
c Beginning balance Itc   d Additions during the year Itd   d Additions during the year Itd   d Distributions during the year Itd   d Ending balance Itd   2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accounti liability? Ves   D If "Ves" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   1a Beginning of year balance (a) Current year   b Contributions (b) Prior year   c Net investment earnings, gains, and losses (b) Prior year   d Grants or scholarships (c)   c Net investment earnings, gains, and losses (c)   d Grants or scholarships (c)   e Other expenditures for facilities (c)   and programs (c) (c)   f Administrative expenses (c)   g End of year balance %   b Permanent endowment %   c Term endowment %   c Term endowment funds not in the possession of the organization's endowment funds.   abard designated or ganizations? (a)   (i) Unrelated organizations?   (ii) Unrelated organizations?   (iii) Heat and administered for the organizations?   iii) If	~			lowing	abie.					Amour	t	
d Additions during the year       ide         e Distributions during the year       ife         1       ife         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the expanziation answered 'Yes' on Form 990, Part V, line 10.       Image: State in Part XIII       Image: State in Part XIIII       Image: State in Part XIIIII       Image: State in Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<u>م</u>	Beginning balance						1	_			
E Distributions during the year     Ending balance     Ending bal	о Р											
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       f* ores,* explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e	u 0											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a)       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (b)       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a)       (c)       The years back       (e)       Four years         a       Control strains       (a)       (b)       (c)       The years back       (e)       Four years         a       Control strains       (c)       The years back       (e)       Foury       Four years <td< td=""><td>f</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	f											
b       fr Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarshipe									·	Vec		
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         7       Administrative expenses       (c) Two years back       (d) Two years back       (d) Two years back         8       End of year balance       (c) Two years back       (d) Two years back       (d) Two years back         9       End of year balance       (c) Two years back       (d) Two years back       (d) Two years back         9       Contributions       (c) Year bala       (c) Year bala       (d) Years       (d) Years         9       Form expenditures for facilities       (c) Years back       (d) Years       (d) Yea		C C							····· L			
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance												
1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions         d       Grants or scholarships       Image: Contributions         e       Other expenditures for facilities       Image: Contributions         and programs       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions         g       End of year balance       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment       %         b       Permanent endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       Sa         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       Image: Sa(i)         (i)       Unrelated organizations?       Image: Sa(i)       Image: Sa(i)         (ii)       Related organizations?       Image: Sa(i)       Image: Sa(i)         (iii)       Related organizations?       Image: Sa(i)       Image: Sa(i)       Image: Sa(i)         4       Desc				1					e vears hack	(a) Fou	r vears	hack
b       Contributions	4.0	Designing of year belonce	(u) ourrent your	(3)	nor year	(0) 100 y	ouro buok			(0) 1 00	youro	buok
c       Net investment earnings, gains, and losses       Image: Construction of the expenditures for facilities and programs         e       Other expenditures for facilities and programs       Image: Construction of the expenditures for facilities and programs         f       Administrative expenses       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of the expenses         g       End of year balance       Image: Construction of property       Image: Construction of property         (i)       Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         g       Image: Construction of property       (a) Cost or other       (b) Cost or other       (c) Book value         latand       Image: Construc												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f       Administrative expenses	е											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?         (i)       Unrelated organizations?         (ii)       Related organizations?         (iii)       Related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b Buildings	f											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Description of property       (a) Cost or other         b Buildings	g	-										
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI         Land, Buildings, and Equipment           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land	2			e (line 1	g, colum	n (a)) held as:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iiii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iiii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iiii) Related organizations?</li> <li>(iiii) Related organizations?</li> <li>(iiiiii) Related organizations?</li> <li>(iiii) Related organizations is the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment         <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Acccumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))</li> </ul></li>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) The state organization as the related organization is sted as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land	С											
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3c       3c <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
(i)       Unrelated organizations?       3a(i)         (ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Image: Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B))       0.	3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are hel	d and administ	tered for th	he				
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (b) Cost or other basis (other)         c Leasehold improvements		organization by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(i) Unrelated organizations?								3a(i)		I
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(ii) Related organizations?										I
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b					R?				Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land				wment	funds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par											
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11	a. See Form 9	90, Part X,	, line 10				
1a Land		Description of property	(a) Cost or o	other	(b) (	Cost or other	(c) A	Accumu	lated	( <b>d</b> ) Boo	k valu	е
b Buildings			basis (invest	ment)	ba	isis (other)	de	epreciati	on			
b Buildings	1a	Land										
c       Leasehold improvements												
d Equipment												
e Other       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))       0.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))												
				X line 1		mn (B))						0.
			gaari om oou, i an	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	<u></u>				D (Forr	n 990)	

