

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3450 FOUNDERS RD.</b> City or town, state or province, country, and ZIP or foreign postal code <b>INDIANAPOLIS, IN 46268</b> <b>F</b> Name and address of principal officer: <b>VIRGINIA HOBBS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>35-0144340</b> <b>E</b> Telephone number <b>317-569-4500</b> <b>G</b> Gross receipts \$ <b>12,450,906.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>19</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.ALAFORVETERANS.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1932</b> <b>M</b> State of legal domicile: <b>IN</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SUPPORTS AND ADVOCATES FOR UNITED STATES VETERANS, ACTIVE MILITARY, AND THEIR FAMILIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>63</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>61</b>
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>42</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>236</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>87,948.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>7,896,306.</b>	<b>9,472,040.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>759,532.</b>	<b>1,356,804.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>697,553.</b>	<b>766,216.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,353,391.</b>	<b>11,595,060.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>426,253.</b>	<b>452,251.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,966,916.</b>	<b>3,263,068.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>625,111.</b>	<b>5,660,968.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,660,968.</b>	<b>5,828,869.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>9,054,137.</b>	<b>9,544,188.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>299,254.</b>	<b>2,050,872.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>50,855,154.</b>	<b>62,963,179.</b>
		<b>9,018,715.</b>	<b>10,868,438.</b>
		<b>41,836,439.</b>	<b>52,094,741.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Virginia Hobbs</i> <b>VIRGINIA HOBBS, NATIONAL TREASURER</b> Type or print name and title	Date <b>May 8, 2025</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CORY SCHUNEMANN, CPA</b> Preparer's signature <b>CORY SCHUNEMANN, CPA</b> Date <b>04/25/25</b> Check if self-employed <input type="checkbox"/> PTIN <b>P01866583</b> Firm's name <b>BLUE &amp; CO., LLC</b> Firm's EIN <b>35-1178661</b> Firm's address <b>12800 N. MERIDIAN ST, STE 400 CARMEL, IN 46032</b> Phone no. <b>317-848-8920</b>	

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

AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS

Form 990 (2023)

35-0144340 Page 2

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

THE MISSION OF THE AMERICAN LEGION AUXILIARY (ALA) IS TO SUPPORT THE AMERICAN LEGION AND HONOR THE SACRIFICE OF THOSE WHO SERVE BY ENHANCING THE LIVES OF VETERANS, MILITARY, AND THEIR FAMILIES, BOTH AT HOME AND ABROAD. FOR GOD AND COUNTRY WE ADVOCATE FOR VETERANS, EDUCATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,008,552. including grants of \$ 254,251. ) (Revenue \$ 402,791. )

**MEMBER AND DEPARTMENT SUPPORT**

THE ALA SUPPORTS ITS MORE THAN 545,000 MEMBERS BY PROVIDING GUIDANCE AND INFORMATION TO ADVANCE THE ALA MISSION; ADDRESSING THE NEEDS OF US VETERANS AND MILITARY; COMMUNICATING UPDATES ON NATIONAL INITIATIVES, LEGISLATION, AND SERVICES THAT IMPACT US VETERANS AND MILITARY; ACCESS TO MEMBER BENEFITS AND SERVICES; EMERGENCY ASSISTANCE GRANTS TO MEMBERS DEVASTATED BY NATURAL DISASTERS AND CRISES; AWARDING AUXILIARY SCHOLARSHIPS; HOSTING NATIONAL CONVENTIONS, MEETINGS, AND OTHER EDUCATIONAL CONFERENCES; THE NATIONAL ALA WEBSITE; AUXILIARY MAGAZINE, SOCIAL MEDIA POSTS, E- NEWSLETTERS, BROCHURES, AND OTHER ALA MEDIA MATERIALS.

4b (Code: ) (Expenses \$ 899,220. including grants of \$ 22,000. ) (Revenue \$ )

**VETERANS AND MILITARY FAMILIES**

THE ALA DEVELOPS, DIRECTS, AND SUPPORTS PROGRAMS INCLUDING REHABILITATION SUPPORT SERVICES FOR VETERANS AND CURRENT MILITARY; ALA POPPY PROGRAM, WHICH ENHANCES THE LIVES OF VETERANS AND ACTIVE-DUTY MILITARY; CO-PRESENTER OF THE NATIONAL VETERANS CREATIVE ARTS FESTIVAL, WHICH SUPPORTS ART THERAPY REHABILITATION INITIATIVES AT US DEPARTMENT OF VETERANS AFFAIRS FACILITIES; NATIONAL CONFERENCES AND WORKSHOPS TO EMPOWER MEMBERS TO ASSIST WARTIME VETERANS AND THEIR FAMILIES; AND CONFERENCES - NATIONAL SECURITY, VETERANS ISSUES, AND SUPPORTING LEGISLATIVE PRIORITIES OF THE AMERICAN LEGION.

