

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>American Legion Auxiliary</b> <b>National Headquarters</b>		<b>D</b> Employer identification number <b>35-0144340</b>
	Doing business as <b>3450 Founders Road</b>		<b>E</b> Telephone number <b>317-569-4500</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>3450 Founders Road</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>Indianapolis IN 46268</b>		<b>G</b> Gross receipts\$ <b>9,130,110</b>
<b>F</b> Name and address of principal officer: <b>Marybeth Revoir</b> <b>3450 Founders Road</b> <b>Indianapolis IN 46268</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>19</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>www.ALAforVeterans.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1932</b>
			<b>M</b> State of legal domicile: <b>IN</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Supports and advocates for United States veterans, active military, and their families.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>61</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>59</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>48</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>222</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>236,846</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>7,499,858</b> Current Year: <b>7,639,966</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>748,613</b> <b>824,115</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>941,898</b> <b>644,638</b>
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,190,369</b> <b>9,108,719</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>382,691</b> <b>404,887</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>2,669,943</b> <b>3,102,306</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,000,504</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>5,468,115</b> <b>4,398,632</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>8,520,749</b> <b>7,905,825</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>669,620</b> <b>1,202,894</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: <b>40,860,105</b> End of Year: <b>44,531,932</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>7,604,727</b> <b>8,246,732</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>33,255,378</b> <b>36,285,200</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>Marybeth Revoir</b> Type or print name and title	<b>National Treasurer</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	<b>Robert K. Brinkers, CPA</b>	<b>Robert K. Brinkers, CPA</b>	<b>04/27/21</b>	<input checked="" type="checkbox"/>	<b>P00409428</b>	
	Firm's name ▶ <b>Alerding CPA Group</b>	Firm's EIN ▶ <b>35-2043580</b>				
	Firm's address ▶ <b>4181 E 96th St Ste 180 Indianapolis, IN 46240</b>	Phone no. <b>317-569-4181</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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:

**See Schedule O**

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

**Member and Department Support Services**

**Expenses: \$3,756,354 Grants: \$205,611**

The ALA supports its more than 574,000 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 \$ including grants of\$ ) (Revenue \$ )

**Veterans and Military Families**

**Expenses: \$717,993 Grants: \$37,600**

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

**Youth and Education Services**

**Expenses: \$658,908 Grants: \$139,000**

The ALA develops, directs, and supports programs and projects including a) ALA Girls State and Girls Nation leadership programs for 15,000+ female high school students in weeklong experiential learning about government with 100 selected from ALA Girls State programs to serve as mock senators at ALA Girls Nation for a week in Washington, DC; 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, U.S. government and history.

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

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

**4e** Total program service expenses ►

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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 Revenue Procedure 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.		
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	
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
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
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
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	
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	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
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	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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	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	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	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	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	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	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	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>		
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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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		
1b	Enter the number of Forms W-2G included in 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?		



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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>48</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	<b>X</b>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>61</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>59</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**Marybeth Revoir**  
**Indianapolis**

**3450 Founders Road**

**IN 46268**

**317-569-4500**

**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 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 and/or Box 7 of Form 1099-MISC) 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 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 per week (list any hours for related organizations below dotted 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)	(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			
(1) Nicole Clapp	55.00									
19-21 National Presi	5.00	X		X			39,527	0	4,824	
(2) Kathy Daudistel	25.00									
19-21 National Vice	5.00	X		X			4,441	0	0	
(3) Kathy Dungan	25.00									
Former National Pres	3.00	X		X			78,579	0	0	
(4) Linda Boone	30.00									
National Secretary	5.00	X		X			73,747	0	0	
(5) Marybeth Revoir	30.00									
National Treasurer	5.00	X		X			0	0	0	
(6) Sara Riegel	55.00									
Former National Trea	5.00	X		X			83,410	0	19,995	
(7) Mary Anne Casadei	5.00									
National Chaplain	0.00	X		X			0	0	0	
(8) Peggy Monroe	5.00									
National Historian	0.00	X		X			0	0	0	
(9) Ruth Gott	20.00									
Cntrl Division Nat'l	0.00	X		X			0	0	0	
(10) Carolyn Baranowski	20.00									
East Division Nat'l	0.00	X		X			0	0	0	
(11) Rhonda Larkowski	20.00									
NW Division Nat'l	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(12) <b>Noemi Burgos de Paneto</b>	20.00									
South Division Nat'l	0.00	X		X			0	0	0	
(13) <b>Cheryl Park</b>	20.00									
West Division Nat'l	0.00	X		X			0	0	0	
(14) <b>Amanda I Torres</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
(15) <b>Ann Crawford</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
(16) <b>Ann M. Ritacco</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
(17) <b>Barbara Kranig</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
(18) <b>Betty Slagle</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
(19) <b>Carlene Ashworth</b>	3.00									
Nat'l Executive Comm	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>279,704</b>		<b>24,819</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>279,704</b>		<b>24,819</b>	

