

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

Form header section containing organization name (AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS), address (3450 FOUNDERS RD., INDIANAPOLIS, IN 46268), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, member counts, revenue, and expenses.

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.

Signature block section with fields for officer signature (Marybeth Revoir), preparer name (Cory Schunemann), and firm information (Blue & Co., LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS

Form 990 (2024)

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 \$ 5,613,727. including grants of \$ 574,935.) (Revenue \$ 387,794.)

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 \$ 915,609. 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 \$ 1,189,752. including grants of \$ 184,250.) (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 7,719,088.

Form 990 (2024)

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

35-0144340 Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	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>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	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>		X
4	Section 501(c)(3) organizations. 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	
5	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>		X
6	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>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	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>		X
10	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>	X	
11	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.		
11a	a 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>	X	
11b	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>		X
11c	c 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>		X
11d	d 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>		X
11e	e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
11f	f 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>	X	
12a	12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
12b	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>	X	
13	13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	14a Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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>		X
15	15 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>		X
16	16 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>		X
17	17 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.</i> See instructions		X
18	18 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>		X
19	19 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>		X
20a	20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	21 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>	X	

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

35-0144340 Page 4

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	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>	X	
23	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>	X	
24a	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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	N/A	
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>	N/A	
26	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>		X
27	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>		X
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		X
33	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>		X
34	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>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	N/A	
37	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>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

35-0144340

Page 5

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

		Yes	No
2a	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		
	2a	46	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	N/A	
	Note: See the instructions for additional information the organization must report on Schedule O.		
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		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	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?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. 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?	N/A	
	If "Yes," complete Form 6069.		
	17		

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	63		
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 Enter the number of voting members included on line 1a, above, who are independent	1b	61		
2 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?	2			X
3 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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a 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?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 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	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
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?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 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?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
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?	16b			

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	MARYBETH REVOIR - 317-569-4500 3450 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

35-0144340 Page 7

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			148,481.	0.	15,744.	
(2) TAMARA SHUMATE DEPUTY EXECUTIVE DIRECTOR	55.00 5.00				X		127,601.	0.	22,310.	
(3) GARY WARD DIRECTOR OF FINANCE	55.00 5.00				X		134,292.	0.	14,797.	
(4) SHANNON HITCHCOCK DIRECTOR OF HUMAN RESOURCES	55.00				X		106,077.	0.	4,834.	
(5) LISA WILLIAMSON NATIONAL PRESIDENT (TERM E)	30.00 5.00	X	X				70,511.	0.	860.	
(6) PATRICIA B WARD NATIONAL PRESIDENT	55.00 5.00	X	X				46,446.	0.	0.	
(7) PAMELA R. RAY NATIONAL VICE PRESIDENT	25.00 5.00	X	X				7,743.	0.	34.	
(8) VIRGINIA HOBBS NATIONAL TREASURER	30.00 5.00	X	X				0.	0.	0.	
(9) LINDA BOONE NATIONAL SECRETARY	30.00 5.00	X	X				0.	0.	0.	
(10) DEBRA ALBERS NORTHWESTERN DIVISION NATI	20.00	X	X				0.	0.	0.	
(11) ROSEMARIE HAUCK CENTRAL DIVISION NATIONAL	20.00	X	X				0.	0.	0.	
(12) LAUREN LLOYD EASTERN DIVISION NATIONAL	20.00	X	X				0.	0.	0.	
(13) BEVERLY EADS WESTERN DIVISION NATIONAL	20.00	X	X				0.	0.	0.	
(14) CHERYL SHINE SOUTHERN DIVISION NATIONAL	20.00	X	X				0.	0.	0.	
(15) DARA ANNE OLIVER NATIONAL HISTORIAN	5.00	X	X				0.	0.	0.	
(16) MONIQUE BATISTE NATIONAL CHAPLAIN	5.00	X	X				0.	0.	0.	
(17) SUSAN M. HALL NATIONAL EXECUTIVE COMMITT	3.00	X					0.	0.	0.	

