

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u></p> <p><u>P.O. BOX 1055</u> <u>INDIANAPOLIS, IN 46206</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>35-0144250</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>317-630-1200</u></p> <p><b>2d</b> Business code (see instructions) <u>813000</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/05/2026	SHAWN T. LONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	301
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	179
	<b>6a(2)</b>	170
	<b>6b</b>	51
	<b>6c</b>	82
	<b>6d</b>	303
	<b>6e</b>	5
	<b>6f</b>	308
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		7
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u>	<b>D</b> Employer Identification Number (EIN) <u>35-0144250</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>6615618</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>6723087</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>55</u>	<u>1682006</u>
	<b>b</b> For terminated vested participants .....	<u>67</u>	<u>1126491</u>
	<b>c</b> For active participants .....	<u>179</u>	<u>5316563</u>
	<b>d</b> Total .....	<u>301</u>	<u>8125060</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.27 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>899508</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>209500</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1109008</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>10/14/2025</u>
	<u>REBECCA DELUGA</u>	Date
	Type or print name of actuary	<u>23-08938</u>
	<u>OCTOBER THREE CONSULTING LLC</u>	Most recent enrollment number
	Firm name	<u>317-316-5442</u>
	<u>ONE AMERICAN SQUARE, SUITE 2625</u>	Telephone number (including area code)
	<u>INDIANAPOLIS, IN 46282-0020</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.25</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		35529
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % .....		1908
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		37437
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	79.47 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	79.47 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	80.87 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/19/2024	1401474	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1401474	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 1318338
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 1109008
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	1735863	175150	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 1284158
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 1284158
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 1318338
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 34180
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN LEGION NATIONAL HEADQUARTERS</b>	<b>D</b> Employer Identification Number (EIN) <b>35-0144250</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIRST MERCHANTS CORPORATION

35-2037741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 59	NONE	12219	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIFTH THIRD BANK RETIREMENT SERVICE	59	0
(d) Enter name and EIN (address) of source of indirect compensation FED GOVERNMENT OBLIGATIONS FUND PRE      FEDERATED INVESTORS FUNDS WARRENDALE, PA 15086-7561	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.100 OF 1% ON ASSETS UP TO \$50 BILLION; 0.075% OF 1% ON ASSETS OVER \$50 BILLION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN LEGION NATIONAL HEADQUARTERS</b>	<b>D</b> Employer Identification Number (EIN) <b>35-0144250</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	1274436
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	46046	48349
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	102255	326071
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1855250	1302310
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2485615	2953551
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	2126452	2533350
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6615618	8438067
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6615618	8438067

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1401474	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1401474
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	20209	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	61269	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	96450	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		177928
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	30119	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		30119
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	6451681	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	6437959	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		13722
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	501033	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2124276

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	144700	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		144700
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	16426	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	12219	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	128482	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		157127
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		301827

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1822449
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes    No    Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559601.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u>	<b>D</b> Employer Identification Number (EIN) <u>35-0144250</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
---	----------	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 31-1051736

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**THE AMERICAN LEGION  
NATIONAL HEADQUARTERS  
EMPLOYEES' RETIREMENT PLAN**  
Indianapolis, Indiana

**FINANCIAL STATEMENTS**  
December 31, 2024 and 2023

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN

FINANCIAL STATEMENTS  
December 31, 2024 and 2023

CONTENTS

INDEPENDENT AUDITOR'S REPORT .....	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS .....	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS .....	5
NOTES TO FINANCIAL STATEMENTS .....	6
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) .....	13
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS .....	16

## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
The American Legion National Headquarters Employees' Retirement Plan  
Indianapolis, Indiana

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of The American Legion National Headquarters Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

---

(Continued)

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

---

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Crowe LLP*  
Crowe LLP

South Bend, Indiana  
December 16, 2025

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

---

	<u>2024</u>	<u>2023</u>
<b>Net assets available for benefits</b>		
Investments, at fair value (Note 2 and 5)		
Money market accounts	\$ 326,071	\$ 102,255
Agency bonds	1,302,310	1,855,250
Municipal bonds	522,163	526,601
Corporate bonds	2,431,388	1,959,014
Common stocks	<u>2,533,350</u>	<u>2,126,452</u>
Total investments	7,115,282	6,569,572
 Cash	 1,274,436	 -
 Receivables		
Accrued income receivable	<u>48,349</u>	<u>46,046</u>
 Total assets	 <u>8,438,067</u>	 <u>6,615,618</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u><b>\$ 8,438,067</b></u>	 <u><b>\$ 6,615,618</b></u>

---

See accompanying notes to financial statements.

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years ended December 31, 2024 and 2023

---

	<u>2024</u>	<u>2023</u>
<b>Additions to net assets attributed to:</b>		
Investment income (Note 5)		
Dividends	\$ 30,119	\$ 25,173
Interest	177,928	142,552
Net appreciation in fair value of investments	<u>514,755</u>	<u>424,486</u>
Total investment income	722,802	592,211
 Employer contributions	 <u>1,401,474</u>	 <u>1,202,735</u>
Total additions	2,124,276	1,794,946
 <b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	144,700	116,260
Trustee expenses	12,219	9,681
Administrative expenses	<u>144,908</u>	<u>209,444</u>
Total deductions	<u>301,827</u>	<u>335,385</u>
 <b>Net increase in net assets available for benefits</b>	 1,822,449	 1,459,561
 <b>Net assets available for benefits</b>		
Beginning of year	<u>6,615,618</u>	<u>5,156,057</u>
 End of year	 <u>\$ 8,438,067</u>	 <u>\$ 6,615,618</u>

---

See accompanying notes to financial statements.

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of The American Legion National Headquarters Employees' Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General: The Plan is a defined-benefit pension plan and is sponsored by The American Legion (the "Legion") for the benefit of eligible employees of the National Headquarters who have completed one year of service and have attained age 21. The Plan was established as of January 1, 2017. During 2024, \$1,401,474 was contributed into the Plan by the sponsor. The National Retirement Committee, the governing body for administration of the Plan, is composed of (1) the Chairman of the National Finance Commission; (2) the National Judge Advocate; (3) the National Adjutant; and (4) the National Treasurer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits: A participant is fully vested after five years of service, as defined in the Plan agreement, or at age 65. Participants may elect reduced early retirement upon attainment of age 55 with at least 15 years of service. Participants who have reached at least age 55 and whose age and years of vesting service combined total at least 80 may elect early retirement with full benefits. Benefits to be received under the Plan are based on the employee's years of service and fractions thereof multiplied by their monthly plan compensation. For purposes of determining years of service, service prior to January 1, 2017 is recognized, but service prior to July 1, 2008 is not recognized. Monthly plan compensation used to calculate benefits under the Plan is defined as one-twelfth of the participant's compensation for the accrual year. Upon retirement, benefits are paid monthly during the lifetime of the retiree and, if applicable, during the lifetime of a surviving beneficiary. A participant with an eligible spouse will have the benefits paid in the form of a joint and survivor annuity, unless the participant elects not to receive the benefit in this form. Any Plan benefit (including a death benefit payable to the beneficiary of a deceased participant and any benefit payable to an alternate payee under the terms of a qualified domestic relations order) will be converted to a lump sum and paid in a single cash lump sum if the present value is \$1,000 or less.

