

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>1a Name of plan <u>AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a 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>1c Effective date of plan <u>01/01/1944</u></p> <p>2b Employer Identification Number (EIN) <u>35-0144250</u></p> <p>2c Plan Sponsor's telephone number <u>317-630-1200</u></p> <p>2d 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.

SIGN HERE	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
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 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: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5			605
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6 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). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....				
	6a(1)			70
	6a(2)			67
	6b			321
	6c			145
	6d			533
	6e			60
	6f			593
	6g(1)			
	6g(2)			
	6h			0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a 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	9b 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u>	D Employer Identification Number (EIN) <u>35-0144250</u>	
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>59984165</u>
	b Actuarial value	2b	<u>61911281</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>392</u>	<u>45584903</u>
	b For terminated vested participants	<u>143</u>	<u>5729200</u>
	c For active participants	<u>70</u>	<u>5852578</u>
	d Total	<u>605</u>	<u>57166681</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	<u>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>628200</u>
	c Target normal cost	6c	<u>628200</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.

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10345117	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	260017	
9	Amount remaining (line 7 minus line 8)	10085100	0
10	Interest on line 9 using prior year's actual return of <u>12.43</u> %	1253578	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		271259
	b(1) 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>5.16</u> %		580
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		32320
	c Total available at beginning of current plan year to add to prefunding balance		304159
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11338678	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.34 %
15	Adjusted funding target attainment percentage	15	108.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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		
12/30/2024	683596	0					
			Totals ▶	18(b)	683596	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	650663

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 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			
25 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			
26 Demographic and benefit information			
a 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 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 628200
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....			
33 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			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 628200
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	288991		288991
36 Additional cash requirement (line 34 minus line 35)			36 339209
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 650663
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 311454
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 288991
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN LEGION NATIONAL HEADQUARTERS	D Employer Identification Number (EIN) 35-0144250	

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

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(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	170822	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 59	NONE	70576	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input 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 FIFTH THIRD BANK RETIREMENT SERVICE	59	0
(d) Enter name and EIN (address) of source of indirect compensation FED TREASURY OBLIGATIONS FUND INST 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.	

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.

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) 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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN LEGION NATIONAL HEADQUARTERS	D Employer Identification Number (EIN) 35-0144250

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	0	1543265
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	379125	403561
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1299370	1678611
(2) U.S. Government securities	1c(2)	10280551	13148693
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	9752	5243
(B) All other	1c(3)(B)	27904630	25024972
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	20110737	19946399
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	59984165	61750744
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	59984165	61750744

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	683596	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		683596
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	112806	
(B) U.S. Government securities.....	2b(1)(B)	539849	
(C) Corporate debt instruments.....	2b(1)(C)	962966	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1615621
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	259946	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		259946
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	55036472	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	54476892	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		559580
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3790603	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6909346

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4815829	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4815829
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	170822	
(6) Bank or trust company trustee/custodial fees	2i(6)	70576	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	85540	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		326938
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5142767

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1766579
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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
a 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 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	
c 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	
d 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	
e Was this plan covered by a fidelity bond?	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g 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	
h 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	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j 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		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 557546.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u>	D Employer Identification Number (EIN) <u>35-0144250</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

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.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
---	---

Part II	Funding Information (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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c 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).....	6c	

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
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.....	16b	

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 _____.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan <u>AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF</u></p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p><u>001</u></p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u></p>	<p>D Administrator's EIN <u>35-0144250</u></p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer <u>AMERICAN LEGION NATIONAL HEADQUARTERS</u>	2b EIN <u>35-0144250</u>	2c Percentage of Total Contributions for the Plan Year <u>93.00</u>	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer <u>AMERICAN LEGION AUXILIARY</u>	2b EIN <u>35-0144340</u>	2c Percentage of Total Contributions for the Plan Year <u>4.00</u>	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

Schedule MEP (2024)
v. 240311

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

**THE AMERICAN LEGION
RETIREMENT PLAN FOR EMPLOYEES OF
THE NATIONAL HEADQUARTERS AND
SUBORDINATE GROUPS THEREOF**
Indianapolis, Indiana

FINANCIAL STATEMENTS
December 31, 2024 and 2023

THE AMERICAN LEGION
RETIREMENT PLAN FOR EMPLOYEES OF
THE NATIONAL HEADQUARTERS AND
SUBORDINATE GROUPS THEREOF
Indianapolis, Indiana

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
The American Legion Retirement Plan for Employees of the
National Headquarters and Subordinate Groups Thereof
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 Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof (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 audits 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 audit 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 Matters

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).

(Continued)

Additional Information

Management is responsible for the accompanying Rollforward of Investment Balances by Department (the "additional information"), which is presented for purposes of additional analysis and is not a required part of the basic financial statements. Our opinion on the financial statements does not cover the additional information, and we do not express an opinion or any form of assurance thereon.

Crowe LLP
Crowe LLP

South Bend, Indiana
December 16, 2025

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits		
Investments, at fair value (Note 2 and 5)		
Money market deposit account	\$ 994,830	\$ 734,503
Money market funds	683,781	564,867
U.S. Government and agency bonds	13,148,693	10,280,551
Municipal bonds	6,977,305	8,139,558
Corporate bonds	18,047,667	19,765,072
Asset backed securities	5,243	9,752
Common stocks	<u>19,946,399</u>	<u>20,110,737</u>
Total investments	59,803,918	59,605,040
 Cash	 1,543,265	 -
 Receivables		
Accrued income receivable	<u>403,561</u>	<u>379,125</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 61,750,744</u>	 <u>\$ 59,984,165</u>

See accompanying notes to financial statements.

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

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income (Note 5)		
Net appreciation (depreciation) in fair value of investments	\$ 4,350,183	\$ 5,147,046
Interest & Dividends	<u>1,875,567</u>	<u>1,797,496</u>
Total investment income	6,225,750	6,944,542
Employer contributions	<u>683,596</u>	<u>426,056</u>
Total additions	6,909,346	7,370,598
Deductions from net assets attributed to:		
Benefits paid to participants	4,815,829	4,887,768
Trustee expenses	70,576	51,951
Administrative expenses	<u>256,362</u>	<u>575,982</u>
Total deductions	<u>5,142,767</u>	<u>5,515,701</u>
Net increase (decrease) in net assets available for benefits	1,766,579	1,854,897
Net assets available for benefits		
Beginning of year	<u>59,984,165</u>	<u>58,129,268</u>
End of year	<u>\$ 61,750,744</u>	<u>\$ 59,984,165</u>

See accompanying notes to financial statements.

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of The American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof (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 established January 1, 1944 and is sponsored by The American Legion (the Legion) for the benefit of eligible employees of the National Headquarters and employees of its subordinate groups who have completed one year of service and have attained age 21. 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).

On June 30, 2008, the Legion adopted changes to the Legion's defined-benefit pension plan. Effective June 30, 2008, no new employees were eligible to participate in the Plan, and existing participants' benefit accruals ceased. The participant's vesting requirement remains five years of service.

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. Monthly plan compensation used to calculate benefits under the Plan is defined as the average of the 5 highest consecutive annual compensation figures divided by 60. 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. A retirement annuity shall be paid monthly for 5 years certain and thereafter (during the retiree's lifetime). If the annuity amount is less than \$7 per month, the employee is entitled to the actuarial value of a single payment.

A participant who retired prior to July 1, 2000 at age 65 or older shall receive an amount equal to 35% of average salary for the first 15 full years of benefit service plus 1% for each of the next 10 additional years of benefit service plus 1/2% for years in excess of 25 years. A participant who retires after July 1, 2000 at age 65 or older shall receive an amount equal to 35% of average salary for the first 15 full years of benefit service plus 1 1/2% for years in excess of 15 years.

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.

On January 1, 2009, a cost of living increase ("COLA") became effective for all active participants. The cost of living adjustment resulted in an increase in the monthly benefit payments by a minimum of 5%, plus an additional 1% for each full year of retirement in excess of five years.

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Death, Disability, and Benefits: If an active employee dies prior to age 65, 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 60 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 average salary and a maximum of 35%. 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. Disability for purposes of the plan shall not include any disability which is incurred while the participant is on leave of absence because of military or similar service for which a governmental pension is payable.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting: The accompanying 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 (GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for estimates of actuarial present value of accumulated Plan benefits.

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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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, inflation 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.

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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

The fair value of the money market deposit account is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer (Level 1 inputs). The Plan's investment in the money market deposit account may occasionally exceed the federally insured balance.

The fair value of asset backed securities are based on price or spread data obtained from observed transactions or independent external parties such as vendors or brokers (Level 2 inputs). When position-specific external price data are not observable, the fair value determination may require benchmarking to similar instruments and/or analyzing expected credit losses, default and recovery rates and/or applying discounted cash flow techniques by sources considered by management to be reliable. In evaluating the fair value of each security, the security collateral-specific attributes including payment priority, credit enhancement levels, type of collateral, delinquency rates and loss severity are considered (Level 2 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). Other government securities are valued 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 (Level 2 inputs).