4c (Code: ) (Expenses \$ 1,156,077. including grants of \$ 176,000. ) (Revenue \$ )

**YOUTH AND EDUCATION SERVICES EXPENSES**

THE ALA DEVELOPS, DIRECTS, AND/OR SUPPORTS PROGRAMS AND PROJECTS, INCLUDING A) ALA GIRLS STATE AND ALA GIRLS NATION LEADERSHIP PROGRAMS FOR 9,000 HIGH SCHOOL STUDENTS IN A WEEKLONG IMMERSIVE LEARNING GOVERNMENT WITH 104 FROM ALA GIRLS STATE PROGRAMS TO SERVE AS MOCK SENATORS AT ALA GIRLS NATION FOR A WEEK IN WASHINGTON, D.C.; B) MULTIPLE NATIONAL SCHOLARSHIPS; C) ALA PROGRAMS FOR ITS JUNIOR MEMBERS; AND D) PROGRAMS THAT PROMOTE AND EDUCATE ABOUT CITIZENSHIP, AMERICANISM, U.S. FLAG PROTOCOL, EMERGENCY PREPAREDNESS, NATIONAL SECURITY, VETERANS IN CLASSROOMS, AND U.S. GOVERNMENT AND HISTORY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,063,849.

Form 990 (2023)

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page **4**

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>N/A</b>	
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>N/A</b>	
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>N/A</b>	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>35</b>	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>0</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>X</b>	

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340

Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a 42</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b> X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>6a</b> X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b> X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b> X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b> X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> N/A	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b> N/A	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float:right">N/A</span>	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A</span> <span style="float:right">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float:right">N/A</span> <span style="float:right">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A</span> <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <span style="float:right">N/A</span>	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b> X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <span style="float:right">N/A</span>	<b>17</b>	
If "Yes," complete Form 6069.		

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page 6

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>63</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>61</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed IN

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**VIRGINIA HOBBS - 317-569-4500**  
**3450 FOUNDERS ROAD, INDIANAPOLIS, IN 46268**

## AMERICAN LEGION AUXILIARY

## NATIONAL HEADQUARTERS

35-0144340

Page 7

Form 990 (2023)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA RIEGEL EXECUTIVE DIRECTOR	55.00 5.00			X				151,255.	0.	0.
(2) GARY WARD DIRECTOR OF FINANCE	55.00 5.00				X			146,923.	0.	0.
(3) TAMARA SHUMATE DEPUTY EXECUTIVE DIRECTOR	55.00 5.00				X			141,035.	0.	0.
(4) VICKIE KOUTZ NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						70,211.	0.	0.
(5) LISA WILLIAMSON NATIONAL PRESIDENT (TERM ENDED)	30.00 5.00	X		X				49,999.	0.	0.
(6) PATRICIA B WARD NATIONAL PRESIDENT	55.00 5.00	X		X				7,109.	0.	0.
(7) ALTA M. GLOTFELTY NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(8) BARBARA E. WHITE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(9) BARBARA KRANIG NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(10) BETTY A CUPPLES NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(11) BEVERLY EADS WESTERN DIVISION NATIONAL VICE PRESI	20.00 0.00	X		X				0.	0.	0.
(12) BONITA C. ROBEY NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(13) BONNIE JAKUBCZYK NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(14) BRISTER THOMAS NATIONAL HISTORIAN (TERM ENDED)	3.00 0.00	X						0.	0.	0.
(15) BRISTER THOMAS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(16) CARLENE ASHWORTH NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(17) CAROL T ROBINSON CENTRAL DIVISION NATIONAL VICE PRESI	3.00 0.00	X						0.	0.	0.

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page **8**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROL VAN KIRK NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(19) CHARLOTTE A. CONNORS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(20) CHERRIL L. THRETE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(21) CHERYL SHINE SOUTHERN DIVISION NATIONAL VICE PRES	20.00 0.00	X		X				0.	0.	0.
(22) CHRISTINE A. NELSON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(23) CHRISTINE TRAHAN SOUTHERN DIVISION NATIONAL VICE PRES	3.00 0.00	X						0.	0.	0.
(24) CINDY MASOWICK NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(25) CISSI H. CATON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(26) COURTENAY J. BURNS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								566,532.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								566,532.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RESOURCEONE P.O. BOX 839, TULSA, OK 74101	PROD & SVCS	545,591.
LSC COMMUNICATIONS US LLC P.O. BOX 531840, ATLANTA, GA 30353	MAGAZINE-PRINTING	366,769.
ARAMARK SPORTS & ENTERTAINMENT GROUP, LLC 2400 MARKET STREET, PHILADELPHIA, PA 19103	EVENT HOST (GN)	237,988.
PHOENIX INNOVATE 1775 BELLINGHAM, TROY, MI 48083	MARKETING	235,184.
MARKEYS AUDIO/VISUAL INC, 2365 ENTERPRISE PARK PLACE, INDIANAPOLIS, IN 46218	AUDIO/VISUAL SVCS FOR EVENTS	186,115.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>5</b>	