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

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) YOLANDA D. ROBERTSON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(19) VIRGINIA L. CHAPUT NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(20) VICKIE KOUTZ NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(21) VICKI OZENBAUGH NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(22) VICKI A. PADDOCK NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(23) TRACEY A SMITH NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(24) TONI CIVITA DIFANTE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(25) TERRI OUELLETTE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(26) TERESA HAMILTON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
1b Subtotal								641,151.	0.	58,579.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								641,151.	0.	58,579.

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 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
KODI HOLDINGS LLC 7401 KILMER LN N, MAPLE GROVE, MN 55369	PRINTINGS AND MARKETING SERVICES	612,641.
ARAMARK SPORTS & ENTERTAINMENT GROUP, LLC 2400 MARKET STREET, PHILADELPHIA, PA 19103	EVENT HOST (GN)	382,912.
UHS PREMIUM BILLING P.O. BOX 94017, PALATINE, IL 60094	BILLING SERVICES	381,795.
PHOENIX INNOVATE 1775 BELLINGHAM, TROY, MI 48083	MARKETING	345,310.
AIRPLUS, 1800 DIAGONAL ROAD SUITE 275A, ALEXANDRIA, VA 22314	PAYMENT SERVICES	312,473.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

**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			
(27) TAMMY RYBERG NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(28) ROSE MCCLARNON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(29) SHERIDAN MIRES NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(30) SHAY KUEHNER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(31) SHARON CONATSER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(32) SHARON A. SPIKER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(33) SANDI DUTTON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(34) RUTH M ZELLERS NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(35) PATRICIA C. WALLACE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(36) ROSE M. FICKLIN NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(37) RITA NAVARRETE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(38) RITA M. BARYLSKI NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(39) PAULETTE R. ANDERSON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(40) LINDA S. TOME NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(41) PAT H. WARD NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(42) PAMELA ROSE SHOOK NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(43) PAMELA A. ELAM LIPSCOMBE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(44) NICOLE CLAPP NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(45) NANCY BROWN-PARK NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(46) MIRIAM JUNGE NATIONAL EXECUTIVE COMMITTEE	3.00	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			
(47) MELISSA GREENWOOD NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(48) MARYBETH REVOIR NATIONAL TREASURER (TERM E)	3.00	X		X				0.	0.	0.
(49) MARY JO STIER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(50) MARY DAVIS NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(51) MARIE MOCK NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(52) MARIA M MONTANEZ NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(53) MARGARET MCMAHON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(54) MARCY JORAE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(55) LOUISE S. WELCH NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(56) LORNA A. LEDOSCHUK NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(57) LORENA B. PATE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(58) LISA CADWALLADER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(59) PEGGY THOMAS NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(60) LINDA NEWSOME NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(61) LAURIE J. KUNTZ NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(62) YVONNE KOSTELECKY NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(63) KRISTAL ANN TIGHE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(64) KRISANN M. OWENS NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(65) PENELOPE FOSTERCASWELL MAZONNA NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(66) DEBRA TIERNAN EASTERN DIVISION NATIONAL	3.00	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) KIMBERLY CHAMPION NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(68) JULIE H. SMITH NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(69) BETTY A CUPPLES NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(70) JEAN M. WALKER NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(71) JUDY DAYBELL NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(72) KAREN SUSAG NORTHWESTERN DIVISION NATIONAL	3.00	X						0.	0.	0.
(73) JOANIE SCHEDEL NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(74) DONNA THURMAN NATIONAL CHAPLAIN (TERM ENDED)	3.00	X						0.	0.	0.
(75) KATHERINE MORRIS NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(76) JANET JEFFORD NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(77) JANET A. BACON NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(78) KATHIE MARTINEZ NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(79) JANE M. RIDENOUR NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(80) KELLY L. ELLIOTT NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(81) JANE L. HARDACRE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(82) JAN PULVERMACHER-RYAN NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(83) JAN CUSHING WESTERN DIVISION NATIONAL	3.00	X						0.	0.	0.
(84) BARBARA E. WHITE NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(85) ELIZABETH STEWART NATIONAL EXECUTIVE COMMITTEE	3.00	X						0.	0.	0.
(86) ELIZABETH D. BELUE NATIONAL EXECUTIVE COMMITTEE	3.00	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 <i>(continued)</i>										
(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) KATHY DUNGAN NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(88) DOROTHY L. HAZEN NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(89) KATHY DAUDISTEL NATIONAL SECRETARY (TERM E	3.00	X		X				0.	0.	0.
(90) JUDY TWETE NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(91) DONNA A. HINKLE NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(92) BARBARA KRANIG NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(93) BONITA C. ROBEY NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(94) BONNIE JAKUBCZYK NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(95) KRISTINE WEST NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(96) KELLY A. MOYER NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(97) DESI STOY NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(98) DENISE "DEE" L. SMITH NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(99) KELLY J. DONALDSON NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(100) DEBRA J. LYONS NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(101) DEBRA E. KNICKERBOCKER NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(102) DEBORAH ROSE GUENTHER NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(103) COURTENAY J. BURNS NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(104) CISSI H. CATON NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(105) CINDY MASOWICK NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
(106) DIANE DUSCHECK NATIONAL EXECUTIVE COMMITT	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	9,225,093.				
	c	Fundraising events	1c					
	d	Related organizations	1d	167,000.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	447,936.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			9,840,029.			
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,391,586.			1391586.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		325,874.			325,874.	
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	6 b	Less: rental expenses	6b					
	6 c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				22,685,023.				
	7 b	Less: cost or other basis and sales expenses	7b	20,916,652.				
	7 c	Gain or (loss)	7c	1,768,371.				
d	Net gain or (loss)			1,768,371.		1768371.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
8 b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
9 b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
			5,281.					
10 b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			-5,281.	-5,281.			
Miscellaneous Revenue	11 a	REGISTRATION FEES	812900	234,388.	234,388.			
	b	OTHER REVENUE	812900	158,687.	158,687.			
	c	ALA MAGAZINE ADVERTISING INCOME	541800	70,553.		70,553.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			463,628.			
12	Total revenue. See instructions			13,784,207.	387,794.	70,553.	3485831.	