**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 **0**

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

**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
LSC Communications US. LLC Atlanta GA 30353-1840	PO Box 531840 Magazine-Print	608,593
Resourceone Tulsa OK 74101	P.O. Box 839 Prod. & Svcs.	229,055
Commercial Office Environments Carmel IN 46032	1429 Chase Court Building furn.	195,433
Markey's Audio Visual, Inc Indianapolis IN 46218	2365 Enterprise Park Place A/V Services	174,507
UN Communications Group, Inc Carmel IN 46032	1429 Chase Court Prod & Svcs	150,520

**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 **5**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	<b>6,571,753</b>				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	<b>42,150</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,026,063</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f		<b>7,639,966</b>				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>845,462</b>			<b>845,462</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		<b>280,010</b>			<b>280,010</b>	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>21,347</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>	<b>-21,347</b>				
<b>d</b> Net gain or (loss)		<b>-21,347</b>			<b>-21,347</b>		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>44</b>					
<b>c</b> Net income or (loss) from sales of inventory		<b>-44</b>	<b>-44</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b> ALA Magazine	Business Code	<b>541800</b>	<b>236,846</b>	<b>236,846</b>		
	<b>b</b> Other Revenues			<b>94,922</b>	<b>94,922</b>		
	<b>c</b> Registration Fees			<b>32,904</b>	<b>32,904</b>		
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			<b>364,672</b>			
<b>12 Total revenue.</b> See instructions			<b>9,108,719</b>	<b>127,782</b>	<b>236,846</b>	<b>1,104,125</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>60,776</b>	<b>60,776</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>344,111</b>	<b>344,111</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>254,541</b>	<b>164,943</b>	<b>54,609</b>	<b>34,989</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>2,222,905</b>	<b>1,691,999</b>	<b>471,842</b>	<b>59,064</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>107,392</b>		<b>107,392</b>	
<b>9</b> Other employee benefits	<b>329,160</b>	<b>222,477</b>	<b>89,191</b>	<b>17,492</b>
<b>10</b> Payroll taxes	<b>188,308</b>	<b>142,796</b>	<b>37,933</b>	<b>7,579</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>18,957</b>		<b>10,875</b>	<b>8,082</b>
<b>c</b> Accounting	<b>53,861</b>	<b>12,263</b>	<b>41,598</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	<b>39,206</b>	<b>2,989</b>	<b>36,217</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>796,739</b>	<b>751,450</b>	<b>2,425</b>	<b>42,864</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>1,616,986</b>	<b>1,179,212</b>	<b>336,307</b>	<b>101,467</b>
<b>14</b> Information technology	<b>295,784</b>	<b>26,387</b>	<b>269,397</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>39,194</b>	<b>4,920</b>	<b>34,274</b>	
<b>17</b> Travel	<b>521,997</b>	<b>432,460</b>	<b>88,581</b>	<b>956</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>119,174</b>	<b>96,428</b>	<b>19,396</b>	<b>3,350</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>157,456</b>		<b>157,456</b>	
<b>23</b> Insurance	<b>14,617</b>		<b>14,617</b>	
<b>24</b> 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.)				
<b>a</b> <b>Direct Mail Campaign</b>	<b>724,661</b>			<b>724,661</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>7,905,825</b>	<b>5,133,211</b>	<b>1,772,110</b>	<b>1,000,504</b>
<b>26</b> 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)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>629,012</b>	<b>1</b>	<b>1,041,245</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>22,716</b>	<b>3</b>	<b>2,550</b>
	<b>4</b> Accounts receivable, net	<b>117,001</b>	<b>4</b>	<b>44,458</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>4,214</b>	<b>8</b>	<b>4,170</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>162,664</b>	<b>9</b>	<b>109,837</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>4,315,947</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>1,543,764</b>	<b>10c</b>	<b>2,772,183</b>
	<b>11</b> Investments—publicly traded securities	<b>37,189,718</b>	<b>11</b>	<b>40,557,989</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	<b>-500</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>40,860,105</b>	<b>16</b>	<b>44,531,932</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>2,195,705</b>	<b>17</b>	<b>2,129,639</b>
	<b>18</b> Grants payable	<b>87,000</b>	<b>18</b>	<b>127,500</b>
	<b>19</b> Deferred revenue	<b>6,983,523</b>	<b>19</b>	<b>7,061,098</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>-1,661,501</b>	<b>25</b>	<b>-1,071,505</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>7,604,727</b>	<b>26</b>	<b>8,246,732</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>31,945,091</b>	<b>27</b>	<b>34,891,456</b>
	<b>28</b> Net assets with donor restrictions	<b>1,310,287</b>	<b>28</b>	<b>1,393,744</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	<b>33,255,378</b>	<b>32</b>	<b>36,285,200</b>	
<b>33</b> Total liabilities and net assets/fund balances	<b>40,860,105</b>	<b>33</b>	<b>44,531,932</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>9,108,719</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,905,825</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,202,894</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>33,255,378</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,826,928</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>36,285,200</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(20) Carol A Feeley	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(21) Carol A Maynard	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(22) Carol Van Kirk	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(23) Christine R Trahan	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(24) Cynthia A Queen	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(25) Deborah L. Morris	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(26) Deborah Williamson	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(27) Debra J Lewis	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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