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2023)



**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990

35-0144340

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DARA ANNE OLIVER NATIONAL HISTORIAN	5.00 0.00	X		X				0.	0.	0.
(28) DEBORAH ROSE GUENTHER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(29) DEBRA ALBERS NORTHWESTERN DIVISION NATIONAL VICE	20.00 0.00	X		X				0.	0.	0.
(30) DEBRA E. KNICKERBOCKER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(31) DEBRA J. LYONS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(32) DEBRA TIERNAN EASTERN DIVISION NATIONAL VICE PRESI	3.00 0.00	X						0.	0.	0.
(33) DENISE "DEE" L. SMITH NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(34) DESI STOY NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(35) DIANE DUSCHECK NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(36) DONNA A. HINKLE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(37) DONNA THURMAN NATIONAL CHAPLAIN (TERM ENDED)	3.00 0.00	X						0.	0.	0.
(38) DOROTHY L. HAZEN NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(39) ELIZABETH D. BELUE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(40) ELIZABETH STEWART NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(41) JAN CUSHING WESTERN DIVISION NATIONAL VICE PRESI	3.00 0.00	X						0.	0.	0.
(42) JAN PULVERMACHER-RYAN NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(43) JANE L. HARDACRE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(44) JANE M. RIDENOUR NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(45) JANET A. BACON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(46) JANET JEFFORD NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990

35-0144340

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JEAN M. WALKER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(48) JOANIE SCHENDEL NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(49) JUDY DAYBELL NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(50) JUDY TWETE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(51) JULIE H. SMITH NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(52) KAREN SUSAG NORTHWESTERN DIVISION NATIONAL VICE	3.00 0.00	X						0.	0.	0.
(53) KATHERINE MORRIS NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(54) KATHIE MARTINEZ NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(55) KATHY DAUDISTEL NATIONAL SECRETARY (TERM ENDED)	3.00 0.00	X		X				0.	0.	0.
(56) KATHY DUNGAN NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(57) KELLY A. MOYER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(58) KELLY J. DONALDSON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(59) KELLY L. ELLIOTT NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(60) KIMBERLY CHAMPION NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(61) KRISANN M. OWENS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(62) KRISTAL ANN TIGHE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(63) KRISTINE WEST NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(64) LAUREN LLOYD EASTERN DIVISION NATIONAL VICE PRESI	20.00 0.00	X		X				0.	0.	0.
(65) LAURIE J. KUNTZ NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(66) LINDA BOONE NATIONAL SECRETARY	30.00 5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

35-0144340

Form 990

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) LINDA NEWSOME NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(68) LINDA S. TOME NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(69) LISA CADWALLADER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(70) LORENA B. PATE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(71) LORNA A. LEDOSCHUK NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(72) LOUISE S. WELCH NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(73) MARCY JORAE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(74) MARGARET MCMAHON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(75) MARIA M MONTANEZ NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(76) MARIE MOCK NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(77) MARY DAVIS NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(78) MARY JO STIER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(79) MARYBETH REVOIR NATIONAL TREASURER (TERM ENDED)	3.00 0.00	X		X				0.	0.	0.
(80) MELISSA GREENWOOD NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(81) MIRIAM JUNGE NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(82) MONIQUE BATISTE NATIONAL CHAPLAIN	5.00 0.00	X		X				0.	0.	0.
(83) NANCY BROWN-PARK NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(84) NICOLE CLAPP NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(85) PAMELA A. ELAM LIPSCOMBE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(86) PAMELA R. RAY NATIONAL VICE PRESIDENT	25.00 5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