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

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	75,066.	75,066.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	706,119.	706,119.		
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	593,251.	306,337.	255,865.	31,049.
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	2,474,060.	1,277,529.	1,067,044.	129,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,469.	45,166.	37,725.	4,578.
9 Other employee benefits	313,712.	161,991.	135,302.	16,419.
10 Payroll taxes	228,341.	117,908.	98,482.	11,951.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	59,970.		59,970.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,662.		51,662.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	634,280.	417,189.	163,147.	53,944.
12 Advertising and promotion				
13 Office expenses	2,457,315.	2,131,581.	310,297.	15,437.
14 Information technology	365,890.	254,285.	95,872.	15,733.
15 Royalties				
16 Occupancy	104,865.	55,989.	43,372.	5,504.
17 Travel	1,090,083.	1,037,685.	41,178.	11,220.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,047,391.	997,045.	39,565.	10,781.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,016.	88,968.	33,543.	5,505.
23 Insurance	66,519.	46,230.	17,429.	2,860.
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 DIRECT MAIL CAMPAIGN	1,445.			1,445.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,485,454.	7,719,088.	2,450,453.	315,913.
26 Joint costs. 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 (2024)

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
Assets	1 Cash - non-interest-bearing	432,524.	1	303,155.
	2 Savings and temporary cash investments	783,094.	2	1,390,299.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	69,042.	4	175,365.
	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	178,351.	9	105,866.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,854,029.		
	b Less: accumulated depreciation	2,250,712.		
	11 Investments - publicly traded securities	58,968,953.	10c	2,603,317.
	12 Investments - other securities. See Part IV, line 11		11	65,256,543.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	36,728.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,963,179.	15	69,838,671.	
Liabilities	17 Accounts payable and accrued expenses	1,410,342.	16	69,838,671.
	18 Grants payable	134,250.	17	1,200,463.
	19 Deferred revenue	9,849,439.	18	173,000.
	20 Tax-exempt bond liabilities		19	10,578,578.
	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	-525,593.	24	497,234.
	26 Total liabilities. Add lines 17 through 25	10,868,438.	25	12,449,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,338,953.	26	12,449,275.
	28 Net assets with donor restrictions	1,755,788.	27	55,777,385.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	1,612,011.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	52,094,741.	31	57,389,396.
33 Total liabilities and net assets/fund balances	62,963,179.	32	69,838,671.	

