DLN: 93493072000160 OMB No 1545-0047 Form **990 Return of Organization Exempt From Income Tax** 

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public

2019

Open to Public

reasui iterna		enue Servic		or instructions and the	: latest lillt	ormation.		Inspection
Fo	or th	e 2019	calendar year, or tax year beg	ginning 01-01-2019 , and ending 12-	31-2019			
		pplicable	C Name of organization			D Employer	ıdentıfı	cation number
		change	North Branch Post No 85 The Am	erican Legion Dept of MN		41-09003	19	
	me ch	_	Doing husiness as					
	tial re		Doing business as					
		n/terminate		f mail is not delivered to street address) Room/s	uuto	E Telephone	number	
		d return on pendin	DO Boy 97 6420 Elm Stroot	Than is not delivered to street address) Roomis	uite	(651) 674	_4910	
— API	piicaci	on pendin		ountry, and ZIP or foreign postal code		(031) 074	-4010	
			North Branch, MN 55056	ountry, and 21 or foreign postar code		6 6	1	771 010
			E Name and address of name		T ,	<b>G</b> Gross rece		7/1,616
			<b>F</b> Name and address of princ Darcy Doble	ipai officer	1	this a group retu	n for	
			6439 Elm Street			ibordinates? e all subordinates		☐Yes ☑No
			North Branch, MN 55056			cluded?	'	☐ Yes ☐No
Tax	k-exer	mpt status	501(c)(3) <b>5</b> 01(c)(19	) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	If	"No," attach a list	(see	instructions)
W	ebsit	te:► wv	ww nbamericanlegion com		H(c) Gr	roup exemption n	umber	<b>&gt;</b>
Forn	n of o	rganızatıor	n 🗹 Corporation 🗌 Trust 🔲 A	ssociation   Other	L Year of fo		l State ( N	of legal domicile
						I*	IN .	
Pa	irt I	Sun	nmary					
	ı		escribe the organization's mission	3		-1		
ט			d supports other activities that h	at need medical and social services care( ielp the local community	organization	also promotews	america	anism to the general
2								
<u> </u>	-							
	-							
3	2	Check th	nis box ► 🔲 if the organization	discontinued its operations or disposed of	more than 2	25% of its net ass		250
ಶ	l			ning body (Part VI, line 1a)			3	250
٥	l		•	of the governing body (Part VI, line 1b)			4	250
Trans.	5	Total nu	imber of individuals employed in	calendar year 2019 (Part V, line 2a) .			5	10
١	6	Total nu	mber of volunteers (estimate if i	necessary)			6	100
`	7a	Total un	related business revenue from P	art VIII, column (C), line 12			7a	0
	ь	Net unre	elated business taxable income fi	rom Form 990-T, line 39			7b	505
						Prior Year		Current Year
Qı	8	Contribu	itions and grants (Part VIII, line 1	lh)		13,46	8	9,223
Ť.	9	Program	n service revenue (Part VIII, line 2	2g)		10,08	1	10,782
Rəvenue	10	Investm	ent income (Part VIII, column (A	), lines 3, 4, and 7d )				0
<u> </u>	11	Other re	evenue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		212,38	2	218,069
	l			must equal Part VIII, column (A), line 12)		235,93		238,074
	_			(, column (A), lines 1–3 )		·	1	0
	l		, ,	column (A), line 4)				0
	l			benefits (Part IX, column (A), lines 5–10)		106,41	_	104,885
Expenses	l			, , , , , , , , , , , , , , , , , , , ,		100,41	1	
Ë	l		- · · · ·	lumn (A), line 11e)			-	0
ੜ	l		draising expenses (Part IX, column (D				_	
	l		xpenses (Part IX, column (A), line	•		132,90	+	117,209
	l		•	equal Part IX, column (A), line 25)		239,31	9	222,094
	19	Revenue	e less expenses Subtract line 18	from line 12		-3,38	8	15,980
5 9					Beginn	ning of Current Yea	r	End of Year
alan	30	T-1-1	anto (Dart V. I 4.6.)			FF.4.4.4	-	F70 222
Fund Balances	l		sets (Part X, line 16)			554,44	_	570,320
	l		bilities (Part X, line 26)			1,91	+	1,804
			ets or fund balances Subtract lin	e 21 from line 20		552,53	6	568,516
	rt II		nature Block					
				amined this return, including accompanyin ete Declaration of preparer (other than off	-	•		•
	nowle		, , ,		,		, •	pp 1199
		1k						
		*****	** ture of officer			2020-03-01 Date		
ign		I Signa						
lere	;		HALS COMMANDER					
		<b>                                   </b>	or print name and title					
_	_		Print/Type preparer's name	Preparer's signature	Date 2020-03-01	Check I If PT	N	
Paic		_				self-employed		
re	oare	er	Firm's name Dittmer Accounting	Services Ltd		Firm's EIN ►		
Jse	On	ıly 🕆	Firm's address ► 2512 Hillsboro Ave N	V		Phone no (651) 69	7-9040	
		-	C.H	55.407		(331, 03	10	