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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(28) Debra Jeanne Haas	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(29) Debra Knickerbocker	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(30) Desiree Stoy	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(31) Diane Duscheck	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(32) Donna J. Blattenberger	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(33) Elizabeth A Foster	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(34) Elizabeth Stewart	3.00									
Nat'l Executive Comm	0.00	X						0	0	
(35) Eva M. Wallace	3.00									
Nat'l Executive Comm	0.00	X						0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(36) Glynis Seeley	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(37) Jan Pulvermacher-Ryan	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(38) Jane L Lawrence	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(39) Janet Jefford	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(40) Janice H. MacLeod	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(41) Jerilynn K Kabel	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(42) JoAnn Cronin	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(43) Judy B. Daughtry	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(44) Karen L Panzarella	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(45) Katherine Morris	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(46) Kathleen J. Leedy	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(47) Kathleen Mazur	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(48) Kathleen S Heichel	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(49) Kristine West	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(50) Laura (Susie) J Clyde	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(51) Laura Calteux	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(52) <b>Lauren E. Lloyd</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(53) <b>Linda Newsome</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(54) <b>Linda Workman</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(55) <b>Lynda Stadler</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(56) <b>Mary Davis</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(57) <b>Mary E. Cauthen</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(58) <b>Melissa Hrinya</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(59) <b>Michele R DeGennaro</b>	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(60) Miriam Junge	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(61) Nancy Aerts	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(62) Nancy Brown-Park	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(63) Nancy J. O'Leary	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(64) Pam Seelye	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(65) Patricia A. Provencio	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(66) Patricia C. Jarvis	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(67) Patricia L. Murray	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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



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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(68) Patti Lach	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(69) Peggy Thomas	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(70) Penelope Mazonna	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(71) Priscilla J Kleespies	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(72) Raleen Tolzmann	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(73) Rhonda L Best	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(74) Rita Navarrete	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(75) Sallie B. Rossman	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(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			
(76) Sandi Dutton	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(77) Sharon Conatser	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(78) Sharon L Slagle	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(79) Tammy Ryberg	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(80) Teresa R Kemp	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(81) Tina B Hurst	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(82) Toni M Gimpel	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(83) Veronica R. Gurney	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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**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

**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

**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 dotted 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)	(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			
(84) Vicki A Paddock	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
(85) Virginia Hobbs	3.00									
Nat'l Executive Comm	0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

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

**Section B. Independent Contractors**

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(A) Name and business address	(B) Description of services	(C) Compensation

**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

**Schedule of Contributors**

**2019**

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

Name of the organization <b>American Legion Auxiliary National Headquarters</b>	Employer identification number <b>35-0144340</b>
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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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

**American Legion Auxiliary**

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	\$ 42,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 11,279	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 21,149	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 11,316	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,790	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 11,856	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**