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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	\$ 19,946,399	\$ 19,946,399	\$ -
U.S. Govt. and agency obligations	13,148,693	12,429,981	718,712
Municipal bonds	6,977,305	-	6,977,305
Corporate bonds	18,047,667	-	18,047,667
Asset backed securities	5,243	-	5,243
Money market deposit account	994,830	994,830	-
Money market funds	683,781	683,781	-
	<u>\$ 59,803,918</u>	<u>\$ 34,054,991</u>	<u>\$ 25,748,927</u>

	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	\$ 20,110,737	\$ 20,110,737	\$ -
U.S. Govt. and agency obligations	10,280,551	10,242,221	38,330
Municipal bonds	8,139,558	-	8,139,558
Corporate bonds	19,765,072	-	19,765,072
Asset backed securities	9,752	-	9,752
Money market deposit account	734,503	734,503	-
Money market funds	564,867	564,867	-
	<u>\$ 59,605,040</u>	<u>\$ 31,652,328</u>	<u>\$ 27,952,712</u>

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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:	5.35% and 4.71% (as of December 31, 2024 and 2023, respectively)
Mortality basis:	PRI-2012 mixed collar table with separate tables for employees, retirees, survivors, and disabled participants, with the generation mortality improvement scale MP-2021 (as of December 31, 2024 and 2023)
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.

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>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 43,114,543	\$ 47,457,764
Other participants	<u>12,366,856</u>	<u>12,460,189</u>
Total vested benefits	55,481,399	59,917,953
Nonvested benefits	<u>69,283</u>	<u>84,677</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 55,550,682</u>	<u>\$ 60,002,630</u>

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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

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>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 60,002,630	\$ 55,271,701
Increase (decrease) attributed to:		
Actuarial gain (loss) during the plan year	579,974	(343,694)
Increase for interest accumulated	2,826,124	3,377,101
Benefits paid	(4,815,829)	(4,887,703)
Changes in actuarial assumptions	<u>(3,042,217)</u>	<u>6,585,225</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u>\$ 55,550,682</u>	 <u>\$ 60,002,630</u>

During 2024, the Plan's actuary revised the discount rate assumption from 4.71% to 5.35%, consistent with current bond market yields, the Plan's asset allocation, and discount rates observed in comparable defined benefit plans. All other significant actuarial assumptions remained unchanged. The higher discount rate decreased the present value of future benefit payments and resulted in a \$3,042,217 reduction in the actuarial present value of accumulated plan benefits reported as a change in actuarial assumptions for the year ended December 31, 2024.

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.

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.

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATE GROUPS THEREOF
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - PLAN TERMINATION

The Legion anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan. Should the Plan be terminated or should contributions to the Plan be discontinued, all rights of participants to benefits they have accrued to the date of termination of the Plan are nonforfeitable. The Plan contains specific provisions for the allocation of Plan assets in the event of Plan termination or the discontinuance of contributions to the Plan. Benefits under the Plan are insured, subject to certain limitations, by the Pension Benefit Guaranty Corporation in the event of Plan termination.

A participating group may withdraw from the Plan, at its option. The National Retirement Committee, however, shall withhold adequate amounts in the fund to meet the requirements of the Plan to pay: (1) all benefits to retired employees or their beneficiaries of the withdrawing group, (2) a proportionate share of administrative expenses for such period, and (3) any actual or contingent liabilities of the fund for beneficiaries of the withdrawing group for whom annuities or benefits have been established or fixed. The balance remaining in the account shall be paid to the participating group, or, if the balance is insufficient to meet requirements, the fund shall have a claim against the participating group.

NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Legion by a letter dated September 8, 2013 that the Plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC) and that the trust established under the Plan is therefore exempt from federal income taxes. Although the Plan has been amended, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 IRS. 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 Department of Labor 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 \$70,576 and \$51,951, which qualifies as a party-in-interest transaction. The Plan also paid fees to third party service providers for the years ended December 31, 2024 and 2023, which qualify as party-in-interest transactions.

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 RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Money Market Funds		
	FEDERATED - GOVERNMENT OBLIGATIONS PREMIER (INCOME INVESTMENT)	Fed Government Obligations Premier, 77,237 shares	77,237	77,237
	FEDERATED GOVERNMENT FEDERATED TREASURY OBLIGATION (Institutional Investment)	Fed Government Obligations Premier, 606,544 shares	606,544	606,544
	FEDERATED TREASURY OBLIGATION INSTITUTIONAL SHARES	Treasury Obligation, 411,891 shares	411,891	411,891
		Treasury Obligation, 582,939 shares	582,939	582,939
	Total Money Market Funds		1,678,611	1,678,611
		Short Term Investments		
	UNITED STATES TREAS BILLS	US Treasury Bill, Due 5/15/25, 700,000	676,177	689,297
	Total Short Term Investments		676,177	689,297
		US Government Bonds		
	UNITED STATES TREAS NTS	300,000, 4.125%, due 11/15/32	297,434	292,596
	US TREASURY NT	500,000, 3.875%, due 08/15/33	486,333	475,860
	UNITED STATES TREAS NTS	2,150,000, 4.000%, due 02/15/34	2,166,305	2,058,324
	UNITED STATES TREAS NTS	300,000, 4.125% due, 03/31/31	298,465	294,486
	UNITED STATES TREAS NTS	220,000, 2.875%, due 05/15/28	213,409	210,144
	Total US Government Bonds		3,461,946	3,331,410
		Agency Bonds		
	FEDERAL HOME LOAN BANK	550,000, 4.750%, due 12/10/32	559,912	551,260
	FEDERAL HOME LOAN BANK	1,650,000, 5.240% due 08/21/29	1,646,725	1,650,283
	FEDERAL HOME LOAN BANK	370,000, 5.000%, due 05/22/28	370,000	369,730
	FEDERAL HOME LOAN BANKS	1,605,000, 4.450%, due 02/12/29	1,596,173	1,592,513
	FEDERAL HOME LN BKS	500,000, 4.625%, due 06/13/31	507,400	502,605
	FEDERAL HOME LOAN BANK	3,000,000, 4.780%, due 06/28/34	3,000,000	2,979,869
	FEDERAL HOME LOAN BANKS	525,000, 3.850%, due 10/01/29	515,755	509,513
	FEDERAL FARM CREDIT BANK	250,000, 2.530%, due 11/23/27	250,000	237,333
	FEDERAL FARM CREDIT BANK	250,000, 2.650%, due 11/27/28	250,000	233,475
	FEDERAL FARM CREDIT BANK	500,000, 2.550%, due 02/28/28	496,875	471,990
	Total Agency Bonds		9,192,840	9,098,571
		Asset Backed Securities		
	SBAP 2006-20E 1	524,910 shares, 5.870%, due 05/01/26	28,740	5,243
	Total Asset Backed Securities		28,740	5,243