35-0144340

Form 990

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) PAMELA ROSE SHOOK NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(88) PAT H. WARD NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(89) PATRICIA C. WALLACE NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(90) PAULETTE R. ANDERSON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(91) PEGGY THOMAS NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(92) PENELOPE FOSTERCASWELL MAZONNA NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(93) RITA M. BARYLSKI NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(94) RITA NAVARRETE NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(95) ROSE M. FICKLIN NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(96) ROSE MCCLARNON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(97) ROSEMARIE HAUCK CENTRAL DIVISION NATIONAL VICE PRESI	20.00 0.00	X		X				0.	0.	0.
(98) RUTH M ZELLERS NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(99) SANDI DUTTON NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(100) SHARON A. SPIKER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(101) SHARON CONATSER NATIONAL EXECUTIVE COMMITTEEWOMAN (P	3.00 0.00	X						0.	0.	0.
(102) SHAY KUEHNER NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(103) SHERIDAN MIRES NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(104) SUSAN M. HALL NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(105) TAMMY RYBERG NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
(106) TERESA HAMILTON NATIONAL EXECUTIVE COMMITTEE MEMBER	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

## Form 990

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page **9**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 8,529,253.				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b> 157,500.				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 785,287.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		9,472,040.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)				
			1,323,442.			
	<b>4</b> Income from investment of tax-exempt bond proceeds					275,477.
			275,477.			
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents		<b>6a</b>			
	<b>b</b> Less: rental expenses		<b>6b</b>			
	<b>c</b> Rental income or (loss)		<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>			
	<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>			
	<b>c</b> Gain or (loss)		<b>7c</b>			
	<b>d</b> Net gain or (loss)					
			33,362.			33,362.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>			
<b>b</b> Less: direct expenses		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>				
<b>b</b> Less: cost of goods sold		<b>10b</b> 14.				
<b>c</b> Net income or (loss) from sales of inventory			-14.	-14.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> REGISTRATION FEES		<b>Business Code</b> 812900	237,931.	237,931.	
	<b>b</b> OTHER REVENUE		812900	164,874.	164,874.	
	<b>c</b> ALA MAGAZINE ADVERTISING INCOME		541800	87,948.	87,948.	
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d			490,753.		
	<b>12 Total revenue.</b> See instructions			11,595,060.	402,791.	87,948.

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	66,665.	66,665.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	385,586.	385,586.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	298,401.	220,817.	44,760.	32,824.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,343,055.	1,476,125.	796,638.	70,292.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	98,878.	55,372.	40,540.	2,966.
9 Other employee benefits .....	324,106.	181,500.	132,883.	9,723.
10 Payroll taxes .....	198,628.	125,136.	67,533.	5,959.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	20,717.		15,290.	5,427.
c Accounting .....	51,052.	5,146.	45,906.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	45,502.		45,502.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	578,211.	410,530.	115,642.	52,039.
12 Advertising and promotion .....				
13 Office expenses .....	2,248,596.	2,002,807.	170,501.	75,288.
14 Information technology .....	288,627.	164,517.	106,792.	17,318.
15 Royalties .....				
16 Occupancy .....	87,198.	51,743.	30,526.	4,929.
17 Travel .....	1,031,681.	982,994.	48,572.	115.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	945,217.	934,911.	9,161.	1,145.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	121,761.		121,761.	
23 Insurance .....	63,221.		63,221.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT MAIL CAMPAIGN</b> .....	347,086.			347,086.
b .....				
c .....				
d .....				
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,544,188.	7,063,849.	1,855,228.	625,111.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,550,611.	1	432,524.
	2 Savings and temporary cash investments .....	104,617.	2	783,094.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	112,736.	4	69,042.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	4,126.	8	4,126.
	9 Prepaid expenses and deferred charges .....	100,111.	9	178,351.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	4,613,057.		
	10b Less: accumulated depreciation .....	2,122,696.		
	11 Investments - publicly traded securities .....	2,383,249.	10c	2,490,361.
	12 Investments - other securities. See Part IV, line 11 .....	46,599,704.	11	58,968,953.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	0.	14	36,728.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	50,855,154.	15	62,963,179.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,373,901.	16	1,410,342.
	18 Grants payable .....	132,750.	17	134,250.
	19 Deferred revenue .....	8,071,101.	18	9,849,439.
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....		22	
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	-559,037.	24	-525,593.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	9,018,715.	25	10,868,438.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		40,212,463.	26	50,338,953.
28 Net assets with donor restrictions .....		1,623,976.	27	1,755,788.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			28	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			29	
31 Retained earnings, endowment, accumulated income, or other funds .....			30	
32 <b>Total net assets or fund balances</b> .....		41,836,439.	31	52,094,741.
33 <b>Total liabilities and net assets/fund balances</b> .....		50,855,154.	32	62,963,179.