Form 990 (2024)

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

Form 990 (2024)

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	13,784,207.
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,485,454.
3 Revenue less expenses. Subtract line 2 from line 1	3	3,298,753.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,094,741.
5 Net unrealized gains (losses) on investments	5	3,009,321.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-1,013,419.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,389,396.

Part XII Financial Statements and Reporting

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

		Yes	No
1 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.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
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 Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
c 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a 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?	3a		X
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	3b		

Form 990 (2024)

**Schedule B
(Form 990)**

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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) (Rev. 12-2024)

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
1	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 14,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 6,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 7,150.	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
7	N/A	\$ 6,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 23,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 10,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 14,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 16,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 36,951.	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	N/A	\$ 167,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 10,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 5,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 8,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 8,231.	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
19	N/A	\$ 17,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 5,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 9,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 5,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 9,387.	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 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 AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS	Employer identification number 35-0144340
---	---

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	
(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	
(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	
(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	

SCHEDULE D

(Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

AMERICAN LEGION AUXILIARY

Schedule D (Form 990) (Rev. 12-2024) NATIONAL HEADQUARTERS

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 exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	3,983,143.	3,279,649.	2,982,075.	3,708,369.	3,122,662.
b Contributions	9,875.	11,738.	12,788.	12,555.	13,671.
c Net investment earnings, gains, and losses	564,837.	799,756.	371,786.	-650,633.	645,870.
d Grants or scholarships	119,275.	108,000.	87,000.	88,216.	73,834.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,438,580.	3,983,143.	3,279,649.	2,982,075.	3,708,369.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 77.8470 %
 - b Permanent endowment 18.8560 %
 - c Term endowment 3.2970 %
- 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:
- | | Yes | No |
|------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		2,793,286.	475,234.	2,318,052.
c Leasehold improvements				
d Equipment		1,790,343.	1,775,478.	14,865.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,603,317.

Schedule D (Form 990) (Rev. 12-2024)

AMERICAN LEGION AUXILIARY

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)		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY OF PENSION BENEFITS	496,990.
(3) DUE TO ALA FOUNDATION	244.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	497,234.

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 ...

AMERICAN LEGION AUXILIARY

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.

1	Total revenue, gains, and other support per audited financial statements		1	16,747,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,009,321.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,281.	
e	Add lines 2a through 2d	2e	3,014,602.	
3	Subtract line 2e from line 1	3	13,732,545.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,662.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	51,662.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,784,207.	

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.

1	Total expenses and losses per audited financial statements		1	10,439,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,281.	
e	Add lines 2a through 2d	2e	5,281.	
3	Subtract line 2e from line 1	3	10,433,792.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,662.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	51,662.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,485,454.	

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, 2025, 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, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD 5,281.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD 5,281.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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.

OMB No. 1545-0047

Open to Public
Inspection

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

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	501(C)(3)	50,066.	0.			OFFICE EXPENSE; SUPPORT OF THE FOUNDATION'S OPERATIONS
AMERICAN LEGION VETERANS AND CHILDREN FOUNDATION - 700 N PENNSYLVANIA ST, - INDIANAPOLIS, IN 46204	90-1017997	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND

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

3 Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

35-0144340

Page 2

Schedule I (Form 990) (Rev. 12-2024) **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	274	524,869.	0.		
AUXILIARY SCHOLARSHIPS	63	179,250.	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 (\$524,869 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.

