EXTENDED TO AUGUST 15, 2023

Governance

Activities &

Expenses

JO.

Sign

Here

Paid

Preparer

Use Only

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, C Name of organization D Employer identification number B Check if Address change AMERICAN LEGION AUXILIARY FNDN. Name change 26-1484144 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final 317-569-4500 3450 FOUNDERS ROAD termin-ated 862,479. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return INDIANAPOLIS, IN 46268 H(a) Is this a group return Applica-F Name and address of principal officer: TERRI WALLACE for subordinates? ..... L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list, See instructions J Website: ► WWW.ALAFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 2007 M State of legal domicile: IN Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE AMERICAN LEGION AUXILIARY FOUNDATION POSITIVELY IMPACTS THE LIVES OF OUR VETERANS, MILITARY, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 14 6 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 728,308. 678,634. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 159. 57,115. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 735,759. 795,467. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 188,939. 275,936. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 230,357. 268,196. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 457,135. 506,293. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 289,174. 278,624. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,664,076. 2,861,788. 20 Total assets (Part X, line 16) 198,217. 136,424. 21 Total liabilities (Part X, line 26) 2,527,652. 2,663,571. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Ham 10 Signature of officer GARY WARD DIRECTOR OF FINANCE Type or print name and title Preparer's signature Print/Type preparer's name 05/04/23 P01866583 CORY SCHUNEMANN CORY SCHUNEMANN self-employed Firm's EIN ▶ 35-1178661 Firm's name BLUE & CO., LLC Firm's address 12800 N. MERIDIAN ST, STE 400 Phone no. 317 - 848 - 8920 CARMEL, IN 46032 X Yes May the IRS discuss this return with the preparer shown above? See instructions

275,958.

Total program service expenses

26-1484144 AMERICAN LEGION AUXILIARY FNDN. Page 3 Form 990 (2021) 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)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV ..... 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X <u>11a</u> Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? /f "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ...... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20a

20b

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Form 990 (2021) AMERICAN LEGION AUXILIARY FNDN.

Part IV Checklist of Required Schedules (continued)