Should a participant retire prior to the age of 65, he or she shall be entitled to the retirement benefit payable at age 65 or a reduced benefit as follows:

For participants who retire between ages 60 and 65 with at least 15 years of vesting services, the reduction shall be 0.25% for each month that the participant is under age 65; and for participants who retire between ages 55 and 60 with at least 15 years of vesting service, the reduction shall be 0.50% for each month that the participant is under age 65.

Disability and Death Benefits: If an active employee dies, regardless of the employee's age at date of death, a death benefit equal to 100% of the retirement benefit earned by the employee is payable to the surviving spouse with a reduction in the benefit payable if the surviving spouse is less than 65. Active employees of a participant group that does not maintain a long-term disability plan who have 15 years of service and become totally disabled before age 65 are eligible for disability benefits equal to 1% of average monthly salary for each year of benefit service, subject to a minimum of 20% of monthly plan compensation. An employee with a group that does maintain a long-term disability plan is eligible for normal retirement benefits upon reaching normal retirement age with credit service for his or her period of disability.

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following are the significant accounting policies followed by the plan:

Basis of Accounting: The financial statements are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates.

Risks and Uncertainties: The Plan provides for various investment options including any combination of stocks, bonds, fixed income securities, money market funds, and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in these financial statements.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Administrative Expenses: Administrative expenses may be paid by the National Retirement Committee or by the Plan at the discretion of the National Retirement Committee.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following represents the valuation methods and assumptions used by the plan to estimate the fair values of investments.

The fair values of money market funds and common stock are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The fair value of corporate and municipal bonds are based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities with similar credit risk (Level 2 inputs).

The fair value of certain U.S. Government securities and agency bonds are valued at the closing price reported in the active market in which the bond is traded (Level 1 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2024, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Common stock	\$ 2,533,350	\$ 2,533,350	\$ -
Agency bonds	1,302,310	1,302,310	-
Municipal bonds	522,163	-	522,163
Corporate bonds	2,431,388	-	2,431,388
Money market accounts	326,071	326,071	-
Total	\$ 7,115,282	\$ 4,161,731	\$ 2,953,551

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

	Fair Value Measurements at December 31, 2023, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Common stock	\$ 2,126,452	\$ 2,126,452	\$ -
Agency bonds	1,855,250	1,855,250	-
Municipal bonds	526,601	-	526,601
Corporate bonds	1,959,014	-	1,959,014
Money market accounts	<u>102,255</u>	<u>102,255</u>	<u>-</u>
Total	<u>\$ 6,569,572</u>	<u>\$ 4,083,957</u>	<u>\$ 2,485,615</u>

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the plan's provisions to services rendered by the employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average yearly compensation rate on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term, and that the effect of such change could be significant.

The significant actuarial assumptions used in the valuations dated December 31, 2024 and 2023 were as follows:

Interest rate assumption:	5.50% & 4.81% (as of December 31, 2024 and 2023)
Mortality basis:	PRI-2012 total data set, with the generation mortality improvement scale MP-2021
Normal retirement age:	Benefits are assumed to commence at the earlier of age 65 or age 62 with 30 years of service

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

During 2024, the discount rate increased from 4.81% to 5.50% to reflect current market yields. All other significant assumptions remained unchanged. The higher discount rate reduced the present value of future benefit obligations, resulting in a \$991,738 decrease in the actuarial present value of accumulated plan benefits attributable to changes in actuarial assumptions for the year ended December 31, 2024.

The actuaries performed the valuations as of December 31, 2024 and 2023. The accumulated plan benefit information as of these valuation dates is as follows:

	<u>2024</u>	<u>2023</u>
<b>Actuarial present value of accumulated plan benefits</b>		
Vested benefits		
Participants currently receiving payments	\$ 1,839,873	\$ 1,762,130
Other participants	<u>7,948,628</u>	<u>7,040,797</u>
Total vested benefits	9,788,501	8,802,927
Nonvested benefits	<u>283,129</u>	<u>369,512</u>
<b>Total actuarial present value of accumulated plan benefits</b>	<u>\$ 10,071,630</u>	<u>\$ 9,172,439</u>

The changes in actuarial present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 consist of the following:

	<u>2024</u>	<u>2023</u>
<b>Actuarial present value of accumulated plan benefits at beginning of year</b>	\$ 9,172,439	\$ 6,381,144
Increase (decrease) attributed to:		
Actuarial loss during the plan year	553,527	200,906
Benefits accumulated during the plan year	993,138	754,730
Increase for interest accumulated	488,964	436,002
Benefits paid	(144,700)	(116,260)
Changes in actuarial assumptions	<u>(991,738)</u>	<u>1,515,917</u>
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<u>\$ 10,071,630</u>	<u>\$ 9,172,439</u>

**NOTE 4 - FUNDING POLICY**

The Legion's funding policy is to make contributions to the Plan that are designed to provide that all employees' benefits will be fully provided for by the time they retire and meet or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The net investment income serves to reduce contributions that would otherwise be required for the defined level of benefits under the Plan. Amounts forfeited by any participant through termination of employment are used to reduce future contributions to the Plan and do not increase the benefits which other participants would otherwise receive under the Plan. The Legion met the minimum funding requirements of ERISA for 2024 and 2023. Participant contributions are not permitted under the Plan.

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 5 - CERTIFIED INVESTMENTS**

Fifth Third Bank, as the Plan trustee, holds the Plan's investment assets and executes transactions therein, and substantially all information pertaining to the Plan's investments included in the financial statements has been certified as complete and accurate by them.

**NOTE 6 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Benefits to be provided via allocated contracts under which Legion is obligated to pay the benefits would be excluded for allocation purposes. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**NOTE 7 - TAX STATUS**

The Internal Revenue Service has determined and informed the Legion by a letter dated March 26, 2018 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. For the year ended December 31, 2024 and 2023, the Plan paid administrative fees to the trustee of \$12,219 and \$9,681, which qualifies as a party-in-interest transaction. The Plan also paid fees to third party service providers for the year ended December 31, 2024 and 2023, which qualifies as a party-in-interest transaction. The Legion provides certain administrative services at no cost to the Plan.

---

(Continued)

THE AMERICAN LEGION  
NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 9 - SUBSEQUENT EVENTS**

Plan management evaluated subsequent events for recognition and disclosure through December 16, 2025, the date these financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULES**