Form 990 (2023)



**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Form 990 (2023)

35-0144340 Page **12**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,595,060.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,544,188.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,050,872.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	41,836,439.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,207,430.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	52,094,741.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form **990** (2023)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number

**35-0144340**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(19) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization <b>AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS</b>	Employer identification number <b>35-0144340</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>16,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>7,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>6,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>18,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number

**35-0144340****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>5,791.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>5,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>23,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>9,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>5,802.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>6,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS

Employer identification number

35-0144340

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 10,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 16,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 8,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 157,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS</b>	Employer identification number <b>35-0144340</b>
--	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

Name of organization <b>AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS</b>	Employer identification number <b>35-0144340</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number  
**35-0144340**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2023



## AMERICAN LEGION AUXILIARY

## NATIONAL HEADQUARTERS

Schedule D (Form 990) 2023

35-0144340 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,279,649.	2,982,075.	3,708,369.	3,122,662.	2,927,562.
b Contributions	11,738.	12,788.	12,555.	13,671.	35,505.
c Net investment earnings, gains, and losses	799,756.	371,786.	-650,633.	645,870.	234,595.
d Grants or scholarships	108,000.	87,000.	88,216.	73,834.	75,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,983,143.	3,279,649.	2,982,075.	3,708,369.	3,122,662.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 76.1700 %

b Permanent endowment 20.7600 %

c Term endowment 3.0700 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		270,400.		270,400.
b Buildings		2,420,076.	395,490.	2,024,586.
c Leasehold improvements				
d Equipment				
e Other		1,922,581.	1,727,206.	195,375.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,490,361.

Schedule D (Form 990) 2023

## AMERICAN LEGION AUXILIARY

Schedule D (Form 990) 2023

NATIONAL HEADQUARTERS

35-0144340 Page 3

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>ACCUMULATED OTHER: PENSION EXPENSE</b>	<b>-1,158,510.</b>
(3) <b>LIABILITY OF PENSION BENEFITS</b>	<b>632,917.</b>
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>-525,593.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

## AMERICAN LEGION AUXILIARY

Schedule D (Form 990) 2023

NATIONAL HEADQUARTERS

35-0144340 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	19,769,782.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	8,207,430.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	12,780.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	14.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	8,220,224.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	11,549,558.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	45,502.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	45,502.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,595,060.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,511,480.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	12,780.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	14.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	12,794.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	9,498,686.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	45,502.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	45,502.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,544,188.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

MANAGEMENT OF THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS TO ENSURE COMPLIANCE WITH THE EXEMPT PURPOSE OF THE ORGANIZATION AS REQUIRED BY U.S. GAAP, INCLUDING CONSIDERATION OF ANY UNRELATED BUSINESS INCOME TAX. AS OF SEPTEMBER 30, 2024, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY TAX POSITIONS THAT ARE NOT IN COMPLIANCE WITH ITS EXEMPT PURPOSE. THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS REMAIN OPEN AND SUBJECT TO EXAMINATION BEGINNING WITH THE TAX YEAR ENDED SEPTEMBER 30, 2021.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOOD SOLD

14.

**Part XIII** Supplemental Information *(continued)*

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**COST OF GOOD SOLD** 14.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number  
**35-0144340**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION AUXILIARY FOUNDATION, INC. - 3450 FOUNDERS ROAD, - INDIANAPOLIS, IN 46268	26-1484144	501C3	41,665.	0.	COST	OFFICE EXPENSE; SUPPORT OF THE FOUNDATION'S	SEE PART IV
AMERICAN LEGION VETERANS AND CHILDREN FOUNDATION - 700 N PENNSYLVANIA ST, - INDIANAPOLIS, IN 46204	90-1017997	501C3	20,000.	0.			SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AUXILIARY EMERGENCY FUND	169	212,586.	0.		
AUXILIARY SCHOLARSHIPS	48	171,000.	0.		
PARKE SCHOLARSHIP	1	2,000.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

DONATIONS TO ORGANIZATIONS: THE ALA MONITORS THESE DONATIONS BY PARTICIPATING ON THE BOARDS AND OVERSIGHT COMMITTEES OF THE NON-LEGION RECIPIENT ORGANIZATIONS.

GRANTS TO INDIVIDUALS - EMERGENCY ASSISTANCE (\$212,586 AS REPORTED IN FORM 990, PART IX, LINE 2): MEMBERS MUST SUBMIT AN APPLICATION AND PROVIDE RECEIPTS AND DOCUMENTS TO SUPPORT THEIR NEEDS. IN MOST CASES, THE ASSISTANCE IS FOR HOUSING AND UTILITIES DURING A TIME OF FINANCIAL CRISIS AND ALA MAKES THE DISBURSEMENT DIRECTLY TO THE THIRD PARTY.