22 Did the organization report anote than \$5.000 of greate or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "IVEs," complete Schedule (I Part I and III   22 Did the organization nerver "Yes" to Part IX, Section A, line 3, 4, or 5, about compensation of the organization's current and formar officers, directors, trustages, lawy employees, and highest compensated employees? If "Yes," complete Schedule I Part I and III and II			<del></del>	Yes	No
23 Dit the organization senser "Yes" to Pert VI, Section A, Ion 3, 4, or 5, about compareation of the organization's nurrent and forms: officers, directors, fursteots, very employees, and highest compensated employees? If "Yes," coraptele Schedule I. At "No." yes to line 25e.  24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last doy of the year. In the was issued after December 31, 2002? If "Yes," arrawer lines 25e through 24d and complete Schedule K. If "No." yes to line 25e.  25b Did the organization maintan an earow account other than a refunding excess at any time during the year to defease any tax-excesspot bonds?  26b Did the organization maintan an earow account other than a refunding excess at any time during the year?  26c Did the organization are an "on behalf of issuer for bonds outstanding at any time during the year?  27d Did the organization are the refunding the year? If "Yes," complete Schedule L, Pert I  28d Section 90(15), 801(6)(4), 801(6)(4), 800 (6)(4)	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X  24a Old the organization have a tax-excempt 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? If "Yes," "answer lines 26b through 24d and complete Schedule K. If "No." go to fine 25e.  5 Did the organization invest any proceded of tax-excempt bonds beyond a temporary period exception?  5 Did the organization makes an excerve account other than a refulunding acrow at any time during the year to defices any tax-except bonds?  5 Did the organization makes an "on behalf of" Issuer for bonds cutstanding at any time during the year?  5 Did the organization as an "on behalf of" Issuer for bonds cutstanding at any time during the year?  5 Did the organization as an "on behalf of" Issuer for bonds cutstanding at any time during the year?  5 Did the organization as an "on behalf of" Issuer for bonds cutstanding at any time during the year?  5 Did the organization available and the second of the year of the year of the year of the part of the year of year of the year of year of the year of the year of the year of the year of y			22		<u>X</u>
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size tiday of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 26s b) Did the organization meets any proceeds of tax-ever-pt bonds beyond a temporary ported exception?  24b b) Did the organization meets any proceeds of tax-ever-pt bonds beyond a temporary ported exception?  24c b) Did the organization mental an escrive account ofter than a refunding except with the year?  24d d) Did the organization and the said of "lissue for bonds outstanding at any time during the year?  24d d) Did the organization account of the organization by the organization supple in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I b) is the organization aware that the organization excess benefit transaction with a disqualified person and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I b) Did the organization period any amount on Part X. line 5 or 22, for neceivables from or payables to any current or former officer, director, fussele, key employee, creator or founder, substantial contributor, or 35% controlled entity of furnity member of any of these persons? If "Yes," complete Schedule I, Part II b) Did the organization provide a grant or other assistance to any current or former officer, director, fussele, key employee, creator or founder, organization person to a 35% controlled entity (including an employee thereod) or family member of any of these persons? If "Yes," complete Schedule I, Part IV b) A tamily member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV b) A assignation seed by a business transaction with one of the following parties goes the Schedule I, Part IV c) A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV c) A 35% controlled Schedule I, Part IV c) A 35% controll	04-		23		
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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 mombor, or to a 35% controlled entity fluciding an employee thereof, or family member of any of these persons? If "Yes," complete 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? If "Yes," complete Schedule L, Part IV as a Simple of any individual described in line 28a? If "Yes," complete Schedule L, Part IV as a Simple of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV as a Simple of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV as a Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M as a Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M as a Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I as Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I as Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77012 and 301,77012 and 301,77012 and 301,77013 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, III, and III, III, or IV, III, III, or IV, III, III, or IV, III, III, III, III, III, II		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustes, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustes, key employee, creator or founder, or substantial contributor? #  "Yes, "complete Schedule L, Part IV.  b A family member of any individual described in line 28a? #*Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #  "Yes," complete Schedule L, Part IV.  29		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employes, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  A 36% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  A 36% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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? If "Yes," complete S	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?    28c    X   29 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule M   29		"Yes," complete Schedule L, Part IV	$\overline{}$	<u> </u>	
"Yes," complete Schedule L, Part IV  28c			28b	1	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	C	•			*U*
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contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33			29	<del>  ^</del> -	<del>                                     </del>
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Schedule N, Part II  32			31		
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Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part V I I I I I I I I I I I I I I I I I I	94		<u> </u>	1	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to Ilne 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)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part V   37	34		34	l x	
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36		• • • • • • • • • • • • • • • • • • • •			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36	.,		35b		
If "Yes," complete Schedule R, Part V, line 2  36	36				
27 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? If "Yes," complete Schedule R, Part VI  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- If not applicable  12 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			36		X
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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  Take Inter the number reported in box 3 of Form 1096, Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?	38				
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Tale Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Types No  1a D  1b D  1b D  1c D		Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?	Pai	tt V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- If not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c		Check if Schedule O contains a response or note to any line in this Part V		<del></del>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?		1 1 -	<b>1</b> (29.8.94	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Enter the number reported in box 6 of 7 of 11 to 607 Enter 8 in first applicable	1765		
(gambling) winnings to prize winners?		Littor dio remitori o il cinto il 20 molecco ori fino il 2 Littor o il rice applicazio	4		
	C		12576	1400	I ANN
				_ <u>QQ</u> ^	(0004)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross Income of \$1,000 or more during the year? За 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7¢ to file Form 82827 \_\_\_\_\_\_\_ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N, g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g N/h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A... 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17 If "Yes," complete Form 6069.

Form 990 (2021) AMERICAN LEGION AUXILIARY FNDN. Zb-1484144 Page
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.

				*******			X
Sec	tion A. Governing Body and Management						
				امرير		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			44
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other			N. H	
	officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	<b>.</b>	4_		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5_		<u>X</u>
6	Did the organization have members or stockholders?				6		<u> X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or				
	more members of the governing body?				7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			1	
а	The governing body?				_8a_	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			1	
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	napters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befor	e filing the form	n?	11a	January,	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cont	flicts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $^{\circ}$	Yes," d	escribe				ł
	on Schedule O how this was done				12c	X	<b>├</b>
13	Did the organization have a written whistleblower policy?				13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?				14	X	S 12 13 2
15	Did the process for determining compensation of the following persons include a review and approve		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					25.27	
а	The organization's CEO, Executive Director, or top management official				15a	<u> </u>	X
b	Other officers or key employees of the organization				15b	C Outs	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					(0.000)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a		1000		
	taxable entity during the year?				16a	317 E	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					20	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	nizatior	า'ร			32:1° 2	<u>Like</u> s
	exempt status with respect to such arrangements?				16b		
<u>Sec</u>	tion 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, a	and 990	-T (section 50	1(c)(3):	s only)	availa	ble
	for public Inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain					_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict o	of interest police	cy, and	d finan	cial	
	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 bo	oks an	d records 🕨				
	GARY WARD - 317-569-4500						
	3450 FOUNDERS ROAD, INDIANAPOLIS, IN 46268						