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Money Market Funds</b>			
FEDERATED - GOVERNMENT OBLIGATIONS PREMIER (INCOME INVESTMENT)	Fed Government Obligations Premier	\$ 50,383	\$ 50,383
FEDERATED - GOVERNMENT OBLIGATIONS PREMIER	Fed Government Obligations Premier	\$ 275,688	\$ 275,688
<b>Total Money Market Funds</b>		<b>326,071</b>	<b>326,071</b>
<b>Short Term Investments</b>			
UNITED STATES TREAS BILLS - DUE 05/15/25	DUE 05/15/25	\$ 72,591	\$ 73,853
<b>Total Short Term Investments</b>		<b>72,591</b>	<b>73,853</b>
<b>US Government Bonds</b>			
UNITED STATES TREAS NTS	50,000 shares, 4.125%, due 11/15/32	\$ 49,572	\$ 48,766
UNITED STATES TREAS NTS	375,000 shares, 4.000%, due 02/15/34	\$ 375,775	\$ 359,010
UNITED STATES TREAS NTS	50,000 shares, 4.125%, due 03/31/31	\$ 49,744	\$ 49,081
UNITED STATES TREAS NTS	30,000 shares, 2.875%, due 05/15/28	\$ 29,101	\$ 28,656
<b>Total US Government Bonds</b>		<b>504,192</b>	<b>485,513</b>
<b>Agency Bonds</b>			
FEDERAL HOME LOAN BANK	11/10/22 4.750 12/10/32	\$ 50,901	\$ 50,115
FEDERAL HOME LOAN BANK	08/21/23 5.240 08/21/29	\$ 74,625	\$ 74,786
FEDERAL HOME LOAN BANK	05/22/23 5.000 05/22/28	\$ 50,000	\$ 49,964
FEDERAL HOME LOAN BANK	02/15/24 4.450 02/12/29	\$ 198,900	\$ 198,444
FEDERAL HOME LOAN BANK	06/28/24 4.780 06/28/34	\$ 250,000	\$ 248,322
FEDERAL HOME LOAN BANK	10/03/24 3.850 10/01/29	\$ 122,799	\$ 121,313
<b>Total Agency Bonds</b>		<b>747,225</b>	<b>742,944</b>
<b>Corporate Bonds</b>			
AMERICAN HONDA FIN CORP MTN	50,000, 1.000%, due 09/10/25	\$ 45,892	\$ 48,710
AMGEN INC	90,000, 3.200%, due 11/02/27	\$ 90,000	\$ 86,567
ANTHEM INC	100,000, 4.101%, due 03/01/28	\$ 99,600	\$ 97,725
APPLE INC	325,000, 4.500%, due 02/23/36	\$ 325,688	\$ 317,200
APPLE INC	50,000, 3.250%, due 08/08/29	\$ 46,791	\$ 47,246
APPLE INC	25,000, 4.150%, due 05/10/30	\$ 24,334	\$ 24,758
COSTCO WHOLESALE CORP NEW	100,000, 1.375%, due 06/20/27	\$ 95,935	\$ 92,960
DISNEY WALT CO NEW MTN	100,000, 2.950%, due 06/15/27	\$ 99,570	\$ 96,421
DUKE ENERGY CAROLINAS LLC	275,000, 4.950%, due 01/15/33	\$ 277,420	\$ 270,424
EXXON MOBIL CORP	25,000, 3.482%, due 03/19/30	\$ 22,916	\$ 23,548
EXXON MOBIL CORP	75,000, 2.610%, due 10/15/30	\$ 65,956	\$ 66,824
META PLATFORMS INC	50,000, 4.800%, due 05/15/30	\$ 50,204	\$ 50,416
FLORIDA PWR & LT CO	75,000, 2.450%, due 02/03/32	\$ 63,127	\$ 63,290
FLORIDA PWR & LT CO	55,000, 5.050%, due 04/01/28	\$ 54,961	\$ 55,528
GOLDMAN SACHS GROUP INC	100,000, 3.750%, due 05/22/25	\$ 109,961	\$ 99,633
GOLDMAN SACHS GROUP INC	100,000, 1.450%, due 07/30/26	\$ 100,000	\$ 94,545
JPMORGAN CHASE & CO SUB GLBL NT	100,000, 4.125%, due 12/15/26	\$ 100,800	\$ 98,942
JP MORGAN CHASE & CO	100,000, 3.900%, due 07/15/25	\$ 111,318	\$ 99,643
MICROSOFT CORP	25,000, 2.400%, due 08/08/26	\$ 23,313	\$ 24,250
MICROSOFT CORP	50,000, 3.450%, due 08/08/36	\$ 44,533	\$ 43,598
MORGAN STANLEY	50,000, 3.875%, due 01/27/26	\$ 48,478	\$ 49,613

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Corporate Bonds (Continued)</b>			
NORTHROP GRUMMAN CORP SR GLBL NT	25,000, 2.930%, due 01/15/25	\$ 24,096	\$ 24,980
NVIDIA CORP SR GLBL NT	25,000, 2.850%, due 04/01/30	\$ 22,657	\$ 22,911
TOYOTA MTR CR CORP	150,000, 1.800%, due 02/13/25	\$ 148,905	\$ 149,484
TOYOTA MTR CR CORP MEDIUM TERM	50,000, 3.375%, due 04/01/30	\$ 43,733	\$ 46,320
U S BANCORP MEDIUM TERM NTS-	50,000, 3.100%, due 04/27/26	\$ 48,482	\$ 48,928
UNITEDHEALTH GROUP INC	100,000, 1.250%, due 01/15/26	\$ 102,191	\$ 96,739
VISA INC SR GLBL NT 25	50,000, 3.150%, due 12/14/25	\$ 49,139	\$ 49,433
VISA INC	75,000, 4.150%, due 12/14/35	\$ 70,609	\$ 69,292
WALMART INC	75,000, 4.100%, due 04/15/33	\$ 71,948	\$ 71,460
<b>Total Corporate Bonds</b>		<b>2,482,557</b>	<b>2,431,388</b>
<b>Municipal Bonds</b>			
CALIFORNIA ST	100,000, 4.600%, due 04/01/38	\$ 121,750	\$ 93,066
INDIANAPOLIS IND LOC PUB IMPT	100,000, 2.473%, due 01/01/40	\$ 102,750	\$ 73,415
KENTUCKY ST PPTY & BLDGS COMMN	50,000, 4.007%, due 05/01/32	\$ 50,000	\$ 46,524
MERRILLVILLE IND REDEV DIST	100,000, 1.400%, due 01/01/25	\$ 102,161	\$ 100,000
NEBRASKA COOP REPUBLICAN	100,000, 2.216%, due 12/15/30	\$ 101,000	\$ 86,213
RICHMOND VA PUB UTIL REV	150,000, 3.537%, due 01/15/43	\$ 166,962	\$ 122,945
<b>Total Municipal Bonds</b>		<b>644,623</b>	<b>522,163</b>
<b>Common Stock</b>			
LINDE PLC COM	34 shares	\$ 10,830	\$ 14,235
UNION PAC CORP	154 shares	\$ 38,526	\$ 35,118
CUMMINS INC	77 shares	\$ 22,643	\$ 26,842
PARKER HANNIFIN CORP	51 shares	\$ 26,850	\$ 32,438
EATON CORP PLC SHS	115 shares	\$ 27,105	\$ 38,165
HONEYWELL INTL INC	261 shares	\$ 54,272	\$ 58,957
UBER TECHNOLOGIES INC	365 shares	\$ 30,958	\$ 22,017
O REILLY AUTOMOTIVE INC	20 shares	\$ 13,928	\$ 23,716
TESLA, INC	134 shares	\$ 36,611	\$ 54,115
MCDONALDS CORP	60 shares	\$ 14,145	\$ 17,393
AMAZON.COM INC	509 shares	\$ 69,516	\$ 111,670
HOME DEPOT INC	108 shares	\$ 28,326	\$ 42,011
NIKE INC	177 shares	\$ 24,091	\$ 13,394
COCA COLA CO	392 shares	\$ 21,761	\$ 24,406
WALMART INC	867 shares	\$ 41,298	\$ 78,333
PROCTER & GAMBLE CO	292 shares	\$ 38,171	\$ 48,954
CHEVRON CORPORATION	119 shares	\$ 13,337	\$ 17,236
EXXON MOBIL CORP	273 shares	\$ 30,272	\$ 29,367
WILLIAMS COS INC	575 shares	\$ 29,288	\$ 31,119
UNITEDHEALTH GROUP INC	95 shares	\$ 31,341	\$ 48,057
THERMO FISHER SCIENTIFIC INC	96 shares	\$ 43,580	\$ 49,942
ABBOTT LABS	201 shares	\$ 23,508	\$ 22,735
LILLY (ELI) & CO	65 shares	\$ 30,283	\$ 50,180
ZOETIS INC	116 shares	\$ 22,807	\$ 18,900
DANAHER CORP	121 shares	\$ 32,277	\$ 27,776
INTUITIVE SURGICAL INC	63 shares	\$ 26,910	\$ 32,883
PNC FINANCIAL SERVICES GROUP	146 shares	\$ 23,544	\$ 28,156