GRANTS TO INDIVIDUALS - STUDENT SCHOLARSHIPS: (\$179,250 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	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?	5a	
b Any related organization?	5b	
If "Yes" on line 5a or 5b, describe in Part III.		
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?	6a	
b Any related organization?	6b	
If "Yes" on line 6a or 6b, describe in Part III.		
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) (Rev. 12-2024)

**AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

35-0144340

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) SARA RIEGEL EXECUTIVE DIRECTOR	148,481.	0.	0.	5,295.	10,449.	164,225.	0.
(ii)		0.	0.	0.	0.	0.	0.
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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.**

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.**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

FORM 990, PART VI, SECTION C, LINE 19:
 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 XI, LINE 9, CHANGES IN NET ASSETS:	
UNRECOGNIZED LOSS ON PENSION PLAN	-938,514.
UNAMORTIZED PRIOR YEAR SERVICE COST ON PENSION PLAN	-74,905.
TOTAL TO FORM 990, PART XI, LINE 9	-1,013,419.

FORM 990 PART XII, LINE 2C
 THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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 FOUNDATION	C	167,000	ACTUAL CASH CONTRIBUTIONS
(2) AMERICAN LEGION AUXILIARY FOUNDATION	B	50,066	DIRECT COST
(3)			
(4)			
(5)			
(6)			

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

Multiple horizontal lines for providing supplemental information.

DETAIL CARRYOVER SCHEDULE

Type and Entity: ADVERTISING AND RELATE POST-2017 NO

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	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
Detail Type	E	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
	S	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
	B	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
	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	2019	74,499.										
B	2020	35,645.										
C	2021	11,454.										
D	2022	753.										
E	2024	36,744.										
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Section 382 Annual Limitation PRE-2018 MOL FED Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover												
			Amount Used for 09/30/19	Amount Used for 09/30/25	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for			
Detail Type	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	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	116,143.	94,564.	15,099.	79,465.											
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															

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

EIN or SSN
35-0144340

Name and title of officer or person subject to tax **MARYBETH REVOIR
NATIONAL TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BLUE & CO., LLC to enter my PIN 44340
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35085335085

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BLUE & CO., LLC Date 04/13/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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

For calendar year 2024 or other tax year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go 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 an 501(c)(3).

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(19); C Book value of all assets at end of year 69,838,671; D Employer identification number 35-0144340; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T): 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No (checked).

L The books are in care of MARYBETH REVOIR Telephone number 317-569-4500

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing taxable income before and after deductions, totaling 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax on corporations, trusts, proxy tax, and other tax amounts, totaling 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, amounts due, and total tax, totaling 0.

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	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	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. 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: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2024 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
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
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		\$ 194,730.	
541800		\$ 122,351.	
		\$	
		\$	
6 a	Reserved for future use		
b	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	NATIONAL TREASURER		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	PTIN	
	CORY SCHUNEMANN, CPA	CORY SCHUNEMANN, CPA	04/13/26		P01866583	
	Firm's name	Firm's EIN			35-1178661	
	Firm's address			Phone no.		
	12800 N. MERIDIAN ST, STE 400. CARMEL, IN 46032			317-848-8920		

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1,185,746.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 79,465.

SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 79,465.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 1,106,281.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

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)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go 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).

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

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

E Describe the unrelated trade or business QUALIFIED PARTNERSHIP INTEREST INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from a partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total.

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

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Less depreciation claimed; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business income before net operating loss deduction; Deduction for net operating loss; and Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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 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)					
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)					
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)					

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					
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 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)					
9 Allocable deductions. Multiply line 3c by line 6					
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)					
11 Total dividends-received deductions included in line 10					

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)				
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)				
Totals		0.		0.

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

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
QUALIFIED PARTNERSHIP INTEREST INCOME		79,465.
TOTAL TO SCHEDULE A, PART I, LINE 12		79,465.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/23	178,362.	0.	178,362.	178,362.
09/30/24	16,368.	0.	16,368.	16,368.
NOL CARRYOVER AVAILABLE THIS YEAR			194,730.	194,730.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go 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).

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

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

E Describe the unrelated trade or business ADVERTISING AND RELATED SERVICES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Advertising income, and Total.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, and Total deductions.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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	Total deductions. 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	Total gross income (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	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions 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). **0.**

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

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 5

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.