Page 7

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related o	orga	nizal	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do	not el	Posi teck r	nore	than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son k	s both r/trust	an	compensation	compensation	amount of
	week		er an	u a u	recto	i/uusi	166)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	9 Or d	ae			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruster	l trus		ee/	треп		1099-NEC)	100011207	and related
	below	Individual trustee or director	institutional trustee	be.	Key employee	sst co oyee	ä			organizations
	line)	Indivi	instit	Officer	Key e	Highest compensated employee	Former			
(1) KATHY DAUDISTEL	5.00									_
EX-OFFICIO DIRECTOR (TERM ENDED 9/1/	55.00	X		X		Ш		0.	47,400.	0.
(2) VICKIE KOUTZ	5.00							_		_
EX-OFFICIO DIRECTOR	55.00	X					_	0.	7,102.	0.
(3) CATHLEEN MACINNES	5.00									
FOUNDATION PRESIDENT	0.00	X		Х			<u> </u>	0.	0.	0.
(4) DIANE DUSCHECK	5.00							_		_
FOUNDATION VICE PRESIDENT	0.00	X		Х	<u> </u>		igwdap	0.	0.	0.
(5) TERRI WALLACE	5.00									_
FOUNDATION TREASURER	0.00	X		Х			<u> </u>	0.	0.	0.
(6) ANNE PARKER	5.00	٧,,		۱,,		1		0.	0.	0.
FOUNDATION SECRETARY	2.00	Х	_	X	_	-	├	U.	0.	· ·
(7) NANCY BROWN-PARK APPOINTED DIRECTOR	0.00	x			ļ			0.	0.	0.
(8) CARRIE DAVENPORT	2.00	<u> </u>			⊢		⊢	0.	- 0.	<u>··</u>
ELECTED DIRECTOR	0.00	х			1	ŀ		0.	0.	0.
(9) ROSEMARIE W. HAUCK	2.00	<u> </u>	<del> </del>			一			3,	
ELECTED DIRECTOR	0.00	x						0.	0.	0.
(10) LAURALEE GOOCH	2.00					T	$\vdash$	-		
ELECTED DIRECTOR	0.00	х						0.	0.	0.
(11) KAYE HIRST	2.00									
ELECTED DIRECTOR	0.00	X						0.	0.	0.
(12) KATHRYN KAOUDIS	2.00									
ELECTED DIRECTOR	0.00	Х		<u> </u>				0.	0.	0.
(13) CAROL HARLOW	2.00		ļ						_	
ELECTED DIRECTOR	0.00	X	_			<u> </u>	┖	0.	0.	0.
(14) SANDRA RICE	2.00									_
ELECTED DIRECTOR	0.00	Х	_		<u> </u>	<u> </u>	╙	0.	0.	0.
(15) LISA WILLIAMSON	5.00						1			ا
DESIGNATED DIRECTOR	25.00	Х	<u> </u>	<u> </u>	<u> </u>	1	⊬	0.	0.	0.
(16) MARYBETH REVOIR	5.00	]		1	1		1	_	_	1 ^
DESIGNATED DIRECTOR	30.00	X	<del> </del>	ļ	<del> </del>	₩	⊢	0.	0.	0.
(17) CORAL MAY GROUT	5.00	٠,	l		l				0.	۸ ا
DESIGNATED DIRECTOR	30.00	Х		<u> </u>	乚	1	_	0.	<u> </u>	0.

(A) Name and title Average hours per very per v	Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)		
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c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  DIRECT MAIL PROD & SVCS  1 142,185.  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 for the organization is tax year.		,L		L	.—	<u> </u>		╙	<del>                                     </del>	54.51	02	Ο.
d Total (add lines 1b and 1c)										J4,J		*****
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											ļ.;	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual											[	** ** ** ** ** ** *** ***
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A) Name and business address  RESOURCEONE P.O. BOX 839, TULSA, OK 74101  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  1 (C) Compensation  SVCS  142,185												
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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 \( \bigsir \)	RESOURCEONE								DIRECT MAIL	PROD &		
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 \( \bigsir \)	P.O. BOX 839, TULSA, OK '	74101							SVCS			142,185
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\$100,000 of compensation from the organization		,										
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization												
Widelige of componed on non-time to organization	2 Total number of independent contractors (	including but r	ot li	imite	d to		-	stec	d above) who received m	ore than		
^^^	\$100,000 of compensation from the organ	ization 🕨					1					<b>990</b> (000