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Common Stock (Continued)</b>			
WELLS FARGO & COMPANY	921 shares	\$ 50,293	\$ 64,691
BERKSHIRE HATHAWAY INC DEL	104 shares	\$ 32,336	\$ 47,141
BLACKROCK INC	59 shares	\$ 37,777	\$ 60,481
GOLDMAN SACHS GROUP	84 shares	\$ 34,980	\$ 48,100
JPMORGAN CHASE & CO	289 shares	\$ 34,364	\$ 69,276
ALPHABET INC	605 shares	\$ 62,368	\$ 114,527
DISNEY WALT CO	445 shares	\$ 52,299	\$ 49,551
META PLATFORMS INC CL A	134 shares	\$ 51,947	\$ 78,458
APPLIED MATLS INC	151 shares	\$ 10,967	\$ 24,557
BROADCOM INC	285 shares	\$ 25,632	\$ 66,074
187 MARVELL TECHNOLOGY INC	187 shares	\$ 13,759	\$ 20,654
NVIDIA CORP	1,397 shares	\$ 19,791	\$ 187,603
TEXAS INSTRS INC	179 shares	\$ 26,023	\$ 33,564
SERVICENOW INC	29 shares	\$ 22,504	\$ 30,743
APPLE INC	739 shares	\$ 77,976	\$ 185,060
ARISTA NETWORKS INC	392 shares	\$ 29,151	\$ 43,328
MICROSOFT CORP	440 shares	\$ 97,627	\$ 185,460
SALESFORCE, INC.	88 shares	\$ 16,722	\$ 29,421
AMERICAN ELEC PWR INC	299 shares	\$ 26,471	\$ 27,577
NEXTERA ENERGY INC	349 shares	\$ 19,894	\$ 25,020
BOOKING HLDGS INC	6 shares	\$ 17,091	\$ 29,811
MASTERCARD INC	102 shares	\$ 31,653	\$ 53,710
PAYPAL HLDGS INC	246 shares	\$ 19,882	\$ 20,996
SHERWIN WILLIAMS CO	116 shares	\$ 23,360	\$ 39,432
<b>Total Common Stock</b>		<b>1,641,045</b>	<b>2,533,350</b>
<b>TOTAL INVESTMENTS</b>		<b>\$ 6,418,304</b>	<b>\$ 7,115,282</b>

See independent auditor's report.

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (i): A single transaction in excess of 5% of the current value of Plan attest.</b>								
US TREASURY BILL DUE 05/23/24	Agency Bond	\$ 793,149	\$	\$ -	\$ -	\$ 793,149	\$ 793,149	\$ -
US TREASURY BILL DUE 03/12/24	Agency Bond	698,670		-	-	698,670	698,670	-
Freddie Mac DUE 08/20/24	Agency Bond	347,250	-	-	-	347,250	347,250	-
US TREASURY BILL DUE 02/08/24	Agency Bond	-	621,162	-	-	621,162	621,162	-
US TREASURY BILL DUE 05/23/24	Agency Bond	-	793,149	-	-	793,149	793,149	-
US TREASURY BILL DUE 03/12/24	Agency Bond	-	698,670	-	-	698,670	698,670	-
US TREASURY BILL DUE 08/20/24	Agency Bond	-	347,250	-	-	347,250	347,250	-
FREDDIE MAC Due on 02/07/28	Agency Bond	-	636,000	-	-	636,000	636,000	-

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.</b>								
Freddie Mac 02/07/23 4.800 02/07/28 (1 Sale)	Agency Bond	\$ -	\$ 636,000	\$ -	\$ -	\$ 636,000	\$ 636,000	\$ -
US Treasury Bill Due 06/20/24 (1 Purchase)	Agency Bond	249,236	-	-	-	249,236	249,236	-
US Treasury Bill Due 06/20/24 (1 Sale)	Agency Bond	-	249,236	-	-	249,236	249,236	-
US Treasury Bill Due 02/08/24 (1 Sale)	Agency Bond	-	621,162	-	-	621,162	621,162	-
US Treasury Bill Due 05/23/24 (1 Purchase)	Agency Bond	793,149	-	-	-	793,149	793,149	-
US Treasury Bill Due 05/23/24 (1 Sale)	Agency Bond	-	793,149	-	-	793,149	793,149	-
US Treasury Bill Due 02/20/24 (1 Purchase)	Agency Bond	199,388	-	-	-	199,388	199,388	-
US Treasury Bill Due 02/20/24 (1 Sale)	Agency Bond	-	199,388	-	-	199,388	199,388	-

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.</b>								
US Treasury Bill Due 03/12/24 (1 Purchase)	Agency Bond	\$ 698,670	\$ -	\$ -	\$ -	\$ 698,670	\$ 698,670	\$ -
US Treasury Bill Due 03/12/24 (1 Sale)	Agency Bond	-	698,670	-	-	698,670	698,670	-
US Treasury Bill Due 07/18/24 (1 Purchases)	Agency Bond	198,572	-	-	-	198,572	198,572	-
US Treasury Bill Due 07/18/24 (1 Sale)	Agency Bond	-	198,572	-	-	198,572	198,572	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	347,250	-	-	-	347,250	347,250	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	-	347,250	-	-	347,250	347,250	-
US Treasury Bill Due 02/15/34 (2 Purchases)	Agency Bond	375,775	-	-	-	375,775	375,775	-
Federated Government Obligations Premier (28 Purchases)	Money Market Investment	1,222,029	-	-	-	1,222,029	1,222,029	-
Federated Government Obligations Premier (15 Sales)	Money Market Investment	-	998,213	-	-	998,213	998,213	-

See Independent Auditor's Report.

SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: The American Legion National Headquarters Employee's Pension Plan  
 EIN: 35-0144250 Plan Number: 003

Analysis of Employees by Age and Service as of January 1, 2024

ATTAINED AGE	YEARS OF CREDITED SERVICE																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
Under 25	0		1		0		0		0		0		0		0		0		0		0	
25 to 29	0		3		0		0		0		0		0		0		0		0		0	
30 to 34	0		3		3		0		0		0		0		0		0		0		0	
35 to 39	0		5		2		1		0		0		0		0		0		0		0	
40 to 44	0		6		5		6		4		0		0		0		0		0		0	
45 to 49	0		7		6		3		7		0		0		0		0		0		0	
50 to 54	0		6		6		3		14		0		0		0		0		0		0	
55 to 59	0		8		10		5		15		0		0		0		0		0		0	
60 to 64	0		3		5		4		15		0		0		0		0		0		0	
65 to 69	0		2		3		3		4		0		0		0		0		0		0	
70 & up	0		1		4		2		4		0		0		0		0		0		0	

For any cell that has 20 or more participants, the average compensation (or frozen accrued benefit) is also shown.