**Part IV** Supplemental Information

GRANTS TO INDIVIDUALS - STUDENT SCHOLARSHIPS: (\$171,000 AS REPORTED IN FORM 990, PART IX, LINE 2): SCHOLARSHIP RECIPIENTS MUST SUBMIT APPLICATIONS FOR SCHOLARSHIP GRANTS. APPLICATIONS MUST MEET CERTAIN CRITERIA AND ARE REVIEWED, DOCUMENTED, AND APPROVED BY A COMMITTEE. RECIPIENTS OF SCHOLARSHIPS MUST PROVIDE PROOF OF ATTENDANCE AND SCHOLASTIC ACHIEVEMENT PRIOR TO DISBURSEMENTS BEING MADE. DISBURSEMENTS ARE MADE DIRECTLY TO THE INSTITUTION OF HIGHER LEARNING.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN LEGION AUXILIARY FOUNDATION, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: OFFICE EXPENSE; SUPPORT OF THE FOUNDATION'S OPERATIONS

PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE

(1) ASSIST WITH WOMEN VETERANS' HIGHER EDUCATION ENRICHMENT

(2) SUPPORT THE FOUNDATION'S OPERATIONS

(3) SUPPORT THE AMERICAN LEGION TEMPORARY ASSISTANCE PROGRAM

(4) SUPPORT THE AMERICAN LEGION FAMILY INITIATIVE AND AWARENESS OF SERVICE

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number

**35-0144340**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....

**4a**

**X**

**4b**

**X**

**4c**

**X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**5a**

**5b**

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**6a**

**6b**

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

**9**

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

Schedule J (Form 990) 2023



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS

Employer identification number

35-0144340

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR CITIZENS, MENTOR YOUTH, AND PROMOTE PATRIOTISM, GOOD CITIZENSHIP,  
PEACE AND SECURITY. ALA MEMBERS ARE THE FEMALE AND MALE SPOUSES,  
GRANDMOTHERS, MOTHERS, SISTERS AND DIRECT ADOPTED FEMALE DESCENDANTS OF  
MEMBERS OF THE AMERICAN LEGION. SOME MEMBERS ARE VETERANS THEMSELVES.

FORM 990, PART VI, SECTION A, LINE 6:

AMERICAN LEGION AUXILIARY IS ORGANIZED AS A NOT-FOR-PROFIT MEMBERSHIP  
ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AT THE ANNUAL NATIONAL CONVENTION, MEMBERS ELECT THE NATIONAL OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B:

AT THE ANNUAL NATIONAL CONVENTION, MEMBERS VOTE ON PROPOSED AMENDMENTS TO  
ITS CONSTITUTION AND BYLAWS AND OTHER RESOLUTIONS PRESENTED AT THE  
CONVENTION.

FORM 990, PART VI, SECTION B, LINE 11B:

ALA MANAGEMENT REVIEWS AND COMPLETES THE 990 CHECKLIST PROVIDED BY THE  
OUTSIDE INDEPENDENT ACCOUNTING FIRM AND INCLUDES APPROPRIATE SUPPORTING  
INFORMATION AND SCHEDULES FOR THE TAX PREPARERS. THE OUTSIDE INDEPENDENT  
ACCOUNTING FIRM PREPARES THE 990 FORM, 990T (IF NEEDED) AND STATE RETURN.  
THE DRAFT 990, 990T (IF NEEDED) AND STATE RETURN FORMS ARE SENT TO THE ALA  
NATIONAL RISK AND COMPLIANCE COMMITTEE, ALONG WITH A COPY OF THE AUDITED  
FINANCIAL STATEMENTS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS	Employer identification number 35-0144340
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THE ALA NATIONAL RISK AND COMPLIANCE COMMITTEE:

- REVIEWS THE DRAFT 990 AND 990T (IF NEEDED) AND COPY OF AUDITED FINANCIAL STATEMENTS.
  - DETERMINES THAT RESPONSES IN THE 990 AND 990T (IF NEEDED), ARE CONSISTENT WITH THEIR UNDERSTANDING OF THE FACTS.
  - DRAFTS QUESTIONS OR COMMENTS RESULTING FROM THEIR REVIEW FOR THE TAX PREPARERS (OUTSIDE INDEPENDENT ACCOUNTING FIRM).
  - MEETS WITH MANAGEMENT AND OUTSIDE INDEPENDENT ACCOUNTING FIRM TO REVIEW AND RESOLVE ALL QUESTIONS/COMMENTS.
  - DOCUMENTS THEIR REVIEW AND APPROVAL OF THE FORMS THROUGH WRITTEN MEETING MINUTES.
- FORM 990, 990T (IF NEEDED) AND STATE RETURN FORM ARE REVIEWED AND SIGNED BY THE NATIONAL SECRETARY. MANAGEMENT FILES THE COMPLETED FORMS.
- A LINK IS SHARED WITH ALL MEMBERS OF THE BOARD FOR THEIR REVIEW OF THE 990 PRIOR TO ITS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, REVIEWS ARE CONDUCTED ANNUALLY THROUGH THE RISK AND COMPLIANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR AND OTHER OFFICERS OF THE ORGANIZATION ARE REVIEWED AND APPROVED BY THE ALA NATIONAL FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization **AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS**