			Check if Schedule O contains a response or not	te to any line	e 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
2 2	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts.			Membership dues 1b					
a d		С	Fundraising events 1c					
ar A			Related organizations 1d 30	),297.				
烷		е	Government grants (contributions) 1e					
ËØ			All other contributions, gifts, grants, and					
뎚				3,011.				
풀혀				205.				[21] 강하고의
疫ם		-	Total, Add lines 1a-1f		728,308.			
				iness Code	rog Bale Police			
ا ه	2	а				**************************************		
ξ		b						
33		c						
E S		ď						
ğ,		A		****				
Program Service Revenue		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, an					
	•		other similar amounts)		42,729.			42,729.
	4		Income from investment of tax-exempt bond procee					
	5		Royalties					
ļ	·		(i) Real (ii)	Personal				多级的统计
l	6	2	Gross rents 6a					
	-		Less: rental expenses					
			Rental income or (loss) 6c					
			Alst worth lineause on floor			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
				ii) Other			·大学·	
	•		assets other than inventory 7a 91,442.					
		h	Less: cost or other basis					
a l		.,	and sales expenses					F- 086 (448)
ᇍ		_	Gain or (loss) 7c 24, 430.					
ě			Net gain or (loss)		24,430.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		24,430.
Other Revenue			Gross income from fundraising events (not		Opposition of the Control of the Con			8-04-58-03
Ĕ.	0	а	including \$ of					Conflict March
۱۲			contributions reported on line 1c). See					
			Part IV, line 188a					
		h	Less: direct expenses 8b		700000000000000000000000000000000000000			SERVE SHOW
			Net income or (loss) from fundraising events		Contract Acts of August 19 Avenue		5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, and the same of
			Gross income from gaming activities. See		7081/20/20/20/20/20/20/20/20/20/20/20/20/20/		44.375.645.64	200 St. 18 St. 1
	3	u	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities				1	
			Gross sales of inventory, less returns		314.W(13.730).W	· 1000年1月1日 (1000年1月)	1988 8 8 8 8 8	
		ч	and allowances 10a					160 300 300 300
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	<b></b>	The state of the s	A STATE OF S	The same of the sa	
-		-		iness Code			12 M 12 M 13 M 13 M 13 M 13 M 13 M 13 M	
β	11		<del></del>		Programme Company of the Company of	10 y 10 H TUNN NO 1 1 2 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	2. Managar petra akin atau s	
윤림	''	a b					<del></del>	
ilar ven							<u> </u>	1
Miscellaneous Revenue		G	All other revenue				<u> </u>	
Ξ			Total, Add lines 11a-11d					194727 AKKA
	12		Total revenue. See instructions		795,467.	0.	0.	67,159.
13200	····				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form <b>990</b> (2021)

Form 990 (2021) AMERICAN LEGION AUXILIARY FNDN.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a respons			(C)	(D)
7b, e	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	075 026	97E 937		
	and domestic governments. See Part IV, line 21	275,936.	<u> 275,936.</u>		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			<u>l Calibrati Browinskari bi Pin</u> Pangawa waliwi kawa	<u>lan Albarator II Allah.</u> Digagaran
3	Grants and other assistance to foreign	ļ			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		***		
4	Benefits paid to or for members			<u>elis , er klaru i saldi saldı</u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified	Į			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u>-</u>	
7	Other salaries and wages		****		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	- -			
10	Payroll taxes	-			
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		ikan je manjekneka sekanometa mera nist	Figures of a section of the section	
е	Professional fundraising services. See Part IV, line 17			7 15	
f	Investment management fees	2,155.		2,155.	
g	Other. (If line 11g amount exceeds 10% of line 25,	400	^^		477
	column (A), amount, list line 11g expenses on Sch 0.)	499.	22.		477.
12	Advertising and promotion	16 242		F2	1 € 200
13	Office expenses	16,343.	<del></del>	53.	16,290.
14	Information technology				
15	Royalties				
16	Occupancy	12 556	· 11. **	10 040	2 514
17	Travel	13,556.		10,042.	3,514.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			4	2 202
19	Conferences, conventions, and meetings	3,307.		15.	3,292.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 966		1 500	<del>                                     </del>
23	Insurance	1,766.	e ja valanteid erdes vag santa florata (del floration)	1,766.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If			12520 2002	
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)		control Broker Kolsen	が、ころの意味が多くできる。	107 000
а	DIRECT MAIL EXPENSES	187,883.		<u> </u>	187,883
b	REIMBURSED EXPENSE	4,848.	******		4,848.
¢					
d				-	<u> </u>
е	-	E06 000	075 050	14 021	216 204
<u>25</u>	Total functional expenses. Add lines 1 through 24e	506,293.	275,958.	14,031.	216,304.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundralsing solicitation.	Ì			
	Check here if following SOP 98-2 (ASC 958-720)			ŀ	1