ACTUARIAL METHODS

	PPA Funding	Suggested Maximum Contribution	FASB ASC
Actuarial Cost Method	Accrued Benefit (Unit Credit)	Projected Unit Credit	Accrued Benefit (Unit Credit)
Asset Valuation Method	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Projected Unit Credit

Under this method, the actuarial accrued liability is calculated for each participant as the actuarial present value of the portion of the projected benefit earned to date calculated by applying the plan's benefit formula to service for all plan years before the current plan year and the average earnings projected to retirement or other termination date. The normal cost is the portion of the accrued liability allocated to the current plan year.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value. The assumed rate of return for determining the actuarial value of assets is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

ACTUARIAL ASSUMPTIONS

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Segmented Interest Rates			
Segment 1 (0-5 years)	4.75%	4.37%	4.81%
Segment 2 (5-20 years)	4.96%	4.96%	4.81%
Segment 3 (20+ years)	5.59%	4.95%	4.81%
Applicable Month	January	January	N/A
Effective Interest Rate	5.27%	4.94%	4.81%

Rationale

For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is an effective rate representing the theoretical return on a portfolio of AA zero coupon bonds matching this plan's expected cashflows, calculated using the FTSE Pension Discount Curve.

Mortality	2024 Generational  (per IRS Notice 2023-73)	2024 Generational  (per IRS Notice 2023-73)	Pri-2012 Amount-Weighted Mortality  (separate tables for employees, retirees, survivors, and disabled participants)
Mortality Improvement	Mortality includes projection of 8 years for males and 9 years for females with further projection based on age.	Mortality includes projection of 8 years for males and 9 years for females with further projection based on age.	Generational basis using Scale MP-2021

Rationale

For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.

ACTUARIAL ASSUMPTIONS

- Continued -

	<u>PPA Funding (MAP-21/ARPA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Future Salary Increases	3.00%	3.00%	3.00%
Rationale	Anticipation of inflation and budgeting needs.		
Disability	None Assumed	None Assumed	None Assumed
Rationale	Probability of disablement is minimal so no assumptions.		
Termination	Sarason T-5 (with 5-year setback for females)		
Rationale	The termination assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		
Assumed Retirement Age			
Active	*	*	*
Terminated Vested	Age 65	Age 65	Age 65
Rationale	* Age 65 or the Rule of 80, but not earlier than age 62. These provide retirement benefits with no early retirement reduction.		

ACTUARIAL ASSUMPTIONS

- Continued -

	<u>PPA Funding (MAP-21/ARPA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Percent Married	80%	80%	80%
Age Difference in Participant & Spouse	Males and females at same age	Males and females at same age	Males and females at same age
Rationale	These assumptions are based on plan specific observations and observations of other plans' experience.		
Administrative Expense	Anticipated Administrative Expenses	Anticipated Administrative Expenses	N/A
Rationale	Based on actual administrative expenses paid by the plan in the most recently completed plan year.		

ACTUARIAL ASSUMPTIONS

- Continued -

OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date?

*None*

OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date?

*None*

OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation?

*None*

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation?

*None*

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110  
1210-0089

Department of the Treasury  
Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor  
Employee Benefits Security  
Administration

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify)
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [x] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: The American Legion National Headquarters Employees' Retirement Plan
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): American Legion National Headquarters
2b Employer Identification Number (EIN): 35-0144250
2c Plan Sponsor's telephone number: 317-630-1200
2d Business code (see instructions): 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Shawn T. Long, 1/5/20, Shawn T. Long. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 301
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 179
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 170
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 51
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b> 82
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b> 303
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b> 5
<b>f</b> Total. Add lines 6d and 6e. ....	<b>6f</b> 308
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b> 7
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (i): A single transaction in excess of 5% of the current value of Plan attest.</b>								
US TREASURY BILL DUE 05/23/24	Agency Bond	\$ 793,149	\$	\$ -	\$ -	\$ 793,149	\$ 793,149	\$ -
US TREASURY BILL DUE 03/12/24	Agency Bond	698,670		-	-	698,670	698,670	-
Freddie Mac DUE 08/20/24	Agency Bond	347,250	-	-	-	347,250	347,250	-
US TREASURY BILL DUE 02/08/24	Agency Bond	-	621,162	-	-	621,162	621,162	-
US TREASURY BILL DUE 05/23/24	Agency Bond	-	793,149	-	-	793,149	793,149	-
US TREASURY BILL DUE 03/12/24	Agency Bond	-	698,670	-	-	698,670	698,670	-
US TREASURY BILL DUE 08/20/24	Agency Bond	-	347,250	-	-	347,250	347,250	-
FREDDIE MAC Due on 02/07/28	Agency Bond	-	636,000	-	-	636,000	636,000	-

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.</b>								
Freddie Mac 02/07/23 4.800 02/07/28 (1 Sale)	Agency Bond	\$ -	\$ 636,000	\$ -	\$ -	\$ 636,000	\$ 636,000	\$ -
US Treasury Bill Due 06/20/24 (1 Purchase)	Agency Bond	249,236	-	-	-	249,236	249,236	-
US Treasury Bill Due 06/20/24 (1 Sale)	Agency Bond	-	249,236	-	-	249,236	249,236	-
US Treasury Bill Due 02/08/24 (1 Sale)	Agency Bond	-	621,162	-	-	621,162	621,162	-
US Treasury Bill Due 05/23/24 (1 Purchase)	Agency Bond	793,149	-	-	-	793,149	793,149	-
US Treasury Bill Due 05/23/24 (1 Sale)	Agency Bond	-	793,149	-	-	793,149	793,149	-
US Treasury Bill Due 02/20/24 (1 Purchase)	Agency Bond	199,388	-	-	-	199,388	199,388	-
US Treasury Bill Due 02/20/24 (1 Sale)	Agency Bond	-	199,388	-	-	199,388	199,388	-

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain(Loss)
<b>Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.</b>								
US Treasury Bill Due 03/12/24 (1 Purchase)	Agency Bond	\$ 698,670	\$ -	\$ -	\$ -	\$ 698,670	\$ 698,670	\$ -
US Treasury Bill Due 03/12/24 (1 Sale)	Agency Bond	-	698,670	-	-	698,670	698,670	-
US Treasury Bill Due 07/18/24 (1 Purchases)	Agency Bond	198,572	-	-	-	198,572	198,572	-
US Treasury Bill Due 07/18/24 (1 Sale)	Agency Bond	-	198,572	-	-	198,572	198,572	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	347,250	-	-	-	347,250	347,250	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	-	347,250	-	-	347,250	347,250	-
US Treasury Bill Due 02/15/34 (2 Purchases)	Agency Bond	375,775	-	-	-	375,775	375,775	-
Federated Government Obligations Premier (28 Purchases)	Money Market Investment	1,222,029	-	-	-	1,222,029	1,222,029	-
Federated Government Obligations Premier (15 Sales)	Money Market Investment	-	998,213	-	-	998,213	998,213	-

See Independent Auditor's Report.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