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate Bonds		
	ABBOTT LABS SR NT	250,000, 2.950%, due 03/15/25	252,343	249,138
	AMAZON COM INC	250,000, 3.150%, due 08/22/27	251,875	241,380
	AMAZON COM INC	75,000, 4.550%, due 12/01/27	75,719	75,451
	AMERICAN EXPRESS CO	250,000, 3.125%, due 05/20/26	251,875	244,890
	AMERICAN HONDA FIN CORP MTN	120,000, 1.000%, due 09/10/25	110,140	116,903
	AMGEN INC	810,000, 3.200%, due 11/02/27	810,000	779,099
	ANTHEM INC	300,000, 2.875%, due 09/15/29	301,599	272,874
	APPLE INC SR NT	250,000, 3.200%, due 05/13/25	259,500	248,880
	APPLE INC	1,075,000, 4.500%, due 02/23/36	1,075,036	1,049,200
	APPLE INC SR NT	500,000, 3.000%, due 11/13/27	498,728	482,780
	APPLE INC	250,000, 3.250%, due 08/08/29	233,965	236,230
	APPLE INC	250,000, 4.150%, due 05/10/30	243,340	247,580
	BERKSHIRE HATHAWAY INC	300,000, 3.125%, due 03/15/26	302,694	295,395
	BRISTOL MYERS SQUIBB CO SR NT	300,000, 3.250%, due 02/27/27	308,346	292,680
	CISCO SYSTEMS INC	250,000, 2.950%, due 02/28/26	255,250	245,723
	COMCAST CORP NEW	100,000, 3.375%, due 02/15/25	99,233	99,794
	COSTCO WHOLESALE CORP NEW	460,000, 1.375%, due 06/20/27	421,848	427,616
	DEERE JOHN CAP CORP	500,000, 3.450%, due 03/13/25	500,000	498,845
	DOVER CORP	250,000, 3.150%, due 11/15/25	259,250	246,465
	DUKE ENERGY CAROLINAS LLC	715,000, 4.950%, due 01/15/33	715,971	703,102
	EXXON MOBIL CORP	250,000, 3.043%, due 03/01/26	252,500	246,070
	EXXON MOBIL CORP	250,000, 3.482%, due 03/19/30	229,158	235,483
	EXXON MOBIL CORP	140,000, 2.610%, due 10/15/30	123,117	124,739
	META PLATFORMS INC	450,000, 4.800%, due 05/15/30	452,868	453,744
	META PLATFORMS INC	200,000, 4.300%, due 08/15/29	198,924	197,490
	FLORIDA PWR & LT CO	245,000, 2.450%, due 02/03/32	206,214	206,746
	FLORIDA PWR & LT CO	375,000, 5.050%, due 04/01/28	370,502	378,600
	GILEAD SCIENCES INC	250,000, 3.650%, due 03/01/26	265,360	247,005
	GOLDMAN SACHS GROUP INC	200,000, 1.450%, due 07/30/26	200,000	189,090
	HALLIBURTON CO	100,000, 3.800%, due 11/15/25	100,000	99,160
	HORACE MANN SCH NEW YORK	250,000, 3.273%, due 07/01/27	271,625	235,453
	JPMORGAN CHASE & CO MEDIUM	100,000, 1.000%, due 08/17/27	98,250	89,372
	LILLY ELI & CO SR NT	250,000, 2.750%, due 06/01/25	254,203	247,990
	LILLY ELI & CO	100,000, 5.000%, due 02/27/26	99,700	99,995
	LILLY ELI & CO	1,000,000, 4.600%, due 08/14/34	1,025,420	960,080
	METLIFE INC	200,000, 3.000%, due 03/01/25	201,916	199,428
	MICROSOFT CORP	250,000, 2.400%, due 08/08/26	233,133	242,500
	MICROSOFT CORP	1,200,000, 3.450%, due 08/08/36	1,106,690	1,046,340
	MORGAN STANLEY	100,000, 3.875%, due 01/27/26	96,956	99,226
	MORGAN STANLEY MEDIUM TERM SR	250,000, VAR, due 01/30/27	250,000	252,348
	NATIONAL RURAL UTILS COOP FIN	250,000, 3.000%, due 09/15/29	250,000	226,460
	NATIONAL RURAL UTILS COOP FIN	250,000, 3.500%, due 02/15/29	250,000	233,238
	NATIONAL RURAL UTILS COOP	250,000, 3.500%, due 09/15/28	250,000	237,210
	NORTHROP GRUMMAN CORP SR GLBL	75,000, 2.930%, due 01/15/25	72,287	74,939
	NVIDIA CORP SR GLBL NT	100,000, 2.850%, due 04/01/30	90,626	91,642

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate Bonds (Continued)		
	ORACLE CORP	250,000, 3.250%, due 05/15/30	254,880	228,815
	PARKER-HANNIFIN CORP SR GLBL NT	500,000, 3.250%, due 06/14/29	505,425	468,070
	PEPSICO INC	250,000, 2.850%, due 02/24/26	256,050	245,585
	PHILIP MORRIS INTL INC	500,000, 2.750%, due 02/25/26	505,920	489,250
	PHILIP MORRIS INTL INC	400,000, 3.125%, due 03/02/28	402,836	380,536
	PREMIER HEALTH PARTNERS	100,000, 2.911%, due 11/15/26	98,831	95,641
	PROCTER & GAMBLE CO SR GBL NT	250,000, 2.700%, due 02/02/26	254,600	245,460
	SCHWAB CHARLES CORP	125,000, 3.625%, due 04/01/25	124,266	124,633
	TOYOTA MTR CR CORP	350,000, 1.800%, due 02/13/25	347,445	348,802
	TOYOTA MTR CR CORP MEDIUM TERM	300,000, 3.375%, due 04/01/30	262,395	277,917
	U S BANCORP MEDIUM TERM NTS-	210,000, 3.100%, due 04/27/26	203,622	205,497
	VISA INC SR GLBL NT 25	180,000, 3.150%, due 12/14/25	176,900	177,957
	VISA INC	200,000, 4.150%, due 12/14/35	188,290	184,778
	WALMART INC	400,000, 4.000%, due 04/15/30	376,444	391,484
	WALMART INC	175,000, 4.100%, due 04/15/33	167,878	166,740
	WASHINGTON MUT BK FA	75,000, 6.875%, due 06/15/11	85,706	2
	WISCONSIN ELEC PWR CO	250,000, 3.100%, due 06/01/25	256,393	248,127
	Total Corporate Bonds		18,644,032	18,047,667
		Government Backed Securities		
	G2 2810	2,322 shares, 7.500%, due 09/20/29	5,355	2,376
	G2 3511	21,216 shares, 4.000%, due 01/20/34	-	20,603
	G2 3734	6,416 shares, 4.500%, due 07/20/35	-	6,235
	GN 447988	195 shares, 7.500%, due 06/15/28	305	195
	GN 783296X	6 shares, 5.000%, due 01/15/25	37,513	6
	Total Government Backed Securities		43,173	29,415
		Municipal Bonds		
	ABILENE TEX	100,000, 3.257%, due 02/15/37 OPT CALL 02/15/2029	101,640	82,214
	ADAMS IND CENT ELEM SCH BLDG	250,000, 5.250%, due 01/15/26	294,900	252,275
	ALBUQUERQUE N MEX GROSS RCPTS	200,000, 3.500%, due 07/01/32 OPT CALL 07/01/2025	202,588	182,966
	ALBUQUERQUE N MEX GROSS RCPTS	315,000, 3.750%, due 07/01/35 OPT CALL 07/01/2025	319,016	280,580
	BALTIMORE CNTY MD GO BDS 2012	150,000, 2.947%, due 08/01/27	165,852	144,444
	CALIFORNIA ST	200,000, 4.600%, due 04/01/38 OPT CALL 04/01/2028	243,500	186,132
	FISHERS IND REDEV AUTH LEASE	400,000, 3.000%, due 01/15/36 OPT CALL 07/15/2026	367,000	366,228
	INDIANA BD BK REV	435,000, 3.669%, due 02/01/37 OPT CALL 02/01/2027	469,322	381,717
	INDIANA ST FIN AUTH WASTEWATER	100,000, 5.000%, due 10/01/30 OPT CALL 10/01/2029	114,100	108,648
	INDIANA ST FIN AUTH REV	395,000, 3.167%, shares 03/01/32	401,731	353,059
	INDIANAPOLIS IND LOC PUB IMPT	200,000, 3.000%, due 02/01/40 OPT CALL 02/01/2029	178,840	172,914
	INDIANAPOLIS IND LOC PUB IMPT	300,000, 2.473%, due 01/01/40	308,250	220,245
	KENTUCKY ST PPTY & BLDGS COMMN	150,000, 4.007%, due 05/01/32	150,000	139,572
	LANSING MICH BLDG AUTH	400,000, 3.855%, due 06/01/32 OPT CALL 06/01/2027	394,580	371,696
	MIAMI-DADE CNTY FLA SPL OBLIG	100,000, 1.471%, due 10/01/26	102,344	94,981
	MIAMI-DADE CNTY FLA AVIATION BDS	300,000, 4.280%, due 10/01/41 OPT CALL 10/01/2028	334,332	266,160
	MONTGOMERY CNTY VA ECONOMIC	500,000, 2.992%, due 06/01/32 OPT CALL 06/01/2027	504,755	440,325

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Municipal Bonds (Continued)		
	MONTGOMERY OHIO SPL OBLIG REV	250,000, 3.358%, due 12/01/45 OPT CALL 12/01/2030	264,148	178,473
	NEBRASKA COOP REPUBLICAN	300,000, 2.216%, due 12/15/30 OPT CALL 11/02/2025	303,000	258,639
	NOBLESVILLE IND ECONOMIC DEV	500,000, 4.000%, due 07/15/31 OPT CALL 01/15/2029	528,625	469,770
	PENNSYLVANIA ST TAXABLE MOTOR L	300,000, 3.252%, due 12/01/43 OPT CALL 12/01/2029	309,687	220,776
	RALEIGH N C GO HSG BDS 2016C	290,000, 3.200%, due 02/01/33 OPT CALL 02/01/2026	290,000	258,978
	RALEIGH N C GO HSG BDS 2016C	100,000, 3.250%, due 02/01/34 OPT CALL 02/01/2026	100,000	88,457
	RICHMOND VA PUB UTIL REV	250,000, 3.537%, due 01/15/43 OPT CALL 01/15/2030	278,270	204,907
	SOUTH CAROLINA ST PORTS AUTH	100,000, 3.555%, due 07/01/39 OPT CALL 07/01/2029	107,787	83,785
	SOUTHBRIDGE MASS	205,000, 3.350%, due 06/01/35 OPT CALL 06/01/2027	209,028	174,168
	SPEEDWAY IND ECONOMIC DEV REV	250,000, 3.950%, due 08/01/29	271,250	240,415
	TEXAS ST	300,000, 3.924%, due 10/01/35 OPT CALL 10/01/2027	333,054	276,231
	YPSILANTI MICH	500,000, 4.000%, due 05/01/31 OPT CALL 05/01/2025	519,305	478,550
	Total Municipal Bonds		8,166,904	6,977,305
		Common Stock		
	LINDE PLC COM	273 shares	81,920	114,297
	UNION PAC CORP	1,224 shares	306,209	279,121
	CUMMINS INC	629 shares	184,964	219,269
	PARKER HANNIFIN CORP	408 shares	215,007	259,500
	EATON CORP PLC SHS	880 shares	198,267	292,046
	HONEYWELL INTL INC	2,046 shares	430,515	462,171
	UBER TECHNOLOGIES INC	2,809 shares	238,250	169,439
	O REILLY AUTOMOTIVE INC	157 shares	95,198	186,171
	TESLA, INC	1,081 shares	307,106	436,551
	MCDONALDS CORP	484 shares	106,889	140,306
	AMAZON.COM INC	4,006 shares	461,744	878,876
	HOME DEPOT INC	850 shares	167,212	330,642
	NIKE INC	1,392 shares	197,393	105,333
	COCA COLA CO	3,000 shares	165,391	186,780
	WALMART INC	6,764 shares	323,522	611,127
	PROCTER & GAMBLE CO	2,235 shares	279,883	374,698
	CHEVRON CORPORATION	950 shares	98,463	137,598
	EXXON MOBIL CORP	2,160 shares	238,954	232,351
	WILLIAMS COS INC	4,317 shares	219,892	233,636
	UNITEDHEALTH GROUP INC	757 shares	132,524	382,936
	THERMO FISHER SCIENTIFIC INC	769 shares	304,872	400,057
	ABBOTT LABS	1,525 shares	178,357	172,493
	LILLY (ELI) & CO	496 shares	208,364	382,912
	ZOETIS INC	967 shares	193,728	157,553
	DANAHER CORP	979 shares	261,150	224,729
	INTUITIVE SURGICAL INC	485 shares	206,642	253,151
	PNC FINANCIAL SERVICES GROUP	1,141 shares	184,139	220,042
	WELLS FARGO & COMPANY	7,250 shares	400,407	509,240
	BERKSHIRE HATHAWAY INC DEL	807 shares	240,374	365,797

