

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2007** calendar year, or tax year beginning **AUG 1, 2007** and ending **JUL 31, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION</b>	<b>D</b> Employer identification number <b>41-0694680</b>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>20 W. 12TH ST., STATE VETERANS BLDG 300A</b>	<b>E</b> Telephone number <b>(651) 291-1800</b>
	City or town, state or country, and ZIP + 4 <b>ST. PAUL, MN 55155</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **N/A**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **64,464.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>9,888.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>9,888.</b> noncash \$ ) ...		<b>1e</b>		<b>9,888.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>		
	<b>3</b> Membership dues and assessments		<b>3</b>		<b>46,793.</b>
	<b>4</b> Interest on savings and temporary cash investments		<b>4</b>		<b>7,783.</b>
	<b>5</b> Dividends and interest from securities		<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )		<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>			
	Less: cost or other basis and sales expenses	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b) ...	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a		<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>		<b>64,464.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>47,970.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>19,463.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		<b>17</b>		<b>67,433.</b>	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12		<b>18</b>		<b>-2,969.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>		<b>235,758.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>		<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20		<b>21</b>		<b>232,789.</b>	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule) <b>STATEMENT 1</b>	47,970.	47,970.		
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	4,458.	0.	4,458.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	1,243.		1,243.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	1,507.		1,507.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>PROFESSIONAL FEES</b>	8,494.		8,494.	
<b>b</b> <b>MISCELLANEOUS EXPENSES</b>	2,261.		2,261.	
<b>c</b> <b>GENERAL OFFICE</b>				
<b>d</b> <b>EXPENSES</b>	1,500.		1,500.	
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	67,433.	47,970.	19,463.	0.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 2</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a ASSISTED QUALIFIED MEMBERS IN NEED WITH MEDICAL COSTS</b>     	
(Grants and allocations \$ <b>47,970.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>47,970.</b>
<b>b</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>47,970.</b>

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing .....	11,159.	45	182,789.
	46	Savings and temporary cash investments .....	225,000.	46	50,000.
	47 a	Accounts receivable .....	47a		
		b Less: allowance for doubtful accounts .....	47b		47c
	48 a	Pledges receivable .....	48a		
		b Less: allowance for doubtful accounts .....	48b		48c
	49	Grants receivable .....			49
	50 a	Receivables from current and former officers, directors, trustees, and key employees .....			50a
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b
	51 a	Other notes and loans receivable .....	51a		
		b Less: allowance for doubtful accounts .....	51b		51c
	52	Inventories for sale or use .....			52
	53	Prepaid expenses and deferred charges .....			53
	54 a	Investments - publicly-traded securities .....		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
		b Investments - other securities .....		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a	Investments - land, buildings, and equipment: basis .....	55a		
		b Less: accumulated depreciation .....	55b		55c
	56	Investments - other .....			56
	57 a	Land, buildings, and equipment: basis .....	57a		
	b Less: accumulated depreciation .....	57b		57c	
58	Other assets, including program-related investments (describe ▶ _____)			58	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	236,159.	59	232,789.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	401.	60	
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees .....		63	
	64 a	Tax-exempt bond liabilities .....		64a	
		b Mortgages and other notes payable .....		64b	
	65	Other liabilities (describe ▶ _____)			65
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	401.	66	0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	235,758.	67	232,789.
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	235,758.	73	232,789.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	236,159.	74	232,789.	

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<b>Part VI Other Information</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	82a		<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	82b		N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	83b	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a		N/A
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b		N/A
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	85a		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	85b		N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	85c		N/A
<b>d</b> Section 162(e) lobbying and political expenditures .....	85d		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	85e		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	85f		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	85g		N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	85h		N/A
<b>86</b> 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....	86a		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	86b		N/A
<b>87</b> 501(c)(12) organizations. Enter: a Gross income from members or shareholders .....	87a		N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	87b		N/A
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	88a		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	88b		<b>X</b>
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	89b		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			0.
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	89e		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A .....	89g		
<b>90 a</b> List the states with which a copy of this return is filed ▶ MN			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 .....	90b		1
<b>91 a</b> The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (651) 291-1800 Located at ▶ 20 W. 12TH ST., STATE VETERANS BLDG, ST PAUL, MN ZIP + 4 ▶ 55155			
<b>b</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)? .....	91b		<b>X</b>
If "Yes," enter the name of the foreign country ▶ N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					46,793.
95 Interest on savings and temporary cash investments ...			14	7,783.	
96 Dividends and interest from securities .....					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		7,783.	46,793.
105 Total (add line 104, columns (B), (D), and (E)) .....					54,576.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	<b>ANNUAL DUES RECEIVED FROM ORGANIZATION MEMBERS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: *1/6/09* Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **LARSONALLEN LLP**  
**220 SOUTH SIXTH STREET, SUITE 300**  
**MINNEAPOLIS, MN 55402**

EIN: \_\_\_\_\_ Phone no.: **612-376-4500**

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION** Employer identification number **41 0694680**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**AMERICAN LEGION FAMILY HOSPITAL**