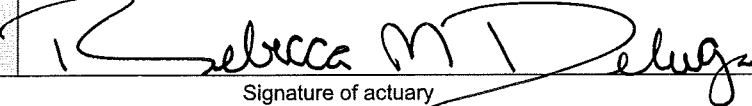
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  AMERICAN LEGION NATIONAL HEADQUARTERS	<b>D</b> Employer Identification Number (EIN)  35-0144250	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	6,615,618
	<b>b</b> Actuarial value.....	<b>2b</b>	6,723,087
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	55	1,682,006
	<b>b</b> For terminated vested participants .....	67	1,126,491
	<b>c</b> For active participants.....	179	5,316,563
	<b>d</b> Total.....	301	8,125,060
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.27%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	899,508
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	209,500
	<b>c</b> Target normal cost .....	<b>6c</b>	1,109,008

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	10/14/2025 Date
	REBECCA DELUGA Type or print name of actuary	2308938 Most recent enrollment number
	OCTOBER THREE CONSULTING LLC Firm name	317-316-5442 Telephone number (including area code)
	ONE AMERICAN SQUARE, SUITE 2625 INDIANAPOLIS IN 46282-0020 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.25%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		35,529
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37%</u> .....		1,908
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		37,437
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III</b>	<b>Funding Percentages</b>		
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	79.47%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	79.47%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	80.87%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/19/2024	1,401,474	0				
<b>Totals ▶</b>			<b>18(b)</b>	1,401,474	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	1,318,338

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):		
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1,109,008
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	1,735,863	175,150
<b>b</b> Waiver amortization installment .....	0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	1,284,158
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1,284,158
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,318,338
<b>38</b> Present value of excess contributions for current year (see instructions)		
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	34,180
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

SCHEDULE SB LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

(January 1, 2024 - December 31, 2024)

PLAN NAME: American Legion National Headquarters Employees' Pension Plan

EIN: 35-0144250 Plan Number: 003

Plan Year Beginning:	1/1/2024	Valuation Date:	1/1/2025
Effective Interest Rate:	5.27%		
Interest Rate for Late Quarterlies:	10.27%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Days Late	Days to		Remaining Discount	Discounted Value
						Discount to 1/1/2024	Late Discount		
1	19c	\$ 275,002	12/19/2024	4/15/2024	248	353	0.935903	0.985374	\$ 253,611
2	19c	\$ 275,002	12/19/2024	7/15/2024	157	353	0.958931	0.972871	256,554
3	19c	\$ 275,002	12/19/2024	10/15/2024	65	353	0.982788	0.960393	259,564
4	19c	\$ 275,002	12/19/2024	1/15/2025	0	353	1.000000	0.951673	261,712
5	19c	301,466	12/19/2024	9/15/2025	0	353	1.000000	0.951673	286,897

Total	<u>\$ 1,401,474</u>	<u>\$ 1,318,338</u>
-------	---------------------	---------------------

Classification	Description	SB Line
1-4	Number of Quarterly Contribution	19c
5	Other Contributions for Minimum Funding	19c
6	Contributions to Avoid Benefit Restrictions (not included in Prefunding	19b
7	Contributions to Meet Funding Deficiency (prior years' minimum funding	19a
8	Contributions Necessary to Meet Liquidity Requirements	19c

**Attachment to Schedule SB, line 22 – Description of Wiegthed Average Retirement Age**

**Plan Name: American Legion National Headquarters Employees' Pension Plan**

**EIN: 35-0144250**

**Plan Number: 003**

**Plan Year: January 1, 2024 to December 31, 2024**

Assumed Retirement Age (Active)

Age 65 or the Rule of 80, but not earlier than age 62. These provide retirement benefits with no early retirement reduction.

Age weighted by liability

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	January 1, 2017
ELIGIBILITY SERVICE	Number of years, which are credited to an employee for purpose of determining eligibility under the plan. Employees shall receive credit for one (1) year of eligibility service for each twelve (12) month period of employment (commencing with earliest date of employment) during which he works at least 1000 hours.
VESTING SERVICE	Participant shall receive credit for one (1) year of vesting service for each calendar year of employment during which he is employed for at least 1000 hours.
BENEFIT SERVICE	Participant shall receive credit for one (1) year of benefit service for each calendar year of employment during which he is employed for at least 1000 hours.
BREAK-IN-SERVICE	Any calendar year during which a participant works less than 500 hours is considered a break-in-service.
RULE OF 80	For Participants who have attained at least age fifty-five (55) and whose age and service when combined total at least eight (80).
EMPLOYEE ELIGIBILITY	Employee shall become a participant on a January 1st or July 1st (not prior to January 1, 1976) coincident with or next following the completion of one (1) year of eligibility service and attainment of age 21.
VESTING	All eligible employees shall be fully vested upon completion of five (5) years of vesting service and shall have a nonforfeitable right to 100% of the accrued retirement benefit derived from their participating group's contributions. An eligible employee's right to his normal retirement benefit shall be nonforfeitable upon attainment of normal retirement age.

SUMMARY OF PLAN PROVISIONS, Continued

OPTIONAL RETIREMENT

A participant may retire beginning at the age of 55 and upon completion of at least 15 years of vesting service.

RETIREMENT FORMULA

The standard for the Normal Retirement Benefit is a life annuity with 60 months guaranteed, payable to the retiring plan participant.

Benefit accruals commence no earlier than January 1, 2017 and accrue for each plan year in which benefit service is earned.

For the first 15 years of benefit service, each year the benefit accrual is 1% of monthly plan compensation for the year. For more than 15 years but less than 30 years of benefit service, the benefit accrual is 1.25% of the monthly plan compensation for the year. For 30 or more years of benefit service, each year of benefit accrual is 1.5% of monthly plan compensation for the year.

Note this formula uses each year of salary (after January 1, 2017) in which benefit service is earned. Also, while benefits do not accrue before 2017, benefit service for purposes of movement through the formula progression is recognized commencing July 1, 2008.

EARLY RETIREMENT

Should a participant retire prior to the age of 65, he shall be entitled to the retirement benefit payable at age 65 or a reduced benefit as follows:

For participants retiring between the ages of 60 and 65 with at least 15 years of Vesting Service, the rate of reduction shall be 1/4 of 1% for each month that such participant is under age 65.

For participants retiring between the ages of 55 and 60 with at least 15 years of Vesting Service, the rate of reduction shall be 1/2 of 1% for each month that such participant is under age 65.

For participants retiring after age 55 meeting the Rule of 80 there will be no reduction of the retirement benefit.

SUMMARY OF PLAN PROVISIONS, Continued

TOTAL AND PERMANENT  
DISABILITY

Any participant who is less than age 65 and who has completed 15 years of vesting service, shall be eligible for a disability annuity if all requirements are fulfilled.

The disability benefit shall be a benefit determined under the Normal Retirement provisions and payable for life with 60 months certain. The minimum monthly benefit is 20% of Monthly Plan Compensation.

This benefit is only available to participants if the employer does not maintain a long-term disability plan.

SURVIVING SPOUSES'  
ANNUITY

If a participant dies while actively employed, if a spouse survives, a life annuity shall be payable.

The surviving spouses' annuity shall consist of an amount equal to 100% of the retirement annuity earned by the participant at the date of death in accordance with the plan document provisions.