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Stock (Continued)		
	BLACKROCK INC	471 shares	267,879	482,827
	GOLDMAN SACHS GROUP	668 shares	278,139	382,510
	JPMORGAN CHASE & CO	2,290 shares	240,357	548,936
	ALPHABET INC	4,720 shares	418,201	893,496
	DISNEY WALT CO	3,449 shares	412,253	384,046
	META PLATFORMS INC CL A	1,044 shares	398,716	611,272
	APPLIED MATLS INC	1,187 shares	57,258	193,042
	BROADCOM INC	2,267 shares	202,199	525,581
	MARVELL TECHNOLOGY INC	1,438 shares	105,807	158,827
	NVIDIA CORP	10,730 shares	43,624	1,440,931
	TEXAS INSTRS INC	1,452 shares	189,261	272,265
	SERVICENOW INC	238 shares	184,684	252,309
	APPLE INC	5,877 shares	386,276	1,471,718
	ARISTA NETWORKS INC	2,891 shares	214,985	319,542
	MICROSOFT CORP	3,472 shares	471,236	1,463,448
	SALESFORCE, INC.	696 shares	105,594	232,694
	AMERICAN ELEC PWR INC	2,382 shares	214,617	219,692
	NEXTERA ENERGY INC	2,755 shares	97,516	197,506
	BOOKING HLDGS INC	54 shares	151,126	268,295
	MASTERCARD INC	824 shares	192,137	433,894
	PAYPAL HLDGS INC	1,942 shares	156,956	165,750
	SHERWIN WILLIAMS CO	909 shares	148,552	308,996
	Total Common Stock		11,564,709	19,946,399
	TOTAL INVESTMENTS		\$ 53,457,132	\$ 59,803,918

See Independent Auditor's Report.

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (i): A single transaction in excess of 5% of the current value of Plan attest.								
FEDERATED TREASURY OBLIGATION INSTITUTIONAL SHARES	Money Market Investment	\$ -	\$ 3,372,735	\$ -	\$ -	\$ 3,372,735	\$ 3,372,735	\$ -
FEDERAL HOME LOAN BANK 06/28/24 4.780 06/28/34	Agency Bond	3,000,000	-	-	-	3,000,000	3,000,000	-
US TREASURY BILL DUE 06/20/24	Agency Bond	3,987,773	-	-	-	3,987,773	3,987,773	-
US TREASURY BILL DUE 05/23/24	Agency Bond	5,205,043	-	-	-	5,205,043	5,205,043	-
US TREASURY BILL DUE 03/12/24	Agency Bond	4,591,263	-	-	-	4,591,263	4,591,263	-
US TREASURY BILL DUE 06/20/24	Agency Bond	-	3,987,773	-	-	3,987,773	3,987,773	-
US TREASURY BILL DUE 05/23/24	Agency Bond	-	5,205,043	-	-	5,205,043	5,205,043	-
US TREASURY BILL DUE 03/12/24	Agency Bond	-	4,591,263	-	-	4,591,263	4,591,263	-

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.								
FEDERAL HOME LOAN BANK								
Due 06/28/34 (1 Purchase)	Agency Bond	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000	\$ -
US Treasury Bill Due 06/20/24 (1 Purchase)	Agency Bond	3,987,773	-	-	-	3,987,773	3,987,773	-
US Treasury Bill Due 06/20/24 (1 Sale)	Agency Bond	-	3,987,773	-	-	3,987,773	3,987,773	-
US Treasury Bill Due 05/23/24 (1 Purchase)	Agency Bond	5,205,043	-	-	-	5,205,043	5,205,043	-
US Treasury Bill Due 05/23/24 (1 Sale)	Agency Bond	-	5,205,043	-	-	5,205,043	5,205,043	-
US Treasury Bill Due 02/20/24 (1 Purchase)	Agency Bond	2,741,589	-	-	-	2,741,589	2,741,589	-
US Treasury Bill Due 02/20/24 (1 Sale)	Agency Bond	-	2,741,589	-	-	2,741,589	2,741,589	-
US Treasury Bill Due 03/12/24 (1 Purchase)	Agency Bond	4,591,263	-	-	-	4,591,263	4,591,263	-
US Treasury Bill Due 03/12/24 (1 Sale)	Agency Bond	-	4,591,263	-	-	4,591,263	4,591,263	-

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.								
US Treasury Bill Due 07/18/24 (1 Purchases)	Agency Bond	\$ 2,978,583	\$ -	\$ -	\$ -	\$ 2,978,583	\$ 2,978,583	-
US Treasury Bill Due 07/18/24 (1 Sale)	Agency Bond	-	2,978,583	-	-	2,978,583	2,978,583	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	2,281,929	-	-	-	2,281,929	2,281,929	-
US Treasury Bill Due 08/20/24 (1 Sale)	Agency Bond	-	2,281,929	-	-	2,281,929	2,281,929	-
Federated Treasury Obligation Institutional Shares (13 Purchases)	Money Market Investment	6,820,881	-	-	-	6,820,881	6,820,881	-
Federated Treasury Obligation Institutional Shares (8 Sales)	Money Market Investment	-	6,560,552.	-	-	6,560,552.	6,560,552.	-

See Independent Auditor's Report.

ADDITIONAL INFORMATION

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
ROLLFORWARD OF INVESTMENT BALANCES BY DEPARTMENT
Year ended December 31, 2024

	General Fund 100	National Headquarters 200	National Auxiliary 205	Forty and Eight 210	Alabama 215	Maryland 235	Massachusetts - Legion 240	Missouri 245	New York (Erie County) 250
12/31/23 Beginning	\$ -	\$ 39,296,910	\$ 2,124,819	\$ 1,187,921	\$ 627,358	\$ 672,468	\$ 1,030,874	\$ 655,249	\$ 29,992
Net income allocated	-	3,842,740	206,032	118,301	62,746	64,615	101,824	65,692	2,960
Contributions	-	642,047	24,221	-	-	-	-	-	-
Benefits paid	<u>-</u>	<u>(3,562,245)</u>	<u>(233,014)</u>	<u>(67,654)</u>	<u>(28,331)</u>	<u>(88,428)</u>	<u>(74,530)</u>	<u>(26,037)</u>	<u>(2,286)</u>
Change	<u>-</u>	<u>922,542</u>	<u>(2,761)</u>	<u>50,647</u>	<u>34,415</u>	<u>(23,813)</u>	<u>27,294</u>	<u>39,655</u>	<u>674</u>
December ending	<u>\$ -</u>	<u>\$ 40,219,452</u>	<u>\$ 2,122,058</u>	<u>\$ 1,238,568</u>	<u>\$ 661,773</u>	<u>\$ 648,655</u>	<u>\$ 1,058,168</u>	<u>\$ 694,904</u>	<u>\$ 30,666</u>

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
ROLLFORWARD OF INVESTMENT BALANCES BY DEPARTMENT
Year ended December 31, 2024