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20NP

FOR THE YEAR ENDING

September 30, 2025

Prepared For:

American Legion Auxiliary
National Headquarters
3450 Founders Rd.
Indianapolis, IN 46268

Prepared By:

Blue & Co., LLC
12800 N. Meridian St, Ste 400
Carmel, IN 46032

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Indiana Department of Revenue
P.O. Box 7228
Indianapolis, IN 46207-7228

Return Must be Mailed On or Before:

August 17, 2026

Special Instructions:

Form IT-20NP

State Form 148
(R23 / 8-24)

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
for Calendar Year Ending December 31, 2024

or Fiscal Year Beginning 10 01 2024 and Ending 09 30 2025

Check box if amended.

Check box if name changed.

Name of Organization: AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS
Federal Employer Identification Number: 35 0144340
Number and Street: 3450 FOUNDERS RD
Principal Business Activity Code:
Foreign Country 2-Character Code:
City: INDIANAPOLIS
State: IN
ZIP Code: 46268
2-Digit County Code: 49
Telephone Number: 317 569 4500
A. Check all boxes that apply: Initial Return [], Final Return [], In Bankruptcy []
B. Do you have on file a valid extension of time to file your return...? Yes [], No [X]
C. Check the box if entity has multiple unrelated trades or businesses... [X]

Adjusted Gross Income Tax Calculation on Unrelated Business Income

- 1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T
2. Non-unitary partnership income
3. Specific deduction (generally \$1,000; see instructions)
4. Subtract line 2 and line 3 from line 1

Table with 3 columns: Line number, Amount, and Tax/Rate. Line 1: 79465.00, Line 2: 00, Line 3: 1000.00, Line 4: 78465.00, Line 5: 00, Line 6: 00, Line 7: 00, Line 8: 00.

Modifications (use a minus sign for negative amounts)

- 5. Enter name of add-back or deduction
6. Enter name of add-back or deduction
7. Enter name of add-back or deduction
8. Enter name of add-back or deduction

Table with 3 columns: Line number, Amount, and Tax/Rate. Line 9: 78465.00, Line 10: %, Line 11: 78465.00, Line 12: 00, Line 13: 78465.00, Line 14: 0.00, Line 15: 00, Line 16: 00, Line 17: 0.00, Line 18: 00, Line 19: 0.00.

- 9. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11
10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)
11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount)
12. Non-unitary partnership income from Indiana sources
13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL
14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)
15. Taxable income from other forms (Form 1120-POL)
16. Subtotal (add lines 14 and 15)
17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17)
18. Sales/Use Tax Due
19. Total tax due (add lines 17 and 18)

Credit for Estimated Tax and Other Payments

- 20. Quarterly estimated tax paid: Qtr. 1, Qtr. 2, Qtr. 3, Qtr. 4, Enter total
21. Amount paid with extension
22. Amount of overpayment credit (from tax year ending)
23. Pass-through withholding and other payments (include Schedule IN K-1)
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)
26. Enter name of offset credit
27. Enter name of offset credit
28. Enter name of offset credit
29. Enter name of offset credit
30. Enter name of offset credit
31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return
32. Total credits (add lines 20-31)

Table with 3 columns: Line number, Amount, and Tax/Rate. Line 20: 00, Line 21: 00, Line 22: 00, Line 23: 00, Line 24: 00, Line 25: 00, Line 26: 00, Line 27: 00, Line 28: 00, Line 29: 00, Line 30: 00, Line 31: 00, Line 32: 00.