☑ Yes ☐ No

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . .

Form	990 (2019)				Page <b>2</b>
Pa	rt III Stateme	ent of Program Service Acc	complishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe t	he organization's mission			
2	Did the organizat	tion undertake any significant pro	gram services during the year which w	were not listed on	
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	these new services on Schedule	0		
3	Did the organizat	tion cease conducting, or make si	gnificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3		plishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				· 
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	ervices (Describe in Schedule O )			
	(Expenses \$	ıncludıng		(Revenue \$	)
4e	Total program :	service expenses 🟲			

11f

12a

12b

15

16

17

18

19

20a

20b

21

Yes

Yes

Nο

No

Nο

Nο

Nο

Nο

No

Form **990** (2019)

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . 5 No

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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

No 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

Nο No for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . Nο **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 14b Nο 

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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 total of fundraising event gross income and contributions on Part VIII,

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

Was the organization included in consolidated, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
		$\square$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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 "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	201		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28b		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

0

**1**c

Yes

1b

	990 (2019)			Page <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?  If "Yes," enter the name of the foreign country	4a		No
<b>5</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с 6а		No.
	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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	ба		No 
	not tax deductible 7	<b>6</b> b		
	Organizations that may receive deductible contributions under section 170(c).	<b>7</b> -		
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
u	The s, indicate the number of forms 5252 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	44.		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines
Se	ction A. Governing Body and Management			
	Established and the control of the control of the control of the transfer of the transfer of the control of the		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 250			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 250			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			_
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
4.0		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a 10b	Yes	No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100	res	
тта	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  MN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Carene Johnson 6439 Elm Street North Branch, MN 55056 (651) 674-4810			
			orm OO	n (2019)

/E\

Part VII

/ A \

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

10

(D)

/E\

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

/BI

<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, u n of tor/t	t che unle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(Ѿ-2/1099- MISC)	organization and related organizations
(1) Glenn Pierce Gaming Manager	40 00	Х		х	x			0	0	0
(2) Randy Koıvısto 1st Vice	20 00			х				0	0	0
(3) Rick Hals Commander	20 00			×				0	0	0
(4) Tom Janos 2nd Vice	20 00			×				0	0	0
(5) Carene Johnson Bar Manager	40 00				х			0	0	0
										Form <b>990</b> (2019)

Form 990 (	2019)									Page <b>8</b>
Part VII	Section A. Officers, I	Directors, Trustees	, Key E	mpl	oyees	s, and	High	nest Compensate	d Employees (co	ntınued)
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth a	x, unl	Highest con employee	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	il trustee or	inal Trustee	loyee	compensated e		
						_
				·		
·						

1b Sub-Total												
Total number of individuals (including	but not limited	to thes	م lict	اد امو	hove	a) who	rece	aived more than \$10	00 000			