	<u>New York 255</u>	<u>New York - Auxiliary 260</u>	<u>North Dakota 265</u>	<u>Oklahoma 270</u>	<u>Tennessee 275</u>	<u>Texas - Legion 280</u>	<u>Texas - Auxiliary 285</u>	<u>West Virginia 290</u>	<u>Department of California 295</u>	<u>Total</u>
12/31/23 Beginning	\$ 1,352,865	\$ 344,900	\$ 1,130,106	\$ 322,988	\$ 608,431	\$ 2,194,742	\$ 692,254	\$ 346,428	\$ 7,365,860	\$ 59,984,165
Net income allocated	128,886	35,168	112,940	29,374	60,676	219,696	70,321	34,799	742,042	5,898,812
Contributions	15,421	-	-	1,907	-	-	-	-	-	683,596
Benefits paid	<u>(196,848)</u>	<u>(2,444)</u>	<u>(56,246)</u>	<u>(76,855)</u>	<u>(33,013)</u>	<u>(101,755)</u>	<u>(10,475)</u>	<u>(13,515)</u>	<u>(242,153)</u>	<u>(4,815,829)</u>
Change	<u>(52,541)</u>	<u>32,724</u>	<u>56,694</u>	<u>(45,574)</u>	<u>27,663</u>	<u>117,941</u>	<u>59,846</u>	<u>21,284</u>	<u>499,889</u>	<u>1,766,579</u>
December ending	<u>\$ 1,300,324</u>	<u>\$ 377,624</u>	<u>\$ 1,186,800</u>	<u>\$ 277,414</u>	<u>\$ 636,094</u>	<u>\$ 2,312,683</u>	<u>\$ 752,100</u>	<u>\$ 367,712</u>	<u>\$ 7,865,749</u>	<u>\$ 61,750,744</u>

See Independent Auditor's Report.

SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: The American Legion Retirement Plan for Employees of The National Headquarters and Subordinate Groups Thereof
 EIN: 35-0144250 Plan Number: 001

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		0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0		0	
40 to 44	0		2		1		0		0		0		0		0		0		0		0	
45 to 49	0		3		3		1		0		0		0		0		0		0		0	
50 to 54	0		3		7		1		2		0		0		0		0		0		0	
55 to 59	0		4		10		5		0		1		0		0		0		0		0	
60 to 64	0		4		9		1		2		0		2		1		0		0		0	
65 to 69	0		1		0		2		0		0		0		0		0		0		0	
70 & up	0		1		2		1		0		0		1		0		0		0		0	

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

SCHEDULE SB PART V - ACTUARIAL ASSUMPTIONS & METHODS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

ACTUARIAL METHODS

	<u>PPA Funding</u>	<u>Suggested Maximum Contribution</u>	<u>FASB ASC</u>
Actuarial Cost Method	Accrued Benefit (Unit Credit)	Accrued Benefit (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.

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.

SCHEDULE SB PART V - ACTUARIAL ASSUMPTIONS & METHODS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

ACTUARIAL ASSUMPTIONS

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Segmented Interest Rates			
Segment 1 (0-5 years)	4.75%	4.37%	N/A
Segment 2 (5-20 years)	4.96%	4.96%	N/A
Segment 3 (20+ years)	5.59%	4.95%	N/A
Applicable Month	January	January	N/A
Effective Interest Rate	5.09%	4.90%	4.71%

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)
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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 -

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Future Salary Increases	N/A	N/A	N/A
Rationale	Plan is frozen so no salary assumption is applicable.		
Disability	None Assumed	None Assumed	None Assumed
Rationale	Disability benefits are minimal and available on a limited basis.		
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	* Benefits are assumed to commence at the earlier of age 65 or age 62 with 30 years of service. If the Rule of 80 is met, retirement rates are:		
	Age	55-59	60-61
	Rate	5%	15%
		62	63-64
		40%	20%
			65
			100%

ACTUARIAL ASSUMPTIONS

- Continued -

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
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

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

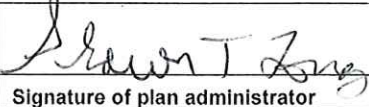
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

1a Name of plan AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1944
2a 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) AMERICAN LEGION NATIONAL HEADQUARTERS P.O. BOX 1055 INDIANAPOLIS IN 46206		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.

SIGN HERE		<u>1/5/26</u>	SHAWN T. LONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 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: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">605</td> </tr> </table>	5	605																		
5	605																				
6 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). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">70</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">67</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">321</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">145</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">533</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">60</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">593</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	70	6a(2)	67	6b	321	6c	145	6d	533	6e	60	6f	593	6g(1)		6g(2)		6h	0
6a(1)	70																				
6a(2)	67																				
6b	321																				
6c	145																				
6d	533																				
6e	60																				
6f	593																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
7																					

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

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

9a 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	9b 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (i): A single transaction in excess of 5% of the current value of Plan attest.								
FEDERATED TREASURY OBLIGATION INSTITUTIONAL SHARES	Money Market Investment	\$ -	\$ 3,372,735	\$ -	\$ -	\$ 3,372,735	\$ 3,372,735	\$ -
FEDERAL HOME LOAN BANK 06/28/24 4.780 06/28/34	Agency Bond	3,000,000	-	-	-	3,000,000	3,000,000	-
US TREASURY BILL DUE 06/20/24	Agency Bond	3,987,773	-	-	-	3,987,773	3,987,773	-
US TREASURY BILL DUE 05/23/24	Agency Bond	5,205,043	-	-	-	5,205,043	5,205,043	-
US TREASURY BILL DUE 03/12/24	Agency Bond	4,591,263	-	-	-	4,591,263	4,591,263	-
US TREASURY BILL DUE 06/20/24	Agency Bond	-	3,987,773	-	-	3,987,773	3,987,773	-
US TREASURY BILL DUE 05/23/24	Agency Bond	-	5,205,043	-	-	5,205,043	5,205,043	-
US TREASURY BILL DUE 03/12/24	Agency Bond	-	4,591,263	-	-	4,591,263	4,591,263	-

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.								
FEDERAL HOME LOAN BANK								
Due 06/28/34 (1 Purchase)	Agency Bond	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000	\$ -
US Treasury Bill Due 06/20/24 (1 Purchase)	Agency Bond	3,987,773	-	-	-	3,987,773	3,987,773	-
US Treasury Bill Due 06/20/24 (1 Sale)	Agency Bond	-	3,987,773	-	-	3,987,773	3,987,773	-
US Treasury Bill Due 05/23/24 (1 Purchase)	Agency Bond	5,205,043	-	-	-	5,205,043	5,205,043	-
US Treasury Bill Due 05/23/24 (1 Sale)	Agency Bond	-	5,205,043	-	-	5,205,043	5,205,043	-
US Treasury Bill Due 02/20/24 (1 Purchase)	Agency Bond	2,741,589	-	-	-	2,741,589	2,741,589	-
US Treasury Bill Due 02/20/24 (1 Sale)	Agency Bond	-	2,741,589	-	-	2,741,589	2,741,589	-
US Treasury Bill Due 03/12/24 (1 Purchase)	Agency Bond	4,591,263	-	-	-	4,591,263	4,591,263	-
US Treasury Bill Due 03/12/24 (1 Sale)	Agency Bond	-	4,591,263	-	-	4,591,263	4,591,263	-

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
SCHEDULE H, LINE 4j – 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:	001

(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)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.								
US Treasury Bill Due 07/18/24 (1 Purchases)	Agency Bond	\$ 2,978,583	\$ -	\$ -	\$ -	\$ 2,978,583	\$ 2,978,583	-
US Treasury Bill Due 07/18/24 (1 Sale)	Agency Bond	-	2,978,583	-	-	2,978,583	2,978,583	-
US Treasury Bill Due 08/20/24 (1 Purchase)	Agency Bond	2,281,929	-	-	-	2,281,929	2,281,929	-
US Treasury Bill Due 08/20/24 (1 Sale)	Agency Bond	-	2,281,929	-	-	2,281,929	2,281,929	-
Federated Treasury Obligation Institutional Shares (13 Purchases)	Money Market Investment	6,820,881	-	-	-	6,820,881	6,820,881	-
Federated Treasury Obligation Institutional Shares (8 Sales)	Money Market Investment	-	6,560,552.	-	-	6,560,552.	6,560,552.	-

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.

A Name of plan AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS & SUBORDINATE GROUPS THEREOF	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN LEGION NATIONAL HEADQUARTERS	D Employer Identification Number (EIN) 35-0144250	
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	59,984,165
	b Actuarial value	2b	61,911,281
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	392	45,584,903
	b For terminated vested participants	143	5,729,200
	c For active participants	70	5,852,578
	d Total	605	57,166,681
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	628,200
	c Target normal cost	6c	628,200

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.