Employer identification number  
**35-0144340**

THE ORGANIZATION'S FORM 990 AND MOST RECENT AUDITED FINANCIAL STATEMENTS  
ARE AVAILABLE FOR REVIEW AT THEIR WEBSITE AND UPON REQUEST. THE GOVERNING  
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW UPON  
REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A & 1B

PER THE ALA'S NATIONAL CONSTITUTION, GOVERNING DECISIONS ARE MADE AT  
THE ANNUAL NATIONAL CONVENTION, WITH THE NATIONAL EXECUTIVE COMMITTEE  
(NEC) SERVING AS THE GOVERNING BODY BETWEEN SAID CONVENTIONS. PAST  
NATIONAL PRESIDENTS (PNPS), IN GOOD STANDING IN THEIR UNITS, ARE  
DELEGATES TO THE CONVENTION FOR THEIR RESPECTIVE STATES, GIVING THEM  
THE RIGHT TO VOTE ON ALL MATTERS PRESENTED. PNPS IN GOOD STANDING ARE  
ALSO LIFETIME MEMBERS OF THE NEC, WITH VOICE ONLY. FOR THE PURPOSE OF  
REPORTING, THE ALA CONSIDERS PNPS TO BE MEMBERS OF THE BOARD WITHOUT  
VOTE.

FORM 990, PART VII - ADDITIONAL INFORMATION

THE ALA'S ADMINISTRATIVE YEAR IS SEPTEMBER 1 THROUGH AUGUST 31ST.  
OFFICERS SERVE ON AN ADMINISTRATIVE YEAR BASIS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAD NOT CHANGED

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN LEGION AUXILIARY  
NATIONAL HEADQUARTERS** Employer identification number **35-0144340**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN LEGION AUXILIARY FNDN. - 26-1484144 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268	PART VII	INDIANA	501(C)(3)	LINE 7	ALA NHQ	X	

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

Schedule R (Form 990) 2023

NATIONAL HEADQUARTERS

Schedule R (Form 990) 2023

35-0144340

Page 2

**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN LEGION AUXILIARY FNDN.	C	157,500.	ACTUAL CASH CONTRIBUTIONS
(2) AMERICAN LEGION AUXILIARY FNDN.	B	41,665.	DIRECT COST
(3)			
(4)			
(5)			
(6)			



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**SCHEDULE R - ADDITIONAL INFORMATION**

PART II COLUMN (B): RAISES FUNDS FOR THE EDUCATIONAL AND CHARITABLE

## MISSIONS OF THE ALA



FEIN: 35-0144340

ABCDEFGHIJKLMNOPQRSTUVWXYZ

FEIN: 35-0144340

A  
B  
C  
D  
E  
F  
G  
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W

Name: AMERICAN LEGION AUXILIARY NATIONAL H

FEIN: 35-0144340

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 09/30/19	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2008	116,143.	15,099.	15,099.								
B	2009	49,683.										
C	2010	182,907.										
D	2011	131,700.										
E	2012	233,337.										
F	2013	190,096.										
G	2014	122,324.										
H	2015	88,019.										
I	2016	43,747.										
J	2017	42,889.										
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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W												

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2023 or other tax year beginning **OCT 1, 2023**, and ending **SEP 30, 2024****2023**Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceGo to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(19) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>3450 FOUNDERS RD.</b> City or town, state or province, country, and ZIP or foreign postal code <b>INDIANAPOLIS, IN 46268</b>	<b>D</b> Employer identification number  <b>35-0144340</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>62,963,179.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>VIRGINIA HOBBS</b> Telephone number <b>317-569-4500</b>			

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	
4	Charitable contributions (see instructions for limitation rules) .....	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6	Deduction for net operating loss. See instructions .....	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9	Trusts. Section 199A deduction. See instructions .....	9	
10	Total deductions. Add lines 8 and 9 .....	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax .....	5	
6	Tax on noncompliant facility income. See instructions .....	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b Other credits (see instructions) .....	1b		
c General business credit. Attach Form 3800 (see instructions) .....	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d		
e Total credits. Add lines 1a through 1d .....	1e		
2 Subtract line 1e from Part II, line 7 .....	2		0.
3a Amount due from Form 4255 .....	3a		
b Amount due from Form 8611 .....	3b		
c Amount due from Form 8697 .....	3c		
d Amount due from Form 8866 .....	3d		
e Other amounts due (see instructions) .....	3e		
f Total amounts due. Add lines 3a through 3e .....	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5		0.