1b Sub-Total													
	al number of individuals (including reportable compensation from the		to thos	e liste	ed al	bove	e) who	rec	eived more than \$	100,000			
												Yes	No
	the organization list any <b>former</b> of				•		, ,		•				

c T	Lb Sub-Total													
2	Total number of individuals (including of reportable compensation from the compensation		to thos	e liste	ed al	bov€	e) who	rece	eived more tha	n \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			•	•		, ,		-			3		No

c ·	b Sub-Total													
2	Total number of individuals (including of reportable compensation from the o		to thos	e liste	ed al	bove	≘) who	rece	eived more than	\$10	0,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				•		, ,		-					
	mie 1a 17 res, comprete seriedales	ror sacri marri		•	•	•		•		•	•	3		No
4	For any individual listed on line 1a, is organization and related organizations individual	greater than \$	150,00	0۶ <i>If</i>	"Yes	," cc	omplet	e Sc	hedule J for suc	:h				No

d	Fotal (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		

	line 14. If res, complete Schedule 5 for such marviduar	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
	manada	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	npensati	on

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	npensat	tion	

			1	
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization's tax year	mpens	sation	

5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			
Se	Section B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year			
	(A) Name and business address	(B) Description of services	(C) Compensation	

S	Section B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year			
	(A) Name and business address	(B) Description of services	(C) Compensation	

Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶	eceived more than \$100,000 of	
		Form <b>990</b> (2019)

Part	Statement of Revenue					Page <b>9</b>
I AIL	Check if Schedule O contains a re	esponse or note to any	v line in this Part VIII			П
			(A) Total revenue	( <b>B</b> ) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns 1	a		revenue		312 - 314
tributions, Gifts, Grants Other Similar Amounts	<b>b</b> Membership dues <b>1</b>	<b>b</b> 928				
3ra nou	c Fundraising events 1	.c				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations	d				
Gift	e Government grants (contributions)					
Š.	All other centributions gifts grants	<u>e</u>				
ion r S	f All other contributions, gifts, grants, and similar amounts not included above	. <b>f</b> 8,295				
but the	g Noncash contributions included in					
a di	Innes 1a - 1f \$	g				
Contand	h Total. Add lines 1a-1f	•	9,223			
		Business Code				
	2a Hall Rentals		5,985	5,985		
된	<b>b</b> Vending		307	307		
4	<b>B</b> vending					
ĵ. Œ	c ATM		4,140	4,140		
Program Service Revenue	d Others		584	584		
፠	d Others		301	301		
Jran						
ď	e					
_	f All other program service revenue					
	g Total. Add lines 2a-2f	10,782				
	3 Investment income (including dividend					
	similar amounts)		<b>&gt;</b>			
	<b>5</b> Royalties		•			
	(ı) Real	(II) Personal	İ			
	6a Gross rents 6a					
	b Less rental		$\dashv$			
	expenses 6b					
	c Rental income or (loss)					
			-			
	(i) Securitie					
	7a Gross amount from sales of 7a		7			
	assets other					
	than inventory  b Less cost or		-			
	other basis and sales expenses					
			$\dashv$			
	c Gain or (loss)					
	<b>d</b> Net gain or (loss)	· · · · •				
ne	(not including \$ of					
ē	contributions reported on line 1c) See Part IV, line 18	<b>8a</b> 25,393	2			
Other Revenue		8b 12,150				
er	c Net income or (loss) from fundraising	events	<b>_</b> 13,24	12		
	9a Gross income from gaming activities See Part IV, line 19	9a 1,517,366	6			
	⊢	9b 1,432,179				
	c Net income or (loss) from gaming act	civities	<b>□</b> 85,19	91		
	10aGross sales of inventory, less returns and allowances	LOa 209,05	5			
		10b 89,419				
	C Net income or (loss) from sales of inv		— 119,63	36		
	Miscellaneous Revenue	Business Code				
	11a					
	ь					
	С		1			
	d All other revenue					
	e Total. Add lines 11a-11d	• • • •				
	12 Total revenue. See instructions .		238,07	74 10,78	2	
	<u>.</u>		L 230,07	10,78.	-1	Form <b>990</b> (2019)