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	\$ 9,696	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 6,087	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 8,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 7,980	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 9,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 9,100	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**

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	\$ 122,343	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 24,057	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 5,416	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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 on 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	2,927,562	2,920,263	2,772,732	1,270,837	1,178,221
b Contributions	35,505	19,211	22,015	1,315,121	10,178
c Net investment earnings, gains, and losses	234,595	81,088	200,516	288,274	127,438
d Grants or scholarships	75,000	93,000	75,000	101,500	45,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,122,662	2,927,562	2,920,263	2,772,732	1,270,837

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

- a Board designated or quasi-endowment **▶ 71.00 %**
- b Permanent endowment **▶ 25.00 %**
- c Term endowment **▶ 4.00 %**

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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		270,400		270,400
b Buildings		2,266,589	115,626	2,150,963
c Leasehold improvements				
d Equipment				
e Other		1,778,958	1,428,138	350,820
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,772,183</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**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) <b>PPP Loan Payable</b>	<b>566,500</b>
(3) <b>Due From Affiliate</b>	<b>-50</b>
(4) <b>Accumulated Other: Pension Expense</b>	<b>-1,637,955</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>-1,071,505</b>

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



**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	10,896,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,826,928	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	44	
e	Add lines 2a through 2d	2e	1,826,972	
3	Subtract line 2e from line 1	3	9,069,513	
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	39,206	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	39,206	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,108,719	

**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	7,866,663
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	44	
e	Add lines 2a through 2d	2e	44	
3	Subtract line 2e from line 1	3	7,866,619	
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	39,206	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	39,206	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,905,825	

**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 V, Line 4 - Intended Uses for Endowment Funds**

The Auxiliary National President's Scholarship Endowment Fund provides funding for scholarships awarded by the ALA.

**Part X - FIN 48 Footnote**

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, 2020, 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, 2017.

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

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

**Cost of Goods Sold** \$ **44**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**Cost of Goods Sold** \$ **44**

COPY

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Purdue Research Foundation 1281 Win Hentschel Blvd. West Lafayette IN 47906</b>	<b>35-1052049</b>	<b>501c3</b>	<b>14,000</b>				<b>See Part IV</b>
(2)	<b>American Legion Auxiliary Fndn. 3450 Founders Road Indianapolis IN 46268</b>	<b>26-1484144</b>	<b>501c3</b>		<b>22,675</b>	<b>Cost</b>	<b>Office Exp</b>	<b>See Part IV</b>
(3)	<b>American Legion Veterans and 700 N. Pennsylvania St. Indianapolis IN 46204</b>	<b>35-7041737</b>	<b>501c3</b>	<b>20,000</b>				<b>See Part IV</b>
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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 ▶

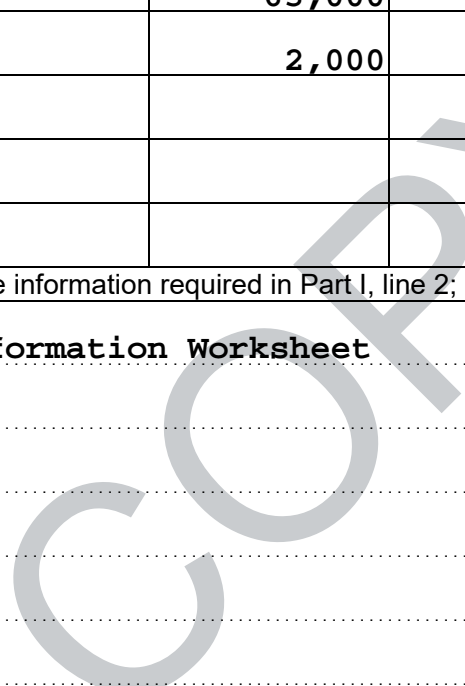
**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Aux Scholarships for Yth	27	73,500			
2 Auxiliary Emergency Fund	142	205,611			
3 Nat'l Pres. Scholarships	9	63,000			
4 Parke Scholarship Fund	1	2,000			
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet



**SCHEDULE I  
(Form 990)**

**Supplemental Information**

**2019**

For calendar year 2019, or tax year beginning **10/01/19**, and ending **09/30/20**

Name of the organization **American Legion Auxiliary  
National Headquarters**

Employer identification number

**35-0144340**

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

**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 (\$205,611 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:** (\$138,500 as reported in Form 990, Part IX, Line 2): Scholarship recipients must submit applications for scholarship grants. Applications must meet certain criteria and are reviewed, documented, and approved by a committee. Recipients of scholarships must provide proof of attendance and scholastic achievement prior to disbursements being made. Disbursements are made directly to the institution of higher learning.