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10,345,117	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	260,017	
9	Amount remaining (line 7 minus line 8)	10,085,100	0
10	Interest on line 9 using prior year's actual return of <u>12.43%</u>	1,253,578	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		271,259
	b(1) 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>5.16%</u>		580
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		32,320
	c Total available at beginning of current plan year to add to prefunding balance		304,159
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	11,338,678	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.34%
15	Adjusted funding target attainment percentage	15	108.15%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.38%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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	
12/30/2024	683,596	0				
Totals ▶			18(b)	683,596	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	650,663

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 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
25 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
26 Demographic and benefit information		
a 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 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c).....	31a	628,200
b Excess assets, if applicable, but not greater than line 31a	31b	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 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	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	628,200
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	288,991	288,991
36 Additional cash requirement (line 34 minus line 35).....	36	339,209
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	650,663
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	311,454
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	288,991
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 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
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SCHEDULE SB LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

(January 1, 2024 - December 31, 2024)

PLAN NAME: The American Legion Retirement Plan for Employees of The National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

Plan Year Beginning: 1/1/2024 Valuation Date: 1/1/2025
 Effective Interest Rate: 5.09%
 Interest Rate for Late Quarterlies: 10.09%

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Days Late	Days to Discount to 1/1/2024	Late Discount	Remaining Discount	Discounted Value
1	19c		4/15/2024	4/15/2024	0	105	1.000000	0.985858	\$ 0
2	19c		7/15/2024	7/15/2024	0	196	1.000000	0.973763	0
3	19c		10/15/2024	10/15/2024	0	288	1.000000	0.961687	0
4	19c	98,925	12/30/2024	1/15/2025	0	364	1.000000	0.951824	94,159
5	19c	584,671	12/30/2024	9/15/2025	0	364	1.000000	0.951824	556,504

Total	<u>\$ 683,596</u>	<u>\$ 650,663</u>
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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

SCHEDULE SB, line 22 - Description of Weighted Average Retirement Age

January 1, 2024 - December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

Assumed Retirement Age (Active)

Benefits are assumed to commence at the earlier of age 65 or age 62 with 30 years of service. If the Rule of 80 is met, retirement rates are:

Age	55-59	60-61	62	63-64	65
Rate	5%	15%	40%	20%	100%

Ages are weighted by liability

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
ROLLFORWARD OF INVESTMENT BALANCES BY DEPARTMENT
Year ended December 31, 2024

	General Fund 100	National Headquarters 200	National Auxiliary 205	Forty and Eight 210	Alabama 215	Maryland 235	Massachusetts - Legion 240	Missouri 245	New York (Erie County) 250
12/31/23 Beginning	\$ -	\$ 39,296,910	\$ 2,124,819	\$ 1,187,921	\$ 627,358	\$ 672,468	\$ 1,030,874	\$ 655,249	\$ 29,992
Net income allocated	-	3,842,740	206,032	118,301	62,746	64,615	101,824	65,692	2,960
Contributions	-	642,047	24,221	-	-	-	-	-	-
Benefits paid	<u>-</u>	<u>(3,562,245)</u>	<u>(233,014)</u>	<u>(67,654)</u>	<u>(28,331)</u>	<u>(88,428)</u>	<u>(74,530)</u>	<u>(26,037)</u>	<u>(2,286)</u>
Change	<u>-</u>	<u>922,542</u>	<u>(2,761)</u>	<u>50,647</u>	<u>34,415</u>	<u>(23,813)</u>	<u>27,294</u>	<u>39,655</u>	<u>674</u>
December ending	<u>\$ -</u>	<u>\$ 40,219,452</u>	<u>\$ 2,122,058</u>	<u>\$ 1,238,568</u>	<u>\$ 661,773</u>	<u>\$ 648,655</u>	<u>\$ 1,058,168</u>	<u>\$ 694,904</u>	<u>\$ 30,666</u>

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL HEADQUARTERS
AND SUBORDINATE GROUPS THEREOF
ROLLFORWARD OF INVESTMENT BALANCES BY DEPARTMENT
Year ended December 31, 2024

	<u>New York 255</u>	<u>New York - Auxiliary 260</u>	<u>North Dakota 265</u>	<u>Oklahoma 270</u>	<u>Tennessee 275</u>	<u>Texas - Legion 280</u>	<u>Texas - Auxiliary 285</u>	<u>West Virginia 290</u>	<u>Department of California 295</u>	<u>Total</u>
12/31/23 Beginning	\$ 1,352,865	\$ 344,900	\$ 1,130,106	\$ 322,988	\$ 608,431	\$ 2,194,742	\$ 692,254	\$ 346,428	\$ 7,365,860	\$ 59,984,165
Net income allocated	128,886	35,168	112,940	29,374	60,676	219,696	70,321	34,799	742,042	5,898,812
Contributions	15,421	-	-	1,907	-	-	-	-	-	683,596
Benefits paid	<u>(196,848)</u>	<u>(2,444)</u>	<u>(56,246)</u>	<u>(76,855)</u>	<u>(33,013)</u>	<u>(101,755)</u>	<u>(10,475)</u>	<u>(13,515)</u>	<u>(242,153)</u>	<u>(4,815,829)</u>
Change	<u>(52,541)</u>	<u>32,724</u>	<u>56,694</u>	<u>(45,574)</u>	<u>27,663</u>	<u>117,941</u>	<u>59,846</u>	<u>21,284</u>	<u>499,889</u>	<u>1,766,579</u>
December ending	<u>\$ 1,300,324</u>	<u>\$ 377,624</u>	<u>\$ 1,186,800</u>	<u>\$ 277,414</u>	<u>\$ 636,094</u>	<u>\$ 2,312,683</u>	<u>\$ 752,100</u>	<u>\$ 367,712</u>	<u>\$ 7,865,749</u>	<u>\$ 61,750,744</u>

See Independent Auditor's Report.

SCHEDULE SB PART V – SUMMARY OF PLAN PROVISIONS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	January 1, 1944 Restated January 1, 2012, Amended January 1, 2018												
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	Full and fractional years which are credited to a participant for the purpose of determining his retirement annuity and accrued retirement benefit. Participant shall receive credit for each calendar year of his employment in accordance with the following schedule: <table><thead><tr><th>Hours of Employment Credited During Calendar Year</th><th>Benefit Service Credited for Calendar Year</th></tr></thead><tbody><tr><td>1-375</td><td>1/4</td></tr><tr><td>376-749</td><td>3/8</td></tr><tr><td>750-1124</td><td>5/8</td></tr><tr><td>1125-1499</td><td>7/8</td></tr><tr><td>1500 or more</td><td>1 year</td></tr></tbody></table> <p style="text-align: center;">Benefit Service frozen as of June 30, 2008</p>	Hours of Employment Credited During Calendar Year	Benefit Service Credited for Calendar Year	1-375	1/4	376-749	3/8	750-1124	5/8	1125-1499	7/8	1500 or more	1 year
Hours of Employment Credited During Calendar Year	Benefit Service Credited for Calendar Year												
1-375	1/4												
376-749	3/8												
750-1124	5/8												
1125-1499	7/8												
1500 or more	1 year												
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).												

SCHEDULE SB PART V – SUMMARY OF PLAN PROVISIONS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

SUMMARY OF PLAN PROVISIONS, Continued

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.

Participation frozen as of June 30, 2008.

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.

OPTIONAL RETIREMENT

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

RETIREMENT ANNUITY

A retirement annuity shall, without exception, be paid monthly for 5 years certain and thereafter (during retiree's lifetime).

Formula for participants who terminate before July 1, 2000:

A participant retiring at age 65 (or later) shall receive an amount equal to 35% of average salary for the first 15 full years of benefit service plus 1% for each of the next 10 additional years of benefit service plus 1/2% for years in excess of 25 years.

Minimum benefit for employee aged 65 or over with less than 15 years of service shall be the greater of 2-1/3% of average salary or \$6 per month for each completed year of benefit service.

The minimum retirement annuity shall not be less than \$6 per month for each year of benefit service, subject to a maximum of 35 years.

SCHEDULE SB PART V – SUMMARY OF PLAN PROVISIONS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

SUMMARY OF PLAN PROVISIONS, Continued

RETIREMENT ANNUITY,
Continued

Formula for participants who terminate on or after July 1, 2000:

A participant retiring at age 65 (or later) shall receive an amount equal to 35% of average salary for the first 15 full years of benefit service plus 1.5% for years in excess of 15 years.

Benefit accruals frozen as of June 30, 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.

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 annual amount of disability annuity shall be equal to 1% of average salary for each year of benefit service, subject to a minimum of 20% of average salary and a maximum of 35% of average salary.

This benefit is only available to participants who are employed by a department that does not maintain a long-term disability plan.

SCHEDULE SB PART V – SUMMARY OF PLAN PROVISIONS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

SUMMARY OF PLAN PROVISIONS, Continued

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).

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 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.

SCHEDULE SB PART V – SUMMARY OF PLAN PROVISIONS

January 1, 2024 to December 31, 2024

Plan Name: American Legion Retirement Plan for Employees of the National Headquarters and Subordinate Groups Thereof

EIN: 35-0144250 Plan Number: 001

SUMMARY OF PLAN PROVISIONS, Continued

OPTIONAL FORMS OF
PAYMENT, Continued

Participant 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%, or 100% of the participant's installments to the designated surviving joint beneficiary. If the participant is married, spousal consent is required.

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 \$5,000.

COST OF LIVING
ADJUSTMENT

Effective January 1, 2018, eligible retirees and beneficiaries received a one time ad hoc Cost of Living Adjustment of 6%.