If surviving spouse is less than 65, the amount payable shall be reduced 2-1/2% for each year the surviving spouse is less than 65, according to age at time of employee's death. This reduction is subject to a maximum of 60-1/2%.

Notwithstanding the above, should an employee die after his satisfaction of vesting requirements and upon having designated his spouse as beneficiary for purposes of receiving the death benefit, such death benefit shall not be less than the actuarial equivalent of a monthly amount equal to 50% of the adjusted monthly amount which would have been payable to the participant had he terminated employment immediately prior to his death, survived and retired at his earliest retirement age with a joint and survivor option (with 50% continuing to his spouse).

SUMMARY OF PLAN PROVISIONS, Continued

OPTIONAL FORMS OF  
PAYMENT

Each participant who retires on or after his normal retirement date and who has been continuously married for one (1) year shall receive an adjusted monthly amount with continuing level monthly payments equal to 50% for the remaining lifetime of his spouse after his death unless both the participant and the participant's spouse elect another optional form of payment.

Participant may elect a monthly benefit, payable during his lifetime and in the event of his death within a period of 5, 10, 15 or 20 years after his retirement; the same monthly benefit shall be payable for the remainder of the selected period to the employee's designated beneficiary. If the participant is married, spousal consent is required.

OPTIONAL FORMS OF  
PAYMENT, Continued

Participants may elect a joint and survivor benefit payable in equal installments to the retiring participant during his lifetime, with continued equal installments of 50%, 66 2/3%, 75% or 100% of the participant's installments to a surviving spouse.

There shall be no lump sum or single payments to any retired employee, surviving spouse or other named beneficiary unless the commuted value does not exceed \$1,000.

NOTE: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Money Market Funds</b>			
FEDERATED - GOVERNMENT OBLIGATIONS PREMIER (INCOME INVESTMENT)	Fed Government Obligations Premier	\$ 50,383	\$ 50,383
FEDERATED - GOVERNMENT OBLIGATIONS PREMIER	Fed Government Obligations Premier	\$ 275,688	\$ 275,688
<b>Total Money Market Funds</b>		<b>326,071</b>	<b>326,071</b>
<b>Short Term Investments</b>			
UNITED STATES TREAS BILLS - DUE 05/15/25	DUE 05/15/25	\$ 72,591	\$ 73,853
<b>Total Short Term Investments</b>		<b>72,591</b>	<b>73,853</b>
<b>US Government Bonds</b>			
UNITED STATES TREAS NTS	50,000 shares, 4.125%, due 11/15/32	\$ 49,572	\$ 48,766
UNITED STATES TREAS NTS	375,000 shares, 4.000%, due 02/15/34	\$ 375,775	\$ 359,010
UNITED STATES TREAS NTS	50,000 shares, 4.125%, due 03/31/31	\$ 49,744	\$ 49,081
UNITED STATES TREAS NTS	30,000 shares, 2.875%, due 05/15/28	\$ 29,101	\$ 28,656
<b>Total US Government Bonds</b>		<b>504,192</b>	<b>485,513</b>
<b>Agency Bonds</b>			
FEDERAL HOME LOAN BANK	11/10/22 4.750 12/10/32	\$ 50,901	\$ 50,115
FEDERAL HOME LOAN BANK	08/21/23 5.240 08/21/29	\$ 74,625	\$ 74,786
FEDERAL HOME LOAN BANK	05/22/23 5.000 05/22/28	\$ 50,000	\$ 49,964
FEDERAL HOME LOAN BANK	02/15/24 4.450 02/12/29	\$ 198,900	\$ 198,444
FEDERAL HOME LOAN BANK	06/28/24 4.780 06/28/34	\$ 250,000	\$ 248,322
FEDERAL HOME LOAN BANK	10/03/24 3.850 10/01/29	\$ 122,799	\$ 121,313
<b>Total Agency Bonds</b>		<b>747,225</b>	<b>742,944</b>
<b>Corporate Bonds</b>			
AMERICAN HONDA FIN CORP MTN	50,000, 1.000%, due 09/10/25	\$ 45,892	\$ 48,710
AMGEN INC	90,000, 3.200%, due 11/02/27	\$ 90,000	\$ 86,567
ANTHEM INC	100,000, 4.101%, due 03/01/28	\$ 99,600	\$ 97,725
APPLE INC	325,000, 4.500%, due 02/23/36	\$ 325,688	\$ 317,200
APPLE INC	50,000, 3.250%, due 08/08/29	\$ 46,791	\$ 47,246
APPLE INC	25,000, 4.150%, due 05/10/30	\$ 24,334	\$ 24,758
COSTCO WHOLESALE CORP NEW	100,000, 1.375%, due 06/20/27	\$ 95,935	\$ 92,960
DISNEY WALT CO NEW MTN	100,000, 2.950%, due 06/15/27	\$ 99,570	\$ 96,421
DUKE ENERGY CAROLINAS LLC	275,000, 4.950%, due 01/15/33	\$ 277,420	\$ 270,424
EXXON MOBIL CORP	25,000, 3.482%, due 03/19/30	\$ 22,916	\$ 23,548
EXXON MOBIL CORP	75,000, 2.610%, due 10/15/30	\$ 65,956	\$ 66,824
META PLATFORMS INC	50,000, 4.800%, due 05/15/30	\$ 50,204	\$ 50,416
FLORIDA PWR & LT CO	75,000, 2.450%, due 02/03/32	\$ 63,127	\$ 63,290
FLORIDA PWR & LT CO	55,000, 5.050%, due 04/01/28	\$ 54,961	\$ 55,528
GOLDMAN SACHS GROUP INC	100,000, 3.750%, due 05/22/25	\$ 109,961	\$ 99,633
GOLDMAN SACHS GROUP INC	100,000, 1.450%, due 07/30/26	\$ 100,000	\$ 94,545
JPMORGAN CHASE & CO SUB GLBL NT	100,000, 4.125%, due 12/15/26	\$ 100,800	\$ 98,942
JP MORGAN CHASE & CO	100,000, 3.900%, due 07/15/25	\$ 111,318	\$ 99,643
MICROSOFT CORP	25,000, 2.400%, due 08/08/26	\$ 23,313	\$ 24,250
MICROSOFT CORP	50,000, 3.450%, due 08/08/36	\$ 44,533	\$ 43,598
MORGAN STANLEY	50,000, 3.875%, due 01/27/26	\$ 48,478	\$ 49,613