rai	t X	······································				
		Check if Schedule O contains a response or no	ote to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	534,690.
	2	Savings and temporary cash investments	0.60 0.00	2	264,041.	
	3	Pledges and grants receivable, net		3	0.	
	4	Accounts receivable, net		•	4	
	5	Loans and other receivables from any current			中国等金型 (1)	
	•	trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th		patralita a Madel Varied and Allian Mahalima.	5	Letting to the blood and a control of the control o
	6	Loans and other receivables from other disqua			J. Ling V	
	Ů	under section 4958(f)(1)), and persons describe	34 (1) 1945 42 544 544 (1) (1) (1) (4) (1) (1) (1)	6	The second of th	
_	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
ASS	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			110 7	
	IVa	basis. Complete Part VI of Schedule D	h 1		7	
	h	Less: accumulated depreciation		To star Manufal Asia Manafal November	10c	
	11	Investments - publicly traded securities	2,061,267.	11	1,865,345.	
	•	Investments - other securities. See Part IV, line		12	2,000,020	
	12	Investments - order securities, see Factiv, line		13		
	13			14		
	14	Intangible assets Other counts See Both IV line 11		15		
	15	Other assets. See Part IV, line 11			16	2,664,076.
	16	Total assets. Add lines 1 through 15 (must ed Accounts payable and accrued expenses		4 4 - 4 4	17	107,178
	17		1.000	18	29,246.	
	18	Grants payable		19	0.	
	19	Deferred revenue		20		
	20	Tax-exempt bond liabilities			21	
	21	Escrow or custodial account liability. Complete				
9	22	Loans and other payables to any current or for			-33.	
Liabilities		trustee, key employee, creator or founder, sub			22	A Kom Bosi di Budaya Rimba
<u>8</u>		controlled entity or family member of any of the				
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	<del></del>
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin		10,500.	OF.	٥.
	١			198,217.		136,424
_	26		► V	130,411.	26	130, 424
Ø		Organizations that follow FASB ASC 958, cl	neck nere 📂 🔼			
Š	l	and complete lines 27, 28, 32, and 33.		12,015.	- (C.)	12,236
펿	27	Net assets without donor restrictions	0 (54 55)	27	2,515,416	
ĕ	28	Net assets with donor restrictions		Z,031,330.	28	2,313,410
Š		Organizations that do not follow FASB ASC	958, check here 🕨 📖		. 108,43 10,138	
<u></u>		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29	
SSe	30	Paid-in or capital surplus, or land, building, or		· ·	30	<del> </del>
¥	31	Retained earnings, endowment, accumulated			31	2 527 652
Š	32	Total net assets or fund balances		1 0 0 0 1 0 0 0	32	2,527,652
	33	Total liabilities and net assets/fund balances		<u>2,861,788.</u>	33	2,664,076.

За

Form 990 (2021)

3a 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 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

### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number AMERICAN LEGION AUXILIARY FNDN. 26-1484144 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (vi) Amount of other (I) Name of supported (III) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(Form 990) 2021 AMERICAN LEGION AUXILIARY FNDN. 26-1484144 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2021
Part II Support Sch

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	511,142.	560,277.	458,944.	678,634.	728,308.	<u> 2937305.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	511,142.	560,277.	458,944.	678,634.	728,308.	2937305.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,864.
	Public support, Subtract line 5 from line 4.						2935441.
Sec	ction B. Total Support		···-		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	511,142.	560,277.	458, <u>944</u> .	678,634.	728,308.	2937305.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			10 155	01-	40 500	000 000
	and income from similar sources	26,825.	34,683.	42,157.	57,215.	42,729.	203,609.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	-					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	e temente konstruit engeleid		HALLENG MOTOR AND EAST	Tua Net Build Assess of Client UP 11	to the state of the state of the	3140914.
	Total support. Add lines 7 through 10			TARRAL DE ANTERIOR			3140914.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						<b>.</b> —
e <sub>a</sub>	organization, check this box and store ction C. Computation of Publi		oontago	· · · · · · · · · · · · · · · · · · ·			P
				- h (5)\		44	93.46 %
	Public support percentage for 2021 (li					15	93.50 %
	Public support percentage from 2020 33 1/3% support test - 2021. If the o			line 12 and line			
IOa	stop here. The organization qualifies						<b>▶ ▽</b>
h	33 1/3% support test - 2020. If the o					or more, check thi	
	and stop here. The organization qual						
179	10% -facts-and-circumstances test	• •	· · · -			and line 14 is 10%	
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•		$\sim$
h	10% -facts-and-circumstances test	•			•	17a, and line 15 is	
i.	more, and if the organization meets the						
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization			• -			······································
	THE PARTY OF THE P			www.y way we . I f b	,		/Form 990) 2021

Schedule A (Form 990) 2021 AMERICAN LEGION AUXILIARY FNDN.

[Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Gross receipts from admissions,					İ	
	merchandise sold or services per- formed, or facilities furnished in	!					
	any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	,					
	Iness under section 513						
4	Tax revenues levied for the organ-				ļ	<u> </u>	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				ļ		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
k	Amounts included on lines 2 and 3 received	ļ					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	<u> </u>					
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
Sec	ction B. Total Support		T		T	<del> </del>	<del></del>
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	Gross Income from Interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				<del> </del>	<u>. </u>	
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					<del></del>	<del></del>
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is		,				
	regularly carried on			,,,			
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		-			<del>                                     </del>	
	Total support. (Add lines 9, 10c, 11, and 12.)		<u></u>	<u> </u>		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for to	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3) organizati	on,
		is Compart Day					<b>&gt;</b>
$\overline{}$	ction C. Computation of Publ				****	l de l	0/
	Public support percentage for 2021 (					15	% %
16	Public support percentage from 2020 ction D. Computation of Inves			<u></u>		16	
_				ina 12. aaliuma (A)		17	%
	Investment income percentage for 2					18	
	Investment income percentage from a 33 1/3% support tests - 2021. If the						
198							<b>►</b>
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization	on did not check a	DOX ON LINE 14, 19	a, or ibb, check t	HIS DOX AND SEE IN	อเเนษแบบชั	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (I) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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rai	TIV Supporting Organizations (continued)			
		7,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	\$ 144 3,77 L	397	***** <b>!</b>
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		10 (10)
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c	, 1, 1, 1	A ST
200	detail in Part VI. tion B. Type I Supporting Organizations	<u> </u>		
000	non b. Type reapporting erganizatione		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1. A. A. A. A.	100	
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	Table 1		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	o without the same	- 1.5. m - 1
2	Did the organization operate for the benefit of any supported organization other than the supported	7 stj.	Şu.	1775
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		200	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		504 H 57234	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
		**************************************	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (f) a written notice describing the type and amount of support provided during the prior tax	17,55% p		73,73
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4590		2 12 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	2 y etga	agen gan
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1200 1301	7 March
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.5.71.23		1.300
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Visias"	Sartings.
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		466	X.
	significant voice in the organization's investment policies and in directing the use of the organization's			74
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Programa.	d reddel	
200	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	>).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	innte latini	201	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	ristruction	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		200	199,8
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		3.00	150
	those supported organizations and explain how these activities directly furthered their exempt purposes.			V 12
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	. 4. 5. 5.	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	14000	10 m	
•	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		100	\$2
	these activities but for the organization's involvement.	2b	and Parks	<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	1 No. 10		
a	The state of the s		200	
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	The state of the s		North	The South
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 AMERICAN LEGION AUXILIA			6-1484144 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supportin  Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI). See instructions.
•	All other Type III non-functionally integrated supporting organizations must	-		<b></b>
Secti	on A - Adjusted Net Income	00111010	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· ·	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	468		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		·w.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

<u>4</u> 5

Schedule A (Form 990) 2021

Enter greater of line 2 or line 3.

Distributable Amount. Subtract line 5 from line 4, unless subject to

5 Income tax imposed in prior year

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive R (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (iii) (II) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see Instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From\_2020 f Total of lines 3a through 3e q Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i Breakdown of line 7: a Excess from 2017 b Excess from 2018

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A	Form 990) 2021 AMERICAN LEGION AUXILIARY FNDN. Z6-1464144 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(388 Instructions.)
N. A. V.	
<del></del>	

### **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

Name of the organization

AMERICAN LECTON AUXILIARY FNDN

Employer identification number 26-1484144

Pai	<del> </del>	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	enferring
	impermissible private benefit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
Pa	TII Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganization during the tax
	year 🕨		
4	Number of states where property subject to conservation ease	ment is located 🟲	
5	Does the organization have a written policy regarding the perio	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	ite to the organization's financial statemer	nts that describes the
· Boo	organization's accounting for conservation easements.	A L District Transcript on Other	er Cimiler Appets
Pa	TIII Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
	• • • • • • • • • • • • • • • • • • • •		
2	If the organization received or held works of art, historical treas		gain, provide
	the following amounts required to be reported under FASB AS	•	<b>.</b> •
a			<del></del>
h	Assets included in Form 990 Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2021 AMERICA	N LEGION AU	JXILIARY FI	NDN.		26-1	48414	<u>4</u> р	age 2				
Pa	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Sin	nilar Asse	ts <sub>(conti</sub>	nued)					
3	Using the organization's acquisition, accessi-	on, and other records	s, check any of the f	ollowing that make	signifíc	ant use of its	;						
	collection items (check all that apply):												
а	Public exhibition	d	Loan or excl	hange program									
b													
C													
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt p	urpose in Par	t XIII.						
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar asse	ts							
	to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pai	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, Par												
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets no	t includ	ded							
	on Form 990, Part X?					[	Yes		No				
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:		_								
							Amour	ıt					
C	Beginning balance	***************************************			[	1c							
d	Additions during the year				[	1d							
9	Distributions during the year					10							
f	Ending balance					1f							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?		Yes		No				
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been j	orovided on Part XII	l ,								
Pai	TV Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.								
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years bacl	k (e) Fou	r years	back				
1a	Beginning of year balance	2,205,645.	1,750,742.	1,488,937.		1,228,571	. 1	,012,	935.				
b	Contributions	230,990.	408,133.	284,179.		343,345		295,	621,				
C	Net investment earnings, gains, and losses	-361,162.	327,950.	107,094.		37,677		72,	478,				
d	Grants or scholarships	41,439.	38,488.	14,731.		30,606	•	23,	868.				
е	Other expanditures for facilities												
	and programs		242,592.	114,737.		90,050		128,	595,				
f	Administrative expenses					•							
g	End of year balance	2,034,034.	2,205,645.	1,750,742.		1,488,937	. 1	228	571.				
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:			•						
а	Board designated or quasi-endowment	•	%	, , , , , ,									
b	Permanent endowment ▶ 92.5462	%	_										
С	Term endowment ► 7.4540	<del></del>											
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.											
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for t	the ord	anization							
	by:	-				,		Yes	No				
	(i) Unrelated organizations						3a(i)		Х				
	(ii) Related organizations						3a(ii)		Х				
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b						
4	Describe in Part XIII the intended uses of the			***************************************		***************************************							
Par	t VI Land, Buildings, and Equipm												
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	(, line 1	10.							
	Description of property	(a) Cost or of				nulated	(d) Boo	ok valu					
		basis (investm	1 ''		epreci		1-1-00						
1a	Land	· ·		`'	<u> </u>	ARSAY							
	Buildings					230 600 600 200							
	Leasehold improvements												
	Equipment												
	Other	• • • • • • • • • • • • • • • • • • •											
	Add lines 1a through 1e. (Column (d) must o		V salumn (D) llas 11	n 1			<del></del>	-	0.				