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 RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Money Market Funds		
	FEDERATED - GOVERNMENT OBLIGATIONS PREMIER (INCOME INVESTMENT)	Fed Government Obligations Premier, 77,237 shares	77,237	77,237
	FEDERATED GOVERNMENT FEDERATED TREASURY OBLIGATION (Institutional Investment)	Fed Government Obligations Premier, 606,544 shares	606,544	606,544
	FEDERATED TREASURY OBLIGATION INSTITUTIONAL SHARES	Treasury Obligation, 411,891 shares	411,891	411,891
		Treasury Obligation, 582,939 shares	582,939	582,939
	Total Money Market Funds		1,678,611	1,678,611
		Short Term Investments		
	UNITED STATES TREAS BILLS	US Treasury Bill, Due 5/15/25, 700,000	676,177	689,297
	Total Short Term Investments		676,177	689,297
		US Government Bonds		
	UNITED STATES TREAS NTS	300,000, 4.125%, due 11/15/32	297,434	292,596
	US TREASURY NT	500,000, 3.875%, due 08/15/33	486,333	475,860
	UNITED STATES TREAS NTS	2,150,000, 4.000%, due 02/15/34	2,166,305	2,058,324
	UNITED STATES TREAS NTS	300,000, 4.125% due, 03/31/31	298,465	294,486
	UNITED STATES TREAS NTS	220,000, 2.875%, due 05/15/28	213,409	210,144
	Total US Government Bonds		3,461,946	3,331,410
		Agency Bonds		
	FEDERAL HOME LOAN BANK	550,000, 4.750%, due 12/10/32	559,912	551,260
	FEDERAL HOME LOAN BANK	1,650,000, 5.240% due 08/21/29	1,646,725	1,650,283
	FEDERAL HOME LOAN BANK	370,000, 5.000%, due 05/22/28	370,000	369,730
	FEDERAL HOME LOAN BANKS	1,605,000, 4.450%, due 02/12/29	1,596,173	1,592,513
	FEDERAL HOME LN BKS	500,000, 4.625%, due 06/13/31	507,400	502,605
	FEDERAL HOME LOAN BANK	3,000,000, 4.780%, due 06/28/34	3,000,000	2,979,869
	FEDERAL HOME LOAN BANKS	525,000, 3.850%, due 10/01/29	515,755	509,513
	FEDERAL FARM CREDIT BANK	250,000, 2.530%, due 11/23/27	250,000	237,333
	FEDERAL FARM CREDIT BANK	250,000, 2.650%, due 11/27/28	250,000	233,475
	FEDERAL FARM CREDIT BANK	500,000, 2.550%, due 02/28/28	496,875	471,990
	Total Agency Bonds		9,192,840	9,098,571
		Asset Backed Securities		
	SBAP 2006-20E 1	524,910 shares, 5.870%, due 05/01/26	28,740	5,243
	Total Asset Backed Securities		28,740	5,243

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate Bonds			
	ABBOTT LABS SR NT	250,000, 2.950%, due 03/15/25	252,343	249,138
	AMAZON COM INC	250,000, 3.150%, due 08/22/27	251,875	241,380
	AMAZON COM INC	75,000, 4.550%, due 12/01/27	75,719	75,451
	AMERICAN EXPRESS CO	250,000, 3.125%, due 05/20/26	251,875	244,890
	AMERICAN HONDA FIN CORP MTN	120,000, 1.000%, due 09/10/25	110,140	116,903
	AMGEN INC	810,000, 3.200%, due 11/02/27	810,000	779,099
	ANTHEM INC	300,000, 2.875%, due 09/15/29	301,599	272,874
	APPLE INC SR NT	250,000, 3.200%, due 05/13/25	259,500	248,880
	APPLE INC	1,075,000, 4.500%, due 02/23/36	1,075,036	1,049,200
	APPLE INC SR NT	500,000, 3.000%, due 11/13/27	498,728	482,780
	APPLE INC	250,000, 3.250%, due 08/08/29	233,965	236,230
	APPLE INC	250,000, 4.150%, due 05/10/30	243,340	247,580
	BERKSHIRE HATHAWAY INC	300,000, 3.125%, due 03/15/26	302,694	295,395
	BRISTOL MYERS SQUIBB CO SR NT	300,000, 3.250%, due 02/27/27	308,346	292,680
	CISCO SYSTEMS INC	250,000, 2.950%, due 02/28/26	255,250	245,723
	COMCAST CORP NEW	100,000, 3.375%, due 02/15/25	99,233	99,794
	COSTCO WHOLESALE CORP NEW	460,000, 1.375%, due 06/20/27	421,848	427,616
	DEERE JOHN CAP CORP	500,000, 3.450%, due 03/13/25	500,000	498,845
	DOVER CORP	250,000, 3.150%, due 11/15/25	259,250	246,465
	DUKE ENERGY CAROLINAS LLC	715,000, 4.950%, due 01/15/33	715,971	703,102
	EXXON MOBIL CORP	250,000, 3.043%, due 03/01/26	252,500	246,070
	EXXON MOBIL CORP	250,000, 3.482%, due 03/19/30	229,158	235,483
	EXXON MOBIL CORP	140,000, 2.610%, due 10/15/30	123,117	124,739
	META PLATFORMS INC	450,000, 4.800%, due 05/15/30	452,868	453,744
	META PLATFORMS INC	200,000, 4.300%, due 08/15/29	198,924	197,490
	FLORIDA PWR & LT CO	245,000, 2.450%, due 02/03/32	206,214	206,746
	FLORIDA PWR & LT CO	375,000, 5.050%, due 04/01/28	370,502	378,600
	GILEAD SCIENCES INC	250,000, 3.650%, due 03/01/26	265,360	247,005
	GOLDMAN SACHS GROUP INC	200,000, 1.450%, due 07/30/26	200,000	189,090
	HALLIBURTON CO	100,000, 3.800%, due 11/15/25	100,000	99,160
	HORACE MANN SCH NEW YORK	250,000, 3.273%, due 07/01/27	271,625	235,453
	JPMORGAN CHASE & CO MEDIUM	100,000, 1.000%, due 08/17/27	98,250	89,372
	LILLY ELI & CO SR NT	250,000, 2.750%, due 06/01/25	254,203	247,990
	LILLY ELI & CO	100,000, 5.000%, due 02/27/26	99,700	99,995
	LILLY ELI & CO	1,000,000, 4.600%, due 08/14/34	1,025,420	960,080
	METLIFE INC	200,000, 3.000%, due 03/01/25	201,916	199,428
	MICROSOFT CORP	250,000, 2.400%, due 08/08/26	233,133	242,500
	MICROSOFT CORP	1,200,000, 3.450%, due 08/08/36	1,106,690	1,046,340
	MORGAN STANLEY	100,000, 3.875%, due 01/27/26	96,956	99,226
	MORGAN STANLEY MEDIUM TERM SR	250,000, VAR, due 01/30/27	250,000	252,348
	NATIONAL RURAL UTILS COOP FIN	250,000, 3.000%, due 09/15/29	250,000	226,460
	NATIONAL RURAL UTILS COOP FIN	250,000, 3.500%, due 02/15/29	250,000	233,238
	NATIONAL RURAL UTILS COOP	250,000, 3.500%, due 09/15/28	250,000	237,210
	NORTHROP GRUMMAN CORP SR GLBL	75,000, 2.930%, due 01/15/25	72,287	74,939
	NVIDIA CORP SR GLBL NT	100,000, 2.850%, due 04/01/30	90,626	91,642

(Continued)