332052 09-28-23

Schedule D Part VII		Other Securities			FOUNDATION		-1677143	Page <b>3</b>
		ganization answered "Ye						
		GOTY (including name of security		value	(c) Method of valu	ation: Cost or end	d-of-year market v	alue
.,								
(2) Closely (3) Other	held equity interests		•					
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		<u>0, Part X, line 12, col. (B))</u>						
Part VIII		Program Related.			0 5 000 5			
		ganization answered "Ye						-1
	(a) Description of	rinvestment	(b) Book		(c) Method of valu	ation: Cost or end	d-of-year market v	
(1)								
(2)								
(3)								
(4) (5)								
(6)								
(7)								
(8)								
(9)								
Part IX	Other Assets	0, Part X, line 13, col. (B)) ganization answered "Ye	s" on Form 990, <b>a)</b> Description	Part IV, line 11	d. See Form 990, Pa	rt X, line 15.	<b>(b)</b> Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9) Total. (Colu Part X	<u>ımn (b) must equal Fo</u> Other Liabilitie	orm 990, Part X, line 15,	col. (B))					
TULK		zo ganization answered "Ye	s" on Form 990	Part IV. line 11	e or 11f. See Form 90	0. Part X. line 25		
1.		escription of liability				20,1 41070, 1110 20	(b) Book va	alue
	deral income taxes						(-,	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	ımn (b) must equal F	orm 990, Part X, line 25,	col. (B))					
	., .	sitions. In Part XIII, provi	· <i>n</i>				hat reports the	
organiz	ation's liability for un	certain tax positions und	ler FASB ASC 74	0. Check here	e if the text of the foot	note has been pro	ovided in Part XIII	X

Schedule D (Form 990) 2023

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	
1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e	
b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e	
c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e	
d         Other (Describe in Part XIII.)         2d           e         Add lines 2a through 2d         2e	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE MINNESOTA AMERICAN LEGION FOUNDATION IS A NON-PROFIT ORGANIZATION AND
IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE AND MINNESOTA STATUTE. THE ORGANIZATION IS A PUBLIC CHARITY
AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS CHARITABLE TAX DEDUCTIONS
BY THE CONTRIBUTOR. THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL
REVENUE SERVICE (IRS) NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING
OF SECTION 509(A) OF THE IRS CODE. THE MINNESOTA AMERICAN LEGION BOYS
STATE PROGRAM, LLC IS A SINGLE MEMBER LLC AND RETAINS THE SAME TAX
ATTRIBUTES AS THE MINNESOTA AMERICAN LEGION FOUNDATION.

	THE	ORGANIZA	TION	HAS	ADOPTED	THE	INCOME	TAX	STANDARD	REGARDING	THE		
	332054 0	9-28-23								So	chedule D (Form	990) 2023	
							29						
13	2030	3 131839	A486	760			2023.	0506	) MINNESO	TA AMERICA	N LEGION	A4867601	

Schedule D (F	form 990) 2023 Supplemen	<u>M</u> tal Informat	INNESOTA	AMERICAN	LEGION	FOUNDATIC	)N	41-1677143 Page 5
					IN TAX	POSITIONS.	THE	ORGANIZATION
HAS NO	CURRENT	OBLIGAT	ION FOR	UNRELATE	D BUSIN	ESS INCOME	TAX.	
332055 09-28-23								Schedule D (Form 990) 2023

30 2023.05060 MINNESOTA AMERICAN LEGION A4867601

11320303 131839 A486760

SCHEDULE I (Form 990)		Go	arants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2023</b> Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization		AMERICAN	LEGION FOU	NDATION				Employer identification number $41 - 1677143$
Part I General In	formation on Grants a	nd Assistance						
criteria used to av 2 Describe in Part I Part II Grants and	ation maintain records t ward the grants or assis IV the organization's pro d <b>Other Assistance to</b> 1	tance? cedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the United c Governments. C	l States. Complete if the org			X Yes No
1 (a) Name and ad	nat received more than \$ dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MINNESOTA VETERANS 5101 MINNEHAHA AVI MINNEAPOLIS, MN 55	E	26-3441592	501(C)(19)	30,721.	0.	N/A	N/A	DONATION
NATIONAL AMERICAN 700 N PENNSYLVANIA INDIANAPOLIS, IN 4	A ST PO BOX 1055	35-1110385	501(C)(19)	9,500.	0.	N/A	N/A	DONATION
	er of section 501(c)(3) and the section solutions of other organizations of other organizat		•	l e line 1 table		<u> </u>		0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### MINNESOTA AMERICAN LEGION FOUNDATION Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	18	20,650.	0.	N/A	N/A
					RENT ASSISTANCE, MEDICAL
ETERANS ASSISTANCE FUND	47	0.	132,691.	CASH VALUE	BILLS, UTILITIES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION GRANTS AWARDS AND SCHOLARSHIPS ON A NONDISCRIMINATORY

MANNER IN FURTHERANCE OF ITS EXEMPT PURPOSE. DUE TO THE NATURE OF ALL

AWARDS AND SCHOLARSHIPS, FORMAL MONITORING IS NOT REQUIRED.