Forr	n 990 (2019)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must constant		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	97,116	97,116		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	7,769	7,769		
11	Fees for services (non-employees)				
a	Management	0			
ŧ	Legal	0			
(	Accounting	0			
c	ILobbying	0			
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	864		864	
13	Office expenses	1,521		1,521	
14	Information technology	721		721	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	9,016	9,016		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a Bar Expenses	11,750	11,750		
	<b>b</b> Lawful Purpose Donations	77,667	77,667		
	c Capital Improvement	5,996	5,996		
	d Utilities	6,126	6,126		
	e All other expenses	3,548	3,548		
25	Total functional expenses. Add lines 1 through 24e	222,094	218,988	3,106	
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)				

Form 990 (2019)

15

16

17

18

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21

23

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

15

16

17

18

19

20 21

22

23

24 25

26

27

28

29

30

31

32

33

554,448

1,912

1.912

552.536

552,536

554,448

Page **11** 

90,614

570,320

1,804

1.804

568.516

568,516

570,320

Form 990 (2019)

Check	ıf	Schedule	0

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34)

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

	Beginning of year		End of year
Cash-non-interest-bearing	78,042	1	
Savings and temporary cash investments		2	
6		_	

3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other 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	5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	6	
 7	Notes and loans receivable net	7	

contains a response or note to any line in this Part IX .

#### Assets 7.352 Inventories for sale or use . Prepaid expenses and deferred charges . 1,720 9 10a Land, buildings, and equipment cost or other 10a 467,334 basis Complete Part VI of Schedule D 10b 467,334 10c **b** Less accumulated depreciation 11 Investments-publicly traded securities . 11

## 6.985 1,700 471,021 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets .

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			238,074
2	Total expenses (must equal Part IX, column (A), line 25)	2			222,094
3	Revenue less expenses Subtract line 2 from line 1	3			15,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			552,536
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			568,516
Pa	TXII 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				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2019)

### **Additional Data**

**EIN:** 41-0900319

Name: North Branch Post No 85 The American Legion Dept of MN

**Software ID:** 19009610 **Software Version:** 19.2.1.0

Form 990 (2019)

Form 990, Part III, Line 4a:

To promote americanism and military recognition to all its members in the community