THE AMERICAN LEGION RETIREMENT PLAN FOR EMPLOYEES OF THE NATIONAL
HEADQUARTERS AND SUBORDINATED GROUPS THEREOF
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:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate Bonds (Continued)		
	ORACLE CORP	250,000, 3.250%, due 05/15/30	254,880	228,815
	PARKER-HANNIFIN CORP SR GLBL NT	500,000, 3.250%, due 06/14/29	505,425	468,070
	PEPSICO INC	250,000, 2.850%, due 02/24/26	256,050	245,585
	PHILIP MORRIS INTL INC	500,000, 2.750%, due 02/25/26	505,920	489,250
	PHILIP MORRIS INTL INC	400,000, 3.125%, due 03/02/28	402,836	380,536
	PREMIER HEALTH PARTNERS	100,000, 2.911%, due 11/15/26	98,831	95,641
	PROCTER & GAMBLE CO SR GBL NT	250,000, 2.700%, due 02/02/26	254,600	245,460
	SCHWAB CHARLES CORP	125,000, 3.625%, due 04/01/25	124,266	124,633
	TOYOTA MTR CR CORP	350,000, 1.800%, due 02/13/25	347,445	348,802
	TOYOTA MTR CR CORP MEDIUM TERM	300,000, 3.375%, due 04/01/30	262,395	277,917
	U S BANCORP MEDIUM TERM NTS-	210,000, 3.100%, due 04/27/26	203,622	205,497
	VISA INC SR GLBL NT 25	180,000, 3.150%, due 12/14/25	176,900	177,957
	VISA INC	200,000, 4.150%, due 12/14/35	188,290	184,778
	WALMART INC	400,000, 4.000%, due 04/15/30	376,444	391,484
	WALMART INC	175,000, 4.100%, due 04/15/33	167,878	166,740
	WASHINGTON MUT BK FA	75,000, 6.875%, due 06/15/11	85,706	2
	WISCONSIN ELEC PWR CO	250,000, 3.100%, due 06/01/25	256,393	248,127
	Total Corporate Bonds		18,644,032	18,047,667
		Government Backed Securities		
	G2 2810	2,322 shares, 7.500%, due 09/20/29	5,355	2,376
	G2 3511	21,216 shares, 4.000%, due 01/20/34	-	20,603
	G2 3734	6,416 shares, 4.500%, due 07/20/35	-	6,235
	GN 447988	195 shares, 7.500%, due 06/15/28	305	195
	GN 783296X	6 shares, 5.000%, due 01/15/25	37,513	6
	Total Government Backed Securities		43,173	29,415
		Municipal Bonds		
	ABILENE TEX	100,000, 3.257%, due 02/15/37 OPT CALL 02/15/2029	101,640	82,214
	ADAMS IND CENT ELEM SCH BLDG	250,000, 5.250%, due 01/15/26	294,900	252,275
	ALBUQUERQUE N MEX GROSS RCPTS	200,000, 3.500%, due 07/01/32 OPT CALL 07/01/2025	202,588	182,966
	ALBUQUERQUE N MEX GROSS RCPTS	315,000, 3.750%, due 07/01/35 OPT CALL 07/01/2025	319,016	280,580
	BALTIMORE CNTY MD GO BDS 2012	150,000, 2.947%, due 08/01/27	165,852	144,444
	CALIFORNIA ST	200,000, 4.600%, due 04/01/38 OPT CALL 04/01/2028	243,500	186,132
	FISHERS IND REDEV AUTH LEASE	400,000, 3.000%, due 01/15/36 OPT CALL 07/15/2026	367,000	366,228
	INDIANA BD BK REV	435,000, 3.669%, due 02/01/37 OPT CALL 02/01/2027	469,322	381,717
	INDIANA ST FIN AUTH WASTEWATER	100,000, 5.000%, due 10/01/30 OPT CALL 10/01/2029	114,100	108,648
	INDIANA ST FIN AUTH REV	395,000, 3.167%, shares 03/01/32	401,731	353,059
	INDIANAPOLIS IND LOC PUB IMPT	200,000, 3.000%, due 02/01/40 OPT CALL 02/01/2029	178,840	172,914
	INDIANAPOLIS IND LOC PUB IMPT	300,000, 2.473%, due 01/01/40	308,250	220,245
	KENTUCKY ST PPTY & BLDGS COMMN	150,000, 4.007%, due 05/01/32	150,000	139,572
	LANSING MICH BLDG AUTH	400,000, 3.855%, due 06/01/32 OPT CALL 06/01/2027	394,580	371,696
	MIAMI-DADE CNTY FLA SPL OBLIG	100,000, 1.471%, due 10/01/26	102,344	94,981
	MIAMI-DADE CNTY FLA AVIATION BDS	300,000, 4.280%, due 10/01/41 OPT CALL 10/01/2028	334,332	266,160
	MONTGOMERY CNTY VA ECONOMIC	500,000, 2.992%, due 06/01/32 OPT CALL 06/01/2027	504,755	440,325

(Continued)

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December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Municipal Bonds (Continued)			
	MONTGOMERY OHIO SPL OBLIG REV	250,000, 3.358%, due 12/01/45 OPT CALL 12/01/2030	264,148	178,473
	NEBRASKA COOP REPUBLICAN	300,000, 2.216%, due 12/15/30 OPT CALL 11/02/2025	303,000	258,639
	NOBLESVILLE IND ECONOMIC DEV	500,000, 4.000%, due 07/15/31 OPT CALL 01/15/2029	528,625	469,770
	PENNSYLVANIA ST TAXABLE MOTOR L	300,000, 3.252%, due 12/01/43 OPT CALL 12/01/2029	309,687	220,776
	RALEIGH N C GO HSG BDS 2016C	290,000, 3.200%, due 02/01/33 OPT CALL 02/01/2026	290,000	258,978
	RALEIGH N C GO HSG BDS 2016C	100,000, 3.250%, due 02/01/34 OPT CALL 02/01/2026	100,000	88,457
	RICHMOND VA PUB UTIL REV	250,000, 3.537%, due 01/15/43 OPT CALL 01/15/2030	278,270	204,907
	SOUTH CAROLINA ST PORTS AUTH	100,000, 3.555%, due 07/01/39 OPT CALL 07/01/2029	107,787	83,785
	SOUTHBRIDGE MASS	205,000, 3.350%, due 06/01/35 OPT CALL 06/01/2027	209,028	174,168
	SPEEDWAY IND ECONOMIC DEV REV	250,000, 3.950%, due 08/01/29	271,250	240,415
	TEXAS ST	300,000, 3.924%, due 10/01/35 OPT CALL 10/01/2027	333,054	276,231
	YPSILANTI MICH	500,000, 4.000%, due 05/01/31 OPT CALL 05/01/2025	519,305	478,550
	Total Municipal Bonds		8,166,904	6,977,305
	Common Stock			
	LINDE PLC COM	273 shares	81,920	114,297
	UNION PAC CORP	1,224 shares	306,209	279,121
	CUMMINS INC	629 shares	184,964	219,269
	PARKER HANNIFIN CORP	408 shares	215,007	259,500
	EATON CORP PLC SHS	880 shares	198,267	292,046
	HONEYWELL INTL INC	2,046 shares	430,515	462,171
	UBER TECHNOLOGIES INC	2,809 shares	238,250	169,439
	O REILLY AUTOMOTIVE INC	157 shares	95,198	186,171
	TESLA, INC	1,081 shares	307,106	436,551
	MCDONALDS CORP	484 shares	106,889	140,306
	AMAZON.COM INC	4,006 shares	461,744	878,876
	HOME DEPOT INC	850 shares	167,212	330,642
	NIKE INC	1,392 shares	197,393	105,333
	COCA COLA CO	3,000 shares	165,391	186,780
	WALMART INC	6,764 shares	323,522	611,127
	PROCTER & GAMBLE CO	2,235 shares	279,883	374,698
	CHEVRON CORPORATION	950 shares	98,463	137,598
	EXXON MOBIL CORP	2,160 shares	238,954	232,351
	WILLIAMS COS INC	4,317 shares	219,892	233,636
	UNITEDHEALTH GROUP INC	757 shares	132,524	382,936
	THERMO FISHER SCIENTIFIC INC	769 shares	304,872	400,057
	ABBOTT LABS	1,525 shares	178,357	172,493
	LILLY (ELI) & CO	496 shares	208,364	382,912
	ZOETIS INC	967 shares	193,728	157,553
	DANAHER CORP	979 shares	261,150	224,729
	INTUITIVE SURGICAL INC	485 shares	206,642	253,151
	PNC FINANCIAL SERVICES GROUP	1,141 shares	184,139	220,042
	WELLS FARGO & COMPANY	7,250 shares	400,407	509,240
	BERKSHIRE HATHAWAY INC DEL	807 shares	240,374	365,797

(Continued)

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December 31, 2024

Name of Plan Sponsor:	The American Legion National Headquarters
Employer Identification Number:	35-0144250
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Stock (Continued)		
	BLACKROCK INC	471 shares	267,879	482,827
	GOLDMAN SACHS GROUP	668 shares	278,139	382,510
	JPMORGAN CHASE & CO	2,290 shares	240,357	548,936
	ALPHABET INC	4,720 shares	418,201	893,496
	DISNEY WALT CO	3,449 shares	412,253	384,046
	META PLATFORMS INC CL A	1,044 shares	398,716	611,272
	APPLIED MATLS INC	1,187 shares	57,258	193,042
	BROADCOM INC	2,267 shares	202,199	525,581
	MARVELL TECHNOLOGY INC	1,438 shares	105,807	158,827
	NVIDIA CORP	10,730 shares	43,624	1,440,931
	TEXAS INSTRS INC	1,452 shares	189,261	272,265
	SERVICENOW INC	238 shares	184,684	252,309
	APPLE INC	5,877 shares	386,276	1,471,718
	ARISTA NETWORKS INC	2,891 shares	214,985	319,542
	MICROSOFT CORP	3,472 shares	471,236	1,463,448
	SALESFORCE, INC.	696 shares	105,594	232,694
	AMERICAN ELEC PWR INC	2,382 shares	214,617	219,692
	NEXTERA ENERGY INC	2,755 shares	97,516	197,506
	BOOKING HLDGS INC	54 shares	151,126	268,295
	MASTERCARD INC	824 shares	192,137	433,894
	PAYPAL HLDGS INC	1,942 shares	156,956	165,750
	SHERWIN WILLIAMS CO	909 shares	148,552	308,996
	Total Common Stock		11,564,709	19,946,399
	TOTAL INVESTMENTS		\$ 53,457,132	\$ 59,803,918

See Independent Auditor's Report.