41-1677143

SCHEDULE O (Form 990)       Supplemental Information to Form 990 or 990-EZ       OMB No. 1545-0047         Department of the Treasury Internal Revenue Service       Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.       Open to Public Inspection										
Name of the organization	MINNESOTA AMERICAN LEGION FOUNDATION		ridentification number 677143							
FORM 990, PAI	RT VI, SECTION A, LINE 7A:									
THE DEPARTME		IIZATIO	N'S BOARD							
OF DIRECTORS	SUBJECT TO APPROVAL BY THE DEPARTMENT OF MIN	INESOTA	, AMERICAN							
LEGION.			·							
FORM 990, PAI	RT VI, SECTION A, LINE 7B:									
THE FOLLOWING	G ACTIONS MUST BE APPROVED BY THE DEPARTMENT C	OF MINN	ESOTA,							
AMERICAN LEG	ION: (1) ALL APPOINTMENTS OR ELECTIONS OF OFFI	CERS,	DIRECTORS,							
TRUSTEES, OR	OTHER EXECUTIVE POSITIONS; (2) ALL APPOINTMEN	ITS OR	ELECTIONS							
TO FILL VACA	ICIES OF ANY POSITIONS DESCRIBED IN THE PRECED	DING IT	EM; AND (3)							
ALL AMENDMEN	TS TO THE ORGANIZATION'S GOVERNING DOCUMENTS.									
FORM 990, PAI	RT VI, SECTION B, LINE 11B:									
THE FORM 990	IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	I AND R	EVIEWED BY							
THE DEPARTME	NT OF MINNESOTA, AMERICAN LEGION'S FINANCE LIA	SON PR	IOR TO							
FILING WITH	THE IRS.									
FORM 990, PA	RT VI, SECTION C, LINE 19:									
THE ORGANIZA	TION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STA	TEMENTS							
AVAILABLE TO	THE PUBLIC UPON REQUEST. THE ORGANIZATION DOE	ES NOT	HAVE A							
CONFLICT OF	INTEREST POLICY.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

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## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 41 - 1677143

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

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

Name of the organization

#### MINNESOTA AMERICAN LEGION FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
MINNESOTA AMERICAN LEGION BOYS STATE					
PROGRAM, LLC - 41-1677143, 20 W 12TH ST,					MINNESOTA AMERICAN
#300A, ST. PAUL, MN 55155	SERVICES FOR BOYS	MINNESOTA	78,753.	255,670.	LEGION FOUNDATION

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE AMERICAN LEGION, DEPARTMENT OF MINNESOTA							
- 41-0121903, 20 W 12TH ST, #300A, ST. PAUL,	SUPPORT LEGION MEMBERS IN						
	MINNESOTA	MINNESOTA	501(C)(19)	N/A	N/A		х
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 MINNESOTA AMERICAN LEGION FOUNDATION

41-1677143 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a pa											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	manag partne	or Percentage ng ? ownership
		country)		sections 512-514)					K-1 (Form 1065)	Yes No	
	-										
	-										
	-										
	-										
	1										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	tion b)(13) rolled tity?
		country)		or trusty		235013		Yes	No
	1								

#### Schedule R (Form 990) 2023 MINNESOTA AMERICAN LEGION FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
n	Reimbursement paid to related organization(s) for expenses	1p		x
ч р	Reimbursement paid to related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>_(6)</u>			

### Schedule R (Form 990) 2023 MINNESOTA AMERICAN LEGION FOUNDATION

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	<b>e)</b> e all	(f)	(g)	(h	1)	(i)	(j)	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	rs sec. c)(3) s.?			Dispr tior alloca	upor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	oriPercenta ng r? ownersh	.ge iip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
													_
													—
												_	

Schedule R (Form 990) 2023

Schedule R Part VII	(Form 990) 2023 Supplemental Inform	MINNESOTA mation	AMERICAN	LEGION	FOUNDATION	41-1677143 Page 5
	Provide additional informa		o questions on Scl	nedule R. See	instructions.	
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