**SCHEDULE D** 

DLN: 93493072000160

OMB No 1545-0047

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

**Supplemental Financial Statements** 

Cat No 52283D Schedule D (Form 990) 2019

Department of the Treasury

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

tern	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions	and the latest infor	rmation.	nspection
	me of the organ				Employer identification	on number
Nor	th Branch Post No 85	5 The American Legion Dept of MN			41-0900319	
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Othe	r Similar Funds o	1	
		te if the organization answered "Ye				
			(a) Donor ac	lvised funds	(b) Funds and other	er accounts
	Total number at	end of year				
2	Aggregate value	of contributions to (during year)				
3	Aggregate value	of grants from (during year)				
ŀ	Aggregate value	at end of year				
5		ation inform all donors and donor adviso property, subject to the organization's ex		ssets held in donor ad		☐ Yes ☐ No
i		ation inform all grantees, donors, and donors and donor and not for the benefit of the donor			conferring impermissible	☐ Yes ☐ No
Pa	rt III Conser	vation Easements.				
	Comple	te if the organization answered "Ye	es" on Form 990, Par	t IV, line 7.		
	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that	apply)		
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of an	historically important land	d area
	☐ Protection	of natural habitat		Preservation of a d	certified historic structure	
	☐ Preservation	on of open space				
2	Complete lines 2 easement on the	2a through 2d if the organization held a e last day of the tax year	qualified conservation	contribution in the for	rm of a conservation  Held at the End	of the Year
а		conservation easements			2a	
b	Total acreage re	stricted by conservation easements			2b	
С	Number of conse	ervation easements on a certified histori	ic structure included in	(a)	2c	
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, and	not on a historic	2d	
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguish	led, or terminated by	the organization during th	e
ı	Number of state	es where property subject to conservation	on easement is located	<b>&gt;</b>		
5		ization have a written policy regarding that of the conservation easements it hold		inspection, handling of	of violations,	□ No
,	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violat	cions, and enforcing co		
		<del></del> -				
•	Amount of expe  ► \$	nses incurred in monitoring, inspecting,	handling of violations,	and enforcing conser	vation easements during t	ne year
3	Does each const and section 170	ervation easement reported on line 2(d) I(h)(4)(B)(ii)?	above satisfy the requ	irements of section 1	70(h)(4)(B)(ı)	□ No
)	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	footnote to the organi		nse statement, and	
ar	t IIII Organi	n's accounting for conservation easement <b>zations Maintaining Collections</b> te if the organization answered "Ye	of Art, Historical		er Similar Assets.	
.a	If the organizati	ion elected, as permitted under SFAS 11 easures, or other similar assets held for	L6 (ASC 958), not to re	port in its revenue sta		
b	provide, in Part	XIII, the text of the footnote to its finar ion elected, as permitted under SFAS 11	ncial statements that de	escribes these items	·	,
ט	historical treasu	ires, or other similar assets held for pub hts relating to these items				
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1			<b>▶</b> \$	
(i	ii)Assets ıncluded	ın Form 990, Part X			<b>&gt;</b> \$	
2		ion received or held works of art, histori nts required to be reported under SFAS			ncial gain, provide the	
а	Revenue include	ed on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
h	Accets included	in Form 990 Bart V			<u> </u>	

**d** Equipment .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

Par	t III	<b>Organizations Maintaining Co</b>	llections of .	Art, Histori	cal Tı	reasur	es, or	Other	Similar A	Assets (con	tinued)	
3		the organization's acquisition, accessic (check all that apply)	on, and other re	ecords, check	any of	the follo	owing tl	nat are a	sıgnıfıcant	t use of its co	llection	
а		Public exhibition		d		Loan o	r excha	nge prog	ırams			
b		Scholarly research		е		Other						
c		Preservation for future generations										
4	Provid Part X	e a description of the organization's co III	ollections and ex	xplain how the	ey furth	ner the o	organiz	ation's ex	xempt pur	pose in		
5		g the year, did the organization solicit of to be sold to raise funds rather than t							nılar	☐ Yes	□ N	lo
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		on Form 990	, Part	IV, line	e 9, or	reporte	ed an amo	ount on For	m 990,	Part
1a		organization an agent, trustee, custod ed on Form 990, Part X?	lian or other int	ermediary for	contril	butions	or othe	r assets	not	☐ Yes	□ N	lo
ь	If "Yes	s," explain the arrangement in Part XII	II and complete	the following	table		Г			Amount		_
c		ning balance						1c				_
d	_	ons during the year						1d				_
e		outions during the year						1e				_
f	Ending	g balance						1f				_
2a		e organization include an amount on F							•	_	☑ N	lo
		s," explain the arrangement in Part XII	I Check here if	the explanat	on has	been p	rovided	I in Part :	XIII	. Ц		
Pa	rt V	<b>Endowment Funds.</b> Complete if the organization ans	wered "Vec" o	n Form 990	Dart	TV/ line	a 10					
		complete if the organization and	(a) Current y		rior yea			ears back	(d) Three y	years back (e	) Four yea	ırs back
<b>1</b> a	Beginni	ng of year balance										
b	Contrib	utions										
c	Net inve	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		xpenditures for facilities grams										
f	Adminis	strative expenses										
g	End of y	year balance										
2	Provid	e the estimated percentage of the curi	rent year end b	alance (line 1	g, colui	mn (a))	held as	5				
а	Board	designated or quasi-endowment 🟲										
b	Perma	nent endowment 🟲										
c	Tempo	orarily restricted endowment <b>&gt;</b>										
	The pe	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%	)								
3a		ere endowment funds not in the posse zation by	ession of the org	ganization tha	t are h	eld and	admını	stered fo	r the		Yes	No
		related organizations			•					3a(i		
L	. ,	lated organizations		urod on Cal-	dula P		•			3a(ii	4	
ь 4		s" on 3a(II), are the related organization be in Part XIII the intended uses of the				· · ·	•		• •	. Зь		<u> </u>
	rt VI	Land, Buildings, and Equipme		- chaowillellt	unus							
· G	. 4.7.7	Complete if the organization ans		n Form 990	, Part	IV, line	e 11a.	See For	rm 990, F	Part X, line	10.	
	Descrip	otion of property (a) Cost or of (investm	ther basis (I	<b>b)</b> Cost or other					depreciation		Book valu	е
1a	Land .	+			4	12,776						42,776
	Building					16,800						346,800
	_	old improvements				.,						
		ent	<del>                                     </del>		8	31,445						81,445