**Part IV - Additional Information**

**Part II, Line 1(h) - Purpose of grant or assistance**

- (1) Assist with women veterans' higher education enrichment**
- (2) Support the Foundation's operations**
- (3) Support The American Legion temporary assistance program**
- (4) Support The American Legion Family initiative and awareness of service**

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

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 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization <b>American Legion Auxiliary National Headquarters</b>	Employer identification number <b>35-0144340</b>
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**Form 990 - 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 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, Line 6 - Classes of Members or Stockholders**

American Legion Auxiliary is organized as a not-for-profit membership organization.

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

At the annual national convention, members elect the national officers.

**Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members**

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, Line 11b - Organization's Process to Review Form 990**

ALA management reviews and completes the 990 Checklist provided by the outside independent accounting firm and includes appropriate supporting



Name of the organization

Employer identification number

**American Legion Auxiliary****35-0144340**

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 Audit Committee, along with a copy of the audited financial statements.

The ALA National Audit 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.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

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 Audit Committee.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Compensation decisions for the Executive Director and other officers of the

Name of the organization

Employer identification number

American Legion Auxiliary

35-0144340

organization are reviewed and approved by the ALA National Finance Committee.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
Compensation decisions for the Executive Director and other officers of the organization are reviewed and approved by the ALA National Finance Committee.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
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 VII - Additional Information  
The ALA's Administrative Year is September 1 through August 31st.  
Officers serve on an Administrative Year basis.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Tot/Prog Service

Mgt & General

Fundraising

Print and Production Expenses

\$ 751,450

\$ 2,425

\$ 42,864

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Cost of Goods Sold \$ 44

Cost of Goods Sold \$ -44

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**American Legion Auxiliary  
National Headquarters**

Employer identification number  
**35-0144340**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>American Legion Auxiliary Fndn. 3450 Founders Road Indianapolis IN 46268</b> <b>26-1484144</b>	<b>Part VII</b>	<b>IN</b>	<b>501c3</b>	<b>7</b>	<b>ALA NHQ</b>	<b>X</b>	
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**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?

**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>	X	
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	American Legion Auxiliary Fndn.	c	42,150	Actual Cash Contributions
(2)	American Legion Auxiliary Fndn.	b	22,675	Direct Cost
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



**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**

COPY

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

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning **10/01/19**, and ending **09/30/20**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(19) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>44,531,932</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>American Legion Auxiliary National Headquarters</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>3450 Founders Road</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>Indianapolis IN 46268</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>35-0144340</b></p> <p><b>E</b> Unrelated business activity code (See instructions.) <b>541800</b></p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here  
▶ **Advertisement sales in member publications.** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **Marybeth Revoir** Telephone number ▶ **317-569-4500**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>236,846</b>	<b>311,345</b>	<b>-74,499</b>
<b>12</b> Other income (See instructions; attach schedule)				
<b>13 Total.</b> Combine lines 3 through 12		<b>236,846</b>	<b>311,345</b>	<b>-74,499</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		<b>21b</b>	<b>0</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		<b>-74,499</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		<b>-74,499</b>

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Robert K. Brinkers, CPA. Title: National Treasurer.

Paid Preparer Use Only: Print/Type preparer's name: Robert K. Brinkers, CPA. Preparer's signature: Robert K. Brinkers, CPA. Date: 04/27/21. Firm's name: Alerding CPA Group. Firm's address: 4181 E 96th St Ste 180, Indianapolis, IN 46240.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

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

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) **N/A**

(2)

(3)

(4)

<b>2.</b> Rent received or accrued		<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property	<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property		
		<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Row (1) contains N/A.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows (1) through (4) are empty.

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col.4). Row (1) contains N/A.

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Row (1) contains N/A.

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Row (1) contains N/A.