**Part III Tax and Payments** (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	11	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>1,185,746.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900099	\$ 178,362.	
	541800	\$ 122,351.	
		\$	
		\$	
6a	Reserved for future use		
6b	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	CORY SCHUNEMANN, CPA	CORY SCHUNEMANN, CPA	04/24/25	PTIN P01866583
	Firm's name	Firm's EIN		
	12800 N. MERIDIAN ST., STE 400	35-1178661		
	Firm's address	Phone no.		
	CARMEL, IN 46032	317-848-8920		

Form 990-T (2023)



FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/09	116,143.	15,099.	101,044.	101,044.
09/30/10	49,683.	0.	49,683.	49,683.
09/30/11	182,907.	0.	182,907.	182,907.
09/30/12	131,700.	0.	131,700.	131,700.
09/30/13	233,337.	0.	233,337.	233,337.
09/30/14	190,096.	0.	190,096.	190,096.
09/30/15	122,324.	0.	122,324.	122,324.
09/30/16	88,019.	0.	88,019.	88,019.
09/30/17	43,747.	0.	43,747.	43,747.
09/30/18	42,889.	0.	42,889.	42,889.
NOL CARRYOVER AVAILABLE THIS YEAR			1,185,746.	1,185,746.

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>AMERICAN LEGION AUXILIARY</b> <b>NATIONAL HEADQUARTERS</b>	<b>B</b> Employer identification number <b>35-0144340</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business **QUALIFIED PARTNERSHIP INTEREST INCOME**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 2</b>	<b>12</b>	<b>-16,368.</b>	<b>-16,368.</b>
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>-16,368.</b>	<b>-16,368.</b>

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-16,368.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-16,368.</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
Deductions directly connected with the income				
4 in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

  

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
			0.	0.

Totals

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.

Totals

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

Schedule A (Form 990-T) 2023

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

OTHER INCOME

STATEMENT 2

## DESCRIPTION

## AMOUNT

QUALIFIED PARTNERSHIP INTEREST INCOME

-16,368.

TOTAL TO SCHEDULE A, PART I, LINE 12

-16,368.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/23	178,362.	0.	178,362.	178,362.
NOL CARRYOVER AVAILABLE THIS YEAR			178,362.	178,362.

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>AMERICAN LEGION AUXILIARY</b> <b>NATIONAL HEADQUARTERS</b>	<b>B</b> Employer identification number <b>35-0144340</b>
<b>C</b> Unrelated business activity code (see instructions) <b>541800</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business **ADVERTISING AND RELATED SERVICES**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b> 87,948.	83,266.	4,682.
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 87,948.	83,266.	4,682.

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	4,682.
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	4,682.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	0.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A).Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B).

Totals

0.

0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A). 0.			Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0.

Totals

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2023

## Part IX Advertising Income

- A
- ☐
- ALA MAGAZINE

**B** ☐

**C** 

D ☐

mounts

A	B	C	D
87,948.			

- Add columns A through D. Enter here and on Part I, line 11, column (A) 87,948.

**a**

- |         |  |  |  |
|---------|--|--|--|
| 83,266. |  |  |  |
|---------|--|--|--|

**a**

- 83,266.

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.

4,682.			
--------	--	--	--

- |          |  |  |  |
|----------|--|--|--|
| 1582063. |  |  |  |
|----------|--|--|--|

- |  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

- |            |  |  |  |
|------------|--|--|--|
| 1,582,063. |  |  |  |
|------------|--|--|--|

- |        |  |  |  |
|--------|--|--|--|
| 4,682. |  |  |  |
|--------|--|--|--|

4,682.

Part II, line 13

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0

**Total.** Enter here and on Part II, line 1**Part XI**     **Supplemental Information** (see instructions)

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990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 4

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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/20	74,499.	0.	74,499.	74,499.
09/30/21	35,645.	0.	35,645.	35,645.
09/30/22	11,454.	0.	11,454.	11,454.
09/30/23	753.	0.	753.	753.
NOL CARRYOVER AVAILABLE THIS YEAR			122,351.	122,351.