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **09 30 2019**

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-74499	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-74499	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-74499	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-74499	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2019	74499

Carryover Available	MM/DD/YYYY	Prior Row Column B - Current Row Column A
1st year		
2nd year		
3rd year		
4th year		
5th year		
6th year		
7th year		
8th year		
9th year		
10th year		
11th year		
12th year		
13th year		
14th year		
15th year		
16th year		
17th year		
18th year		
19th year		
20th year		



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **09 30 2020**

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-30645	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-30645	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-30645	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-30645	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY	Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2020		30645

Carryover Available	MM/DD/YYYY	Prior Row Column B - Current Row Column A
1st year		
2nd year		
3rd year		
4th year		
5th year		
6th year		
7th year		
8th year		
9th year		
10th year		
11th year		
12th year		
13th year		
14th year		
15th year		
16th year		
17th year		
18th year		
19th year		
20th year		



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY 09 30 2021

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-11454	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-11454	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-11454	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-11454	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY	Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2021		11454

Carryover Available	MM/DD/YYYY	Prior Row Column B - Current Row Column A
1st year		
2nd year		
3rd year		
4th year		
5th year		
6th year		
7th year		
8th year		
9th year		
10th year		
11th year		
12th year		
13th year		
14th year		
15th year		
16th year		
17th year		
18th year		
19th year		
20th year		



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **09 30 2022**

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-179115	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-179115	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-179115	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-179115	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY	Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2022		179115

Carryover Available	MM/DD/YYYY	Prior Row Column B - Current Row Column A
1st year		
2nd year		
3rd year		
4th year		
5th year		
6th year		
7th year		
8th year		
9th year		
10th year		
11th year		
12th year		
13th year		
14th year		
15th year		
16th year		
17th year		
18th year		
19th year		
20th year		



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **09 30 2023**

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-16368	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-16368	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-16368	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-16368	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY	Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2023		16368

Carryover Available	MM/DD/YYYY	Prior Row Column B - Current Row Column A
1st year		
2nd year		
3rd year		
4th year		
5th year		
6th year		
7th year		
8th year		
9th year		
10th year		
11th year		
12th year		
13th year		
14th year		
15th year		
16th year		
17th year		
18th year		
19th year		
20th year		



**Schedule
IT-20NOL**

State Form 439
(R20 /8-23)

Indiana Department of Revenue
**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number 35 0144340
--	---

Part 1 - Computation of Indiana Net Operating Loss

Name of Entity reporting NOL AMERICAN LEGION AUXILIARY NATIONAL HEADQ	Federal Employer Identification Number of Entity reporting NOL 35 0144340
---	---

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **09 30 2024**

Round all entries to the nearest whole dollar

1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9	1	-36744	00
2. Add Foreign Source Dividends deducted from IT-20 Line 12	2	0	00
3. Add any required federal NOL modifications under IRC§172, §512, or any other IRC section	3	0	00
4. Add any deduction for contributions to a regional development authority infrastructure fund	4	0	00
5. Subtract any Indiana modification added back both on line 1 and line 3	5	0	00
6. Subtotal	6	-36744	00
7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10	7	100.00	%
8. Multiply Line 6 by Line 7	8	-36744	00
9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income	9	0	00
10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available. If you have a separately stated net operating loss under IC 6-3-1-40, see instructions	10	-36744	00

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

Loss Year - MM/DD/YYYY	Column A - NOL Deduction Used or Reduced	Column B - Balance Available
09 30 2024		36744

Carryover Available	MM/DD/YYYY		Prior Row Column B - Current Row Column A
1st year	09 30 2025	0	36744
2nd year			
3rd year			
4th year			
5th year			
6th year			
7th year			
8th year			
9th year			
10th year			
11th year			
12th year			
13th year			
14th year			
15th year			
16th year			
17th year			
18th year			
19th year			
20th year			



Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **AMERICAN LEGION AUXILIARY
NATIONAL HEADQUARTERS**

EIN or SSN
35-0144340

Name and title of officer or person subject to tax **MARYBETH REVOIR
NATIONAL TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>13,784,207.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BLUE & CO., LLC to enter my PIN 44340
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35085335085

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BLUE & CO., LLC Date 04/13/26

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS	Taxpayer identification number (TIN) 35-0144340
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3450 FOUNDERS RD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MARYBETH REVOIR**
3450 FOUNDERS ROAD - INDIANAPOLIS, IN 46268

Telephone No. **317-569-4500** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **OCT 1**, 20 **24**, and ending **SEP 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.