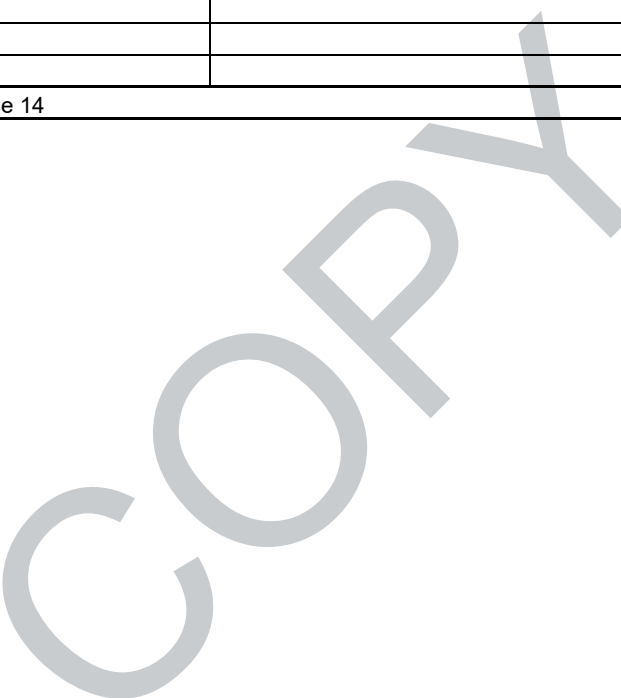
Totals (carry to Part II, line (5))

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>ALA Magazine</b>	<b>236,846</b>	<b>311,345</b>	<b>-74,499</b>			
(2) <b>Convention Program</b>						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col. (A). <b>236,846</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>311,345</b>				Enter here and on page 1, Part II, line 26.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			





**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return **American Legion Auxiliary  
National Headquarters**

Identifying number  
**35-0144340**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,020,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,550,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>157,456</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>157,456</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

NP-20

State Form 51062 (R10 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 10 01 2019 and Ending 09 30 2020

Check if: [ ] Change of Address
[ ] Amended Report
[ ] Final Report: Indicate Date Closed

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

Name of Organization: AMERICAN LEGION AUXILIARY NATIONAL HEADQUARTERS
Telephone Number: 317 569 4500
Address: 3450 FOUNDERS ROAD
County: 49
Indiana Taxpayer Identification Number: 80396007
City: INDIANAPOLIS State: IN Zip Code: 46268
Federal Employer Identification Number: 35 0144340
Printed Name of Person to Contact: MARYBETH REVOIR
Contact's Telephone Number: 317 569 4500

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence 101.
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2

Email Address: MREVOIR@LEGION-AUX.ORG

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee: MARYBETH REVOIR
Title: NATIONAL TREASURER
Daytime Telephone Number: 317 569 4500

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



**Statement 1 - IN Form NP-20, Line 3 - Current Officers**

<u>Officer Name</u>	<u>Address</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
Nicole Clapp	3450 Founders Road	19-21 National Presi	Indianapolis	IN	46268
Kathy Daudistel	3450 Founders Road	19-21 National Vice	Indianapolis	IN	46268
Kathy Dungan	3450 Founders Road	Former National Pres	Indianapolis	IN	46268
Linda Boone	3450 Founders Road	National Secretary	Indianapolis	IN	46268
Marybeth Revoir	3450 Founders Road	National Treasurer	Indianapolis	IN	46268
Sara Riegel	3450 Founders Road	Former National Trea	Indianapolis	IN	46268
Mary Anne Casadei	3450 Founders Road	National Chaplain	Indianapolis	IN	46268
Peggy Monroe	3450 Founders Road	National Historian	Indianapolis	IN	46268
Ruth Gott	3450 Founders Road	Cntrl Division Nat'l	Indianapolis	IN	46268
Carolyn Baranowski	3450 Founders Road	East Division Nat'l	Indianapolis	IN	46268
Rhonda Larkowski	3450 Founders Road	NW Division Nat'l	Indianapolis	IN	46268
Noemi Burgos de Paneto	3450 Founders Road	South Division Nat'l	Indianapolis	IN	46268
Cheryl Park	3450 Founders Road	West Division Nat'l	Indianapolis	IN	46268

**Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of Organization**Description

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 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.

