


Form **990EZ**


Short Form
Return of Organization Exempt From Income Tax
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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN LEGION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 123

City or town, state or province, country, and ZIP or foreign postal code
COGSWELL, ND 580170123

D Employer identification number
45-6013277

E Telephone number
(701) 724-3817

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 164,751

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			Check if the organization used Schedule O to respond to any question in this Part I		
Revenue	1	Contributions, gifts, grants, and similar amounts received	1		175
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		880
	4	Investment income	4		635
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		163,061
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		136,566
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		26,495
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		28,185
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10		26,950
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		9,753
	13	Professional fees and other payments to independent contractors	13		620
	14	Occupancy, rent, utilities, and maintenance	14		1,592
	15	Printing, publications, postage, and shipping	15		55
	16	Other expenses (describe in Schedule O)	16		1,703
	17	Total expenses. Add lines 10 through 16	17		40,673
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-12,488
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		108,607
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		96,119

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>RICHARD JOHNSON</u> Telephone no. ▶ <u>(701) 724-3817</u>		
Located at ▶ <u>9927 121 ST AVE SE BRAMPTON, ND</u> ZIP + 4 ▶ <u>58017</u>		

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2021-05-15 Date	
	RICHARD JOHNSON FINANCE OFFICE Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name TONI L PTACEK CPA	Preparer's signature	Date 2021-04-30	Check <input type="checkbox"/> if self-employed	PTIN P00087131
	Firm's name ▶ PTACEK FINANCIAL SERVICES PC			Firm's EIN ▶ 45-0450259	
	Firm's address ▶ 420 MAIN AVE OAKES, ND 584741637			Phone no. (701) 742-2179	

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

Additional Data

Software ID:
Software Version:
EIN: 45-6013277
Name: AMERICAN LEGION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SPONSOR CHILDREN AND YOUTH PROGRAMS: THE ORGANIZATION PROVIDED ASSISTANCE TO PROGRAMS FOR THE CHILDREN AND THE YOUTH IN THE SURROUNDING COMMUNITIES: DOLLAR FOR SCHOLARS 1000 ISIAH KUJANSON SCHOLARSHIP 1000 TOTAL PSA 1 2000 (Grants \$)		28a
If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>29</div> <div>SPONSOR ACTIVITES OF A PATRIOTIC NATURE AND VETERAN CAUSES: INCLUDES SUPPORTING VETERAN PROGRAMS TO HONOR VETERANS FOR THEIR SERVICE: ND VETERANS HOME 750 QUILTS FOR VALOR 500 BRADY OBERG FOUNDATION 250 BRAMPTON CEMETARY 500 ND VETS CEMETARY 250 ACTICE HEROES 100 VETERANS GOLF TOURNAMENT 250 COGSWELL COMMUNITY CTR 4000 RIDING FOR DREAMS 2000 AM LEGION NATIONAL 50 TOTAL PSA 2 8650</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>30 SPONSOR SOCIAL WELFARE OF THE COMMUNITY: THE ORGANIZATION PROVIDED ASSISTANCE TO GROUPS AND ORGANIZATIONS CONNECTED WITH THE CITY OF COGSWELL AND THE SURROUNDING COMMUNITIES: SARGENT COUNTY AMBULANCE 2000 KEDISH HOUSE 300 FORMAN PARK 1000 SARGENT COUNTY FOOD BANK 1500 GREAT PLAINS FOOD BANK 1000 SARGENT COUNTY MUSEUM 500 TOTAL PSA 3 6300 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div>

TY 2020 Compensation Explanation**Name:** AMERICAN LEGION**EIN:** 45-6013277

Person Name	Explanation
GERALD BOSSE	
BOB BANDERET	
RICHARD JOHNSON	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue		163,061		163,061
	2 Cash prizes		126,246		126,246
	3 Noncash prizes				
	4 Rent/facility costs		3,000		3,000
	5 Other direct expenses		7,320		7,320
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				136,566
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				26,495

9 Enter the state(s) in which the organization conducts gaming activities: ND

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**
- 12** 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** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► PENNY PLANTEEN

Address ► PO BOX 123 COGSWELL, ND 580170123

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☒ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► ROSLYN AMERMAN

Gaming manager compensation ► \$ 3,600

Description of services provided ► SERVICES MACHINES

☒ Director/officer

☒ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 13,912

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PAGE 3, PART III, LINE 17B	NORTH DAKOTA 13,912

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
AMERICAN LEGION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

45-6013277

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION: 8,650 CASH CONTRIBUTION: 6,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	NAME: COGSWELL COUNTRYSIDE BAR & GRILL ADDRESS: 255 4TH AVE COGSWELL, ND 58017 CASH CONTRIBUTION: 10,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES TRAVEL 573 INSURANCE 250 DUES 880 TOTAL 1,703

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	N/R COGSWELL BAR 10,000 0 TOTAL 10,000 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	SPONSOR CHILDREN AND YOUTH PROGRAMS: THE ORGANIZATION PROVIDED ASSISTANCE TO PROGRAMS FOR THE CHILDREN AND THE YOUTH IN THE SURROUNDING COMMUNITIES: DOLLAR FOR SCHOLARS 1000 ISIAH KUJANSON SCHOLARSHIP 1000 TOTAL PSA 1 2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	SPONSOR ACTIVITIES OF A PATRIOTIC NATURE AND VETERAN CAUSES: INCLUDES SUPPORTING VETERAN PROGRAMS TO HONOR VETERANS FOR THEIR SERVICE: ND VETERANS HOME 750 QUILTS FOR VALOR 500 BRADY OBERG FOUNDATION 250 BRAMPTON CEMETARY 500 ND VETS CEMETARY 250 ACTIVE HEROES 100 VETERANS GOLF TOURNAMENT 250 COGSWELL COMMUNITY CTR 4000 RIDING FOR DREAMS 2000 AM LEGION NATIONAL 50 TOTAL PSA 2 8650

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 30	SPONSOR SOCIAL WELFARE OF THE COMMUNITY: THE ORGANIZATION PROVIDED ASSISTANCE TO GROUPS AND ORGANIZATIONS CONNECTED WITH THE CITY OF COGSWELL AND THE SURROUNDING COMMUNITIES: SARGENT COUNTY AMBULANCE 2000 KEDISH HOUSE 300 FORMAN PARK 1000 SARGENT COUNTY FOOD BANK 1500 GREAT PLAINS FOOD BANK 1000 SARGENT COUNTY MUSEUM 500 TOTAL PSA 3 6300