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Corporate Bonds (Continued)</b>			
NORTHROP GRUMMAN CORP SR GLBL NT	25,000, 2.930%, due 01/15/25	\$ 24,096	\$ 24,980
NVIDIA CORP SR GLBL NT	25,000, 2.850%, due 04/01/30	\$ 22,657	\$ 22,911
TOYOTA MTR CR CORP	150,000, 1.800%, due 02/13/25	\$ 148,905	\$ 149,484
TOYOTA MTR CR CORP MEDIUM TERM	50,000, 3.375%, due 04/01/30	\$ 43,733	\$ 46,320
U S BANCORP MEDIUM TERM NTS-	50,000, 3.100%, due 04/27/26	\$ 48,482	\$ 48,928
UNITEDHEALTH GROUP INC	100,000, 1.250%, due 01/15/26	\$ 102,191	\$ 96,739
VISA INC SR GLBL NT 25	50,000, 3.150%, due 12/14/25	\$ 49,139	\$ 49,433
VISA INC	75,000, 4.150%, due 12/14/35	\$ 70,609	\$ 69,292
WALMART INC	75,000, 4.100%, due 04/15/33	\$ 71,948	\$ 71,460
<b>Total Corporate Bonds</b>		<b>2,482,557</b>	<b>2,431,388</b>
<b>Municipal Bonds</b>			
CALIFORNIA ST	100,000, 4.600%, due 04/01/38	\$ 121,750	\$ 93,066
INDIANAPOLIS IND LOC PUB IMPT	100,000, 2.473%, due 01/01/40	\$ 102,750	\$ 73,415
KENTUCKY ST PPTY & BLDGS COMMN	50,000, 4.007%, due 05/01/32	\$ 50,000	\$ 46,524
MERRILLVILLE IND REDEV DIST	100,000, 1.400%, due 01/01/25	\$ 102,161	\$ 100,000
NEBRASKA COOP REPUBLICAN	100,000, 2.216%, due 12/15/30	\$ 101,000	\$ 86,213
RICHMOND VA PUB UTIL REV	150,000, 3.537%, due 01/15/43	\$ 166,962	\$ 122,945
<b>Total Municipal Bonds</b>		<b>644,623</b>	<b>522,163</b>
<b>Common Stock</b>			
LINDE PLC COM	34 shares	\$ 10,830	\$ 14,235
UNION PAC CORP	154 shares	\$ 38,526	\$ 35,118
CUMMINS INC	77 shares	\$ 22,643	\$ 26,842
PARKER HANNIFIN CORP	51 shares	\$ 26,850	\$ 32,438
EATON CORP PLC SHS	115 shares	\$ 27,105	\$ 38,165
HONEYWELL INTL INC	261 shares	\$ 54,272	\$ 58,957
UBER TECHNOLOGIES INC	365 shares	\$ 30,958	\$ 22,017
O REILLY AUTOMOTIVE INC	20 shares	\$ 13,928	\$ 23,716
TESLA, INC	134 shares	\$ 36,611	\$ 54,115
MCDONALDS CORP	60 shares	\$ 14,145	\$ 17,393
AMAZON.COM INC	509 shares	\$ 69,516	\$ 111,670
HOME DEPOT INC	108 shares	\$ 28,326	\$ 42,011
NIKE INC	177 shares	\$ 24,091	\$ 13,394
COCA COLA CO	392 shares	\$ 21,761	\$ 24,406
WALMART INC	867 shares	\$ 41,298	\$ 78,333
PROCTER & GAMBLE CO	292 shares	\$ 38,171	\$ 48,954
CHEVRON CORPORATION	119 shares	\$ 13,337	\$ 17,236
EXXON MOBIL CORP	273 shares	\$ 30,272	\$ 29,367
WILLIAMS COS INC	575 shares	\$ 29,288	\$ 31,119
UNITEDHEALTH GROUP INC	95 shares	\$ 31,341	\$ 48,057
THERMO FISHER SCIENTIFIC INC	96 shares	\$ 43,580	\$ 49,942
ABBOTT LABS	201 shares	\$ 23,508	\$ 22,735
LILLY (ELI) & CO	65 shares	\$ 30,283	\$ 50,180
ZOETIS INC	116 shares	\$ 22,807	\$ 18,900
DANAHER CORP	121 shares	\$ 32,277	\$ 27,776
INTUITIVE SURGICAL INC	63 shares	\$ 26,910	\$ 32,883
PNC FINANCIAL SERVICES GROUP	146 shares	\$ 23,544	\$ 28,156

(Continued)

THE AMERICAN LEGION NATIONAL HEADQUARTERS EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	003

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
<b>Common Stock (Continued)</b>			
WELLS FARGO & COMPANY	921 shares	\$ 50,293	\$ 64,691
BERKSHIRE HATHAWAY INC DEL	104 shares	\$ 32,336	\$ 47,141
BLACKROCK INC	59 shares	\$ 37,777	\$ 60,481
GOLDMAN SACHS GROUP	84 shares	\$ 34,980	\$ 48,100
JPMORGAN CHASE & CO	289 shares	\$ 34,364	\$ 69,276
ALPHABET INC	605 shares	\$ 62,368	\$ 114,527
DISNEY WALT CO	445 shares	\$ 52,299	\$ 49,551
META PLATFORMS INC CL A	134 shares	\$ 51,947	\$ 78,458
APPLIED MATLS INC	151 shares	\$ 10,967	\$ 24,557
BROADCOM INC	285 shares	\$ 25,632	\$ 66,074
187 MARVELL TECHNOLOGY INC	187 shares	\$ 13,759	\$ 20,654
NVIDIA CORP	1,397 shares	\$ 19,791	\$ 187,603
TEXAS INSTRS INC	179 shares	\$ 26,023	\$ 33,564
SERVICENOW INC	29 shares	\$ 22,504	\$ 30,743
APPLE INC	739 shares	\$ 77,976	\$ 185,060
ARISTA NETWORKS INC	392 shares	\$ 29,151	\$ 43,328
MICROSOFT CORP	440 shares	\$ 97,627	\$ 185,460
SALESFORCE, INC.	88 shares	\$ 16,722	\$ 29,421
AMERICAN ELEC PWR INC	299 shares	\$ 26,471	\$ 27,577
NEXTERA ENERGY INC	349 shares	\$ 19,894	\$ 25,020
BOOKING HLDGS INC	6 shares	\$ 17,091	\$ 29,811
MASTERCARD INC	102 shares	\$ 31,653	\$ 53,710
PAYPAL HLDGS INC	246 shares	\$ 19,882	\$ 20,996
SHERWIN WILLIAMS CO	116 shares	\$ 23,360	\$ 39,432
<b>Total Common Stock</b>		<b>1,641,045</b>	<b>2,533,350</b>
<b>TOTAL INVESTMENTS</b>		<b>\$ 6,418,304</b>	<b>\$ 7,115,282</b>

See independent auditor's report.

DEVELOPMENT OF SHORTFALL AMORTIZATION CHARGE - ARPA RATES

<u>Shortfall Amortization Charge</u>						<u>2023</u>	<u>2024</u>
1. Shortfall Amortization Installment Established for Plan Year						\$ 66,030	\$ 42,503
2. Sum of Prior Years' Shortfall Amortization Installments						<u>66,617</u>	<u>132,647</u>
3. Shortfall Amortization Charge = (1) + (2) [not less than zero]						\$ 132,647	\$ 175,150
<u>Date Base Established</u>	<u>Initial Balance</u>	<u>Amortization Method</u>	<u>2024 Years Remaining</u>	<u>2024 Amortization Base Status</u>	<u>2024 Amortization Installment</u>	<u>Present Value of Remaining Installments 1/1/2023</u>	<u>Present Value of Remaining Installments 1/1/2024</u>
1/1/2020	\$ 740,451	15-year	11	Active	\$ 69,518	\$ 648,401	\$ 608,571
1/1/2021	(39,177)	15-year	12	Active	(3,653)	(36,106)	(34,124)
1/1/2022	8,134	15-year	13	Active	752	7,832	7,445
1/1/2023	721,008	15-Year	14	Active	66,030	721,008	688,932
1/1/2024	465,039	15-Year	15	Active	42,503		465,039