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income Tax Return**  
Calendar Year Ending December 31, 2019 or

Fiscal Year Beginning **10 1 2019** and Ending **9 30 2020**

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

2-Digit County Code

Principal Business Activity Code

**3450 FOUNDERS ROAD**

**49**

**541800**

City

State ZIP Code

Telephone Number

**INDIANAPOLIS**

**IN 46268**

**317 569 4500**

**K** Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M

**L** Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)?  Yes  No

**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	1	.00
2. Specific deduction (generally \$1,000; see instructions)	2	1000.00
3. Subtract line 2 from line 1	3	-1000.00

**Modifications (use a minus sign for negative amounts)**

4. Enter name of add-back or deduction	Code No.	4	.00
5. Enter name of add-back or deduction	Code No.	5	.00
6. Enter name of add-back or deduction	Code No.	6	.00
7. Enter name of add-back or deduction	Code No.	7	.00
8. Unrelated business income: add or subtract lines 3 through 7. If not apportioning, enter same amount on line 10		8	-1000.00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)		9	%
10. Unrelated business income apportioned to Indiana (line 8 x line 9; otherwise, enter line 8 amount)		10	-1000.00
11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL		11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10)		12	-1000.00
13. Taxable income from other forms (Form 1120-POL)		13	.00
14. Subtotal (add lines 12 and 13)		14	-1000.00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15)		15	.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet		16	.00
17. Total tax due (add lines 15 and 16)		17	.00

**Credit for Estimated Tax and Other Payments**

18. Quarterly estimated tax paid: Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 4 Enter total	18	.00
19. Amount paid with extension	19	.00
20. Amount of overpayment credit (from tax year ending )	20	.00
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21	.00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22	.00
23. Enter the amount of other credit Code No.	23	.00
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	24	.00
25. Total credits (add lines 18-24)	25	.00
26. Balance of tax due (line 17 minus 25)	26	.00
27. Penalty for the underpayment of estimated tax. Attach Schedule IT-2220	27	.00
Check box if using annualization method		
28. Interest: If payment is made after the original due date, compute interest (see instructions)	28	.00
29. Penalty: If paid late, enter the greater of \$5 or 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date	29	.00
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT	30	.00
31. Total overpayment (line 25 minus lines 17 and 27-29)	31	.00
32. Amount of line 31 to be refunded	32	.00
33. Amount of line 31 to be applied to the following year's estimated tax account	33	.00



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**Additional Explanation or Adjustment**

Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

**Certification of Signatures and Authorization Section**

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the department to discuss my return with my personal representative (see instructions).       Yes       No

Paid Preparer's Email Address:RBRINKERS@ALERDINGCPAGROUP.COM

ROBERT K. BRINKERS, CPA      ALERDING CPA GROUP  
**Personal Representative's Name (Print or Type)**      **Paid Preparer: Firm's Name (or yours if self-employed)**

Personal Representative's Email Address      P00409428  
Signature of Corporate Officer      PTIN  
Date      317 569 4181  
MARYBETH REVOIR      NATIONAL TREASURER      Telephone Number  
Print or Type Name of Corporate Officer      Title      4181 E 96TH ST STE 180  
ROBERT K. BRINKERS, CPA      04 27 2021      Address  
Signature of Paid Preparer      Date      INDIANAPOLIS  
ROBERT K. BRINKERS, CPA      IN      46240  
Print or Type Name of Paid Preparer      State      Zip Code + 4

Please mail your forms to:  
Indiana Department of Revenue  
P.O. Box 7228  
Indianapolis, IN 46207-7228



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**Indiana Department of Revenue**  
**Apportionment of Income for Indiana**

for Tax Year Beginning **10 01** 2019 and Ending **09 30** 2020

Name as shown on return

Federal Employer Identification Number

**AMERICAN LEGION AUXILIARY**

**35 0144340**

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

**Part I - Indiana Apportionment of Adjusted Gross Income**

**Sales/Receipts (less returns and allowances)**

*Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.*

	<b>Column A Total Within Indiana</b>	<b>Column B Total Within and Outside Indiana</b>	<b>Column C Indiana Percentage</b>
<b>Sales delivered or shipped to Indiana:</b>			
1. Shipped from within Indiana	.00		
2. Shipped from outside Indiana	.00		
<b>Sales shipped from Indiana to:</b>			
3. The United States government	.00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only)	.00		
<b>Other</b>			
5. Interest & other receipts from extending credit attributed to Indiana	.00		
6. Other gross business receipts not previously apportioned	.00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	.00		
<b>8. Total Receipts:</b> Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	8A .00	8B .00	
<b>Apportionment of income for Indiana:</b>			
<b>9. Apportionment Percentage:</b> Divide line 8A by line 8B (insert as percent, not decimal)			9 100.00 %