471,021

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fo	erm 990 Part IV li	ne 11h See Form 990	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation
	al derivatives		Cost of end-of	-year market value
(3) Other _	-held equity interests			
(B) Closely- (C)	held equity interests			
(D)				
(E)				_
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, lı	ne 11c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum Part IX	Other Assets.		<b>•</b>	
r dic 1X	Complete if the organization answered 'Yes' on For	m 990, Part IV, lır	ne 11d. See Form 990, Pa	rt X, line 15 (b) Book value
(1)	(a) bescription			(B) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) line 15 )			<b>•</b>
Part X	Complete if the organization answered 'Yes' on For		ne 11e or 11f.See Form	
1. (1) Federal	(a) Description of lial income taxes	bility		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25 )	ala Castronia I I I I I	<b>&gt;</b>	
	or uncertain tax positions In Part XIII, provide the text of tools is liability for uncertain tax positions under FIN 48 (ASC 74)			_

Schedule D (Form 990) 2019

1

Schedule D (Form 990) 2019

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			İ
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII )		1	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )		5	
Par	XII Reconciliation of Expenses per Audited Financial Statements Wi		Return	า.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII )		]	
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )		5	
Par	t XIII Supplemental Information			
Prov	ride 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
	ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		•	· · · · ·
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2019	Page <b>5</b>	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2019

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ)

**Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

DLN: 93493072000160 OMB No 1545-0047

> **2019 Open to Public**

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization North Branch Post No 85 The American Legion Dept of MN

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

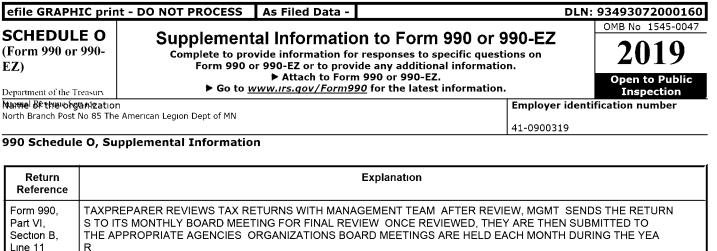
Inspection **Employer identification number** 

								41-0900319	
Pa	rt I	Fundraising Activi Form 990-EZ filers a	•	_		answered "Yes" on F part.	orm 990,	Part IV, line	17.
1	Indica	ite whether the organiza	ition raised funds th	rough an	y of the fo	ollowing activities Check	all that a	pply	
а		ail solicitations			e	Solicitation of nor	n-governm	ent grants	
b	☐ In	ternet and email solicita	tions		f	Solicitation of gov	/ernment o	grants	
c	c ☐ Phone solicitations g ☐ Special fundraising events								
d	☐ In	-person solicitations							
2a b	or key If "Ye	employees listed in For	m 990, Part VII) or and individuals or ent	entity in ities (fun	connection	vidual (including officers on with professional fund pursuant to agreements	raising sei	vices?	es 🗆 No er ıs
(i)		nd address of individual htity (fundraiser)	(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) liser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
ota	al				<b>•</b>				
	List all s licensing		nization is registered	or licens	sed to sol	ıcıt contributions or has	been notifi	ed it is exempt	from registration or