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	0.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**AMERICAN LEGION FAMILY HOSPITAL**

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**AMERICAN LEGION FAMILY HOSPITAL**

Schedule A (Form 990 or 990-EZ) 2007 **ASSOCIATION**

41-0694680 Page 4

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29,263.	70,539.	56,592.	71,766.	228,160.
16 Membership fees received	40,535.	41,687.	43,851.	43,600.	169,673.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,624.	7,885.	6,449.	6,982.	32,940.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,154.		SEE STATEMENT 5		1,154.
23 Total of lines 15 through 22	82,576.	120,111.	106,892.	122,348.	431,927.
24 Line 23 minus line 17	82,576.	120,111.	106,892.	122,348.	431,927.
25 Enter 1% of line 23	826.	1,201.	1,069.	1,223.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
c Add: Amounts from column (e) for lines: 15 228,160. 16 169,673. 17 _____ 20 _____ 21 _____	27c	397,833.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	397,833.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	431,927.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	92.1065%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	7.6263%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**AMERICAN LEGION FAMILY HOSPITAL**

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**AMERICAN LEGION FAMILY HOSPITAL**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <table border="0" style="width:100%; border:none;"> <tr> <td style="width:50%;"><b>If the amount on line 40 is -</b></td> <td style="width:50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000 .....	20% of the amount on line 40 .....														
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....														
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....														
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....														
Over \$17,000,000 .....	\$1,000,000 .....														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		<b>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		<b>X</b>	
<b>c</b> Media advertisements .....		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public .....		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements .....		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes .....		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		<b>X</b>	
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



FORM 990	BENEFITS PAID TO OR FOR MEMBERS	STATEMENT	1
DESCRIPTION		AMOUNT	
DEATH, SICKNESS, AND HOSPITALIZATION EXPENSES		47,970.	
TOTAL TO FORM 990, PART II, LINE 24		47,970.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	2
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EXPLANATION

AMERICAN LEGION HOSPITAL ASSOCIATION WAS INCORPORATED IN 1922 FOR THE PRIMARY PURPOSE OF RENDERING MEDICAL ASSISTANCE IN TIME OF SICKNESS AND IN DEATH TO ITS MEMBERS AND THEIR DEPENDENTS.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	3
----------	-------------------------------------------------------------------------------	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
KRIS NELSON 20 W. 12TH ST., #300A ST. PAUL, MN 55155	PRESIDENT 6.00	0.	0. 57.
MICHAEL NEUBARTH 20 W. 12TH ST., #300A ST. PAUL, MN 55155	VICE PRESIDENT 4.00	0.	0. 0.
DENNIS BLUE 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0. 35.
JAMES COPHER 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0. 0.
MARIE GOEDE 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0. 103.

DEAN KNUTSON 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0.	0.
ORVILLE OTTERNESS 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0.	0.
LLOYD SCHAEFFER 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0.	46.
BETTY SNYDER 20 W. 12TH ST., #300A ST. PAUL, MN 55155	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM C. BARBKNECHT 20 W. 12TH ST., #300A ST. PAUL, MN 55155	EXECUTIVE DIRECTOR 10.00	4,217.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A 4,217. 0. 241.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE AMERICAN LEGION, DEPARTMENT OF MINNESOTA	X	
THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF MINNESOTA	X	
SONS OF THE AMERICAN LEGION, DEPARTMENT OF MINNESOTA	X	

SCHEDULE A OTHER INCOME STATEMENT 5

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	1,154.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1,154.	0.	0.	0.

ARTICLES OF AMENDMENT  
TO  
CERTIFICATE OF INCORPORATION  
OF  
THE AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION

The members of The American Legion **Family** Hospital Association have adopted the following Articles of Amendment to Certificate of Incorporation of The American Legion **Family** Hospital Association:

1. The Certificate of Incorporation of The American Legion **Family** Hospital Association as filed with the Secretary of State of the State of Minnesota is hereby amended in the following manner:

*a. Article I of the Certificate of Incorporation is hereby amended in the following manner:*

ARTICLE I

The name of this corporation shall be the AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION; the principal place for the transaction of its business shall be in the City of St. Paul, State of Minnesota, and the location and post office address of its registered office in this state shall be in the State Veterans Service Building, 20 West 12<sup>th</sup> Street, Rooms 300A, Saint Paul, Minnesota 55155.

ARTICLE II

The general nature of the business of this corporation and its general purpose shall be to render assistance in time of sickness and in death to the members of the American Legion Family Hospital Association and their dependents, provided they have been a member in good standing for twelve (12) months prior to application for benefits (however, no person who is not a member of this association, but who is eligible for membership, shall receive assistance); and to transact any further business and exercise any other powers which are not here or hereafter may be granted by the statutes of the State of Minnesota for such corporations.

ARTICLE III

The period of duration of this corporation shall be perpetual.