Schedule D (Form 990) 2021

Schedul	le D (	(Form	990)	2021	
Dort \	711	Invo	ctm	ante	

Part VII Investments - Other Securities			1404144 Fage O
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(4) Elemental desirentes	(b) Book value	(e) Method of Valuation. Cost of end	-Oryear market value
E		<u> </u>	
2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)	-	•	
(E)			
(F)			
(G)		.====	
(H)		A FOR THE STORY STANDARD TWO A CONTROL OF STANDARD	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			Lafrican manifest riphia
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(1)			=
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	B-V Dank value
· · · · · · · · · · · · · · · · · · ·	Description	· · ·	(b) Book value
(1)	······································		
(2)			
(3)			
(4)			-
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)		· ·	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>	<u> </u>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability		-	(b) Book value
(1) Federal Income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	······································		
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	05.1		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

AMERICAN LEGION AUXILIARY FNDN.

Pai	rt XI   Reconciliation of Revenue per Audited Financial Staten		Revenue per He	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		T . T	E40 000
1				1	548,808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	43E 003		
_	Net unrealized gains (losses) on investments		-425,093. $180,589.$		
b	Donated services and use of facilities		100,303.		
c		1			
d	Other (Describe in Part XIII.)				-244,504.
e	Add lines 2a through 2d			2e	793,312.
3	Subtract line 2e from line 1			3	133,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4.1	2 155		
a	Investment expenses not included on Form 990, Part VIII, line 7b		2,155.		
b	Other (Describe in Part XIII.)	•		1/2/201	2 155
	Add lines 4a and 4b			4c	2,155. 795,467.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial State	monte With	Evnenses ner F	5 Peturn	
га			Exhelises her r	retui II.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			T . T	684,727.
1	Total expenses and losses per audited financial statements	*******************		1	004,727.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	100 500		
a	Donated services and use of facilities		180,589.		
	Prior year adjustments			-	
c	Other losses				
d	Other (Describe in Part XIII.)			15-20-50	100 500
е	Add lines 2a through 2d			2e	180,589. 504,138.
3	Subtract line 2e from line 1			3	304,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	0 155		
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,155.		
b		4b		12 122	0 155
	Add lines 4a and 4b			4c	2,155. 506,293.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	506,493.
	rt XIII Supplemental Information.		101 5 111 1		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			i; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional inform	nation.		
רא דו	ON V ITNE O.				
PAI	RT X, LINE 2:				
<b>ከ</b>	NACEMENTO OF OUR FOIDINATION DVALUAGES ALL	CTCNTTETC	אם עגים שואגי	CTMT	OME TO
IXTVI	NAGEMENT OF THE FOUNDATION EVALUATES ALL	STANTLIC	ANT TAX PO	SIII	ONS TO
TATO	SURE COMPLIANCE WITH THE EXEMPT PURPOSES	~ THE T	MOTPERMITTE	AC D	FOUTDED
To TA S	ORE COMPUTANCE WITH THE EXEMPT PURPOSES	OF IRE E	CONDATION	л сл	EQUINED
DV	U.S. GAAP, INCLUDING CONSIDERATION OF AN	V ITNIDET.Z	THE PHICTNE	יפפ ד	NCOME
ът	U.B. GAAF, INCLUDING CONSIDERATION OF AN	T OMMEDE	TIED DOSTINE	ד ממו	MCOMB
m 2/2	X. AS OF SEPTEMBER 30, 2022, MANAGEMENT D		מיז שנים שנים די דשם	T	TINTO A TO TO A
122	A. AS OF SEFTEMBER 30, 2022, MANAGEMENT D	OES NOT	DEBTEAR IN	H PO	ONDATION
TT A C	י מוע של אוי של אין אוי אין אין אין אוי איז אין אין אין אין אין אין אין אין אין אין	COMPTTA	אורים שיאות ד	me te	VEMDIT
пА	S TAKEN ANY TAX POSITIONS THAT ARE NOT IN	COMPLITE	TACE MIIT I	TO E	VEWLI
חזונו	DOGE MUE POINDAMTON'S PEDEDAL AND SMAME	may ben	итоме отмат	·м Ор	ביאז איאדי
PUE	RPOSE. THE FOUNDATION'S FEDERAL AND STATE	TAA KET	TAMA CHAU	N OP	TIN MID
CIII	OTECH MA EVANTNAMIANI DECINNITNIC WITHU MUE M	מגיםע עג	מפטר מפתות	ieime e	חג מ
i U	BJECT TO EXAMINATION BEGINNING WITH THE T	AA IEAK	THUCH SEPT	<u> </u>	л JU,
201	19.				
<u> 40.</u>	L J •				