	dule G (Form 990 or 990-EZ) 2019  rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on Form	m 990. Part IV. line 18	Page 2 . or reported more
	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	gross receipts greater than \$.	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue					
	1 Gross receipts	25,392			25,392
	<b>2</b> Less Contributions				
	3 Gross income (line 1 minus line 2)	25,392			25,392
	4 Cash prizes				
Sé	5 Noncash prizes				
Expenses	6 Rent/facility costs				
찣	7 Food and beverages	12,150			12,150
Direct	Entertainment     Other direct expenses				
۵	10 Direct expense summary Add lines 4 t	hrough 9 in column (d)			12,150
	11 Net income summary Subtract line 10	. ,			13,242
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	· · · · · · · · · · · · · · · · · · ·
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Se Be	1 Gross revenue	136,555	1,229,211	151,600	1,517,366
Ses	2 Cash prizes	89,892	1,074,923	115,679	1,280,494
Expense	3 Noncash prizes				
Direct E	4 Rent/facility costs				
ā	5 Other direct expenses		151,681		151,681
		☐ Yes %	☐ Yes	☐ Yes <u>%</u>	
	<b>6</b> Volunteer labor	✓ No	✓ No	✓ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)			1,432,175
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)		85,191
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain	aming activities in each of	•		☐ Yes ☑ No
10a b		censes revoked, suspende			☐ Yes ☑ No

che	dule G (Form 990 or 990-EZ) 2019			Page
1	Does the organization conduct gaming activities with nonmembers?		✓ Yes	□No
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□Yes	
3	Indicate the percentage of gaming activity conducted in		res	
а	The organization's facility	13a		100 000 °
b	An outside facility	13b		c
ŀ	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords		
	Name ► Glenn Pierce			
	Address ► 6439 Elm Street North Branch, MN 55056			
ā	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		_	_
L	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		☐ Yes	✓ No
υ	amount of gaming revenue retained by the third party > \$	:		
С	If "Yes," enter name and address of the third party			
	Name			
	Address ▶			
6	Gaming manager information			
	Name ► Glenn Pierce			
	Gaming manager compensation ► \$ 30,000			
	Description of services provided   Manages, supervises, trains, audits and reports to the Post			
	☐ Director/officer			
,	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>✓</b> Yes	Пис
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		ies -	
	ın the organization's own exempt activities during the tax year ▶ \$			
al	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform			
_	Return Reference Explanation			

Schedule G (Form 990 or 990-EZ) 2019



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 15

CHE BOARD GENERALLY PROCURES MULTIPLE BIDS ON SERVICES AND GOODS IN CASES OF NEW HIRES, M
DELINES AND STANDARDS

THE BOARD GENERALLY PROCURES MULTIPLE BIDS ON SERVICES AND GOODS IN CASES OF NEW HIRES, M
GMT WILL EQUIRE WITH OUTSOURCES TO DETERMINE APPROPRIATE PAY SCALES IN CASES WHERE THERE
WOULD BE AN INCREASE IS SALARIES FOR EXISTING EMPLOYEES, THEY REFER TO OTHER INDUSTRY GUI
DELINES AND STANDARDS

Return Explanation

990 Schedule O, Supplemental Information

Form 990,	THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ALL GOVERNING DOCUMENTS, FINANCIAL STATEMEN
Part VI,	TS AND TAX RETURNS DOCUMENTS ARE AVAILABLE FOR REVIEW UPON WRITTEN REQUEST AT THE POSTS P
Section C,	LACE OF BUSINESS, MONDAY THRU THURSDAY EACH WEEK THE ORGANIZATION DOES NOT HAVE A FORMAL
Line 19	WRITTEN CONFLICT OF INTEREST OR WHISTLEBLOWING POLICIES