*b. Article IV of the Certificate of Incorporation is hereby amended in the following manner:*

ARTICLE IV

The names and places of residence of the persons forming this corporation are as follows:

William Fitzgerald	Rochester, Minnesota
Harrison Fuller	St. Paul, Minnesota
Richard L. Grigg's	Duluth, Minnesota
Sumner T. McKnight	Minneapolis, Minnesota
W.G. Mortensen	St. Paul, Minnesota
Rufus R. Rand	Minneapolis, Minnesota

**September 22, 1922 (Incorporation Date)**

ARTICLE V

All present members and all persons who may hereafter be admitted to membership in either The American Legion, Department of Minnesota, or The American Legion Auxiliary, Department of Minnesota, or The Sons of The American Legion, Detachment of Minnesota, shall be members of this corporation so long as they remain members in good standing.

*c. Article VI of the Certificate of Incorporation is hereby amended in the following manner:*

ARTICLE VI

~~There shall be no stated contributions from the members.~~

**Contributions from the members shall be \$ .25, coming from membership dues.**

*d. Article VII of the Certificate of Incorporation is hereby amended in the following manner:*

#### ARTICLE VII

There shall be no capital stock of this corporation and, as its objects and purposes are not for the pecuniary benefit of any member, no part of the net income of this corporation, or of its property or assets upon dissolution or liquidation shall ever inure to the benefit of any of its members or of any private individual.

Upon the dissolution or liquidation of this corporation, all of its property and assets, after the payment of all claims and liabilities, shall belong to and be the property of the Department of Minnesota of The American Legion, The American Legion Auxiliary, The Sons of The American Legion, or its successor. If said Department of Minnesota of The American Legion, The American Legion Auxiliary, The Sons of The American Legion shall be no longer in existence and there shall be no successor to it, said property shall belong to and be the property of the State of Minnesota, provided, however, that no gifts received by this corporation shall be diverted from the purposes for which they were given by the donor without his or her consent.

*e. Article VIII of the Certificate of Incorporation is hereby amended in the following manner:*

#### ARTICLE VIII

The term of office of each elected trustee shall commence immediately following his or her election at the annual meeting. Vacancies among the elected trustees shall be filled by appointment by the board of trustees to fill out the unexpired portion of the term.

The officers of this corporation shall consist of a president, vice president, secretary and treasurer, who shall be elected from a board of trustees consisting of ten members who shall serve without pay, **except for mileage and per diem set at the first meeting of the board.** The members of the board of trustees shall be elected from the members of the corporation, except that three members of the Board of Trustees shall at all times consist of three persons designated, one each, by the Department Commander of The American Legion, The Department President of The American Legion Auxiliary and the ~~Department Finance Committee of The American Legion,~~ **The Detachment Commander of The Sons of The American Legion**, who shall serve one-year terms. The remaining seven members of the board of trustees shall be elected at the annual meeting of the corporation for a term of three years from and after the expiration of the terms of office of the present trustees so that in each of two years, two shall be elected while in the third year, three shall be elected. At least two member of the Board of Trustees shall always be woman members of **The American Legion Auxiliary**. At least one member of the Board of Trustees shall be a member of The Sons of The American Legion, Detachment of Minnesota.

The Board of Trustees shall elect the other officers and have the general management of the affairs of this corporation and may, from time to time, designate such subsidiary boards and committees as they may see fit and define their duties, provided, however, that no subsidiary board or committee shall have the power to enter into any contract which shall require the expenditure of more than Five Hundred (\$500.00).

The duties of the officers and trustees shall be prescribed by the By-Laws, except as herein otherwise provided.

*f. Article IX of the Certificate of Incorporation is hereby amended in the following manner:*

#### ARTICLE IX

The annual meeting of this corporation shall be held at the same time and place as the ~~annual convention~~ **FALL CONFERENCE** of The Department of Minnesota of the American Legion, The American Legion Auxiliary and **The Sons of The American Legion, Detachment of Minnesota**. The specific hour and date shall be determined by the Board of Trustees. **The fiscal year of The American Legion Family Hospital Association shall be August 1 – July 31.**

*g. Article X of the Certificate of Incorporation is hereby amended in the following manner:*

#### ARTICLE X

This Certificate of Incorporation may be amended by a majority vote of those members of the corporation who are in attendance at the annual meeting, **one vote per person**, provided that proper legal notice has been rendered

2. The amendments to the Certificate of Incorporation were duly adopted by the members at a meeting thereof on the 16<sup>th</sup> day of July, 2004
3. These amendments to the Certificate of Incorporation have been adopted pursuant to chapter 317A of the Minnesota Statutes.

AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION

BY Chuck Tolzman  
Chuck Tolzman, Its Secretary

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>AMERICAN LEGION FAMILY HOSPITAL ASSOCIATION</b>	Employer identification number <b>41-0694680</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>20 W. 12TH ST., STATE VETERANS BLDG, NO. 300A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PAUL, MN 55155</b>	

**Check type of return to be filed**(file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**  
Telephone No. ▶ **(651) 291-1800** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MARCH 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **AUG 1, 2007**, and ending **JUL 31, 2008**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.