Schedule D (Form 990) 2021 Part XIII   Supplemental Infor	AMERICAN	LEGION	AUXILIARY	FNDN.	26-1484144	Page 5
Part XIII   Supplemental Infor	mation (continue	ed)				<del></del>
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### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021

Open to Public Inspection

Name of the organization							Employer identification number
AMERICAN	26-1484144						
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assist     Describe in Part IV the organization's pre-	stance?				•	•	
Part II Grants and Other Assistance to recipient that received more than				•	anization answered "\	/es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION AUXILIARY 3450 FOUNDERS RD INDIANAPOLIS, IN 46268	35-0144340	501C19	65,000.	0.			NATIONAL VETERANS CREATIVE ARTS FESTIVAL
AMERICAN LEGION AUXILIARY 3450 FOUNDERS RD INDIANAPOLIS, IN 46268	35-0144340	501C19	25,000.	0.			SUBGRANT- FIRST NATION GROUP (TO NVCAF)
ALA DEPARTMENT OF MINNESOTA 634 WATER STREET EAU CLAIRE, WI 54703	23-7382249	501C19	21,002.	0.			subgrant - mn programs
ALA DEPARTMENT OF TEXAS 1624 E ANDERSON LANE AUSTIN, TX 78752	74-0483608	501C19	17,500.	0.			SUBGRANT - TRXAS GIRLS STATE
AMERICAN LEGION AUXILIARY 3450 FOUNDERS RD INDIANAPOLIS, IN 46268	35-0144340	501C19	14,376.	0.			GIRLS NATION
ALA UNIT 37, ILLINOIS 27129 275TH AVENUE EWING, MO 63440  2 Enter total number of section 501(c)(3) a	37-6026717		10,000.	0.			VETERAN PROJECTS - AMVVETS CHERISH THE

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

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

Schedule I (Form 990) 2021

Schedule I (Form 990) AMERICAN	LEGION AU	XILIARY FNDI	N •			2	26-1484144	Page
Part II Continuation of Grants and Other				vernments (Sch	edule i (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of o	
ALA UNIT 28, DELAWARE								
31768 LEGION RD							VETERAN PROJECTS	- номе
MILLSBORO, DE 19966	91-1922671	501C19	10,000.	0.			OF THE BRAVE SIDI	NG
ALA DEPARTMENT OF MINNESOTA								
20 W 12TH ST RM #314								
ST. PAUL, MN 55155	41-0121904	501C19	9,400.	0.			SUBGRANT - MN PRO	GRAMS
ALA DISTRICT 10							VETERAN PROJECTS	- MAGNUS
21725 LINDEN WAY							VETERANS	
ROGERS, MN 55374	41-1355236	501C19	6,960.	0.			FOUNDATION	
ALA DEPARTMENT OF MINNESOTA								
635 WATER STREET							<u> </u>	
EAU CLAIRE, WI 54703	23-7382250	501C19	6,600.	0.	<u> </u>		SUBGRANT - MN PRO	GRAMS
ALA UNIT 72, CONNECTICUT								
66 MAIN STREET					1		VETERAN PROJECTS	- HOUSE
SOUTHINGTON, CT 06489	06-6109722	501C19	6,000.	0.			THE HORSE	
ALA UNIT 53, WISCONSIN								
634 WATER STREET				}			SUBGRANT - BINGO	
EAU CLAIRE, WI 54703	23-7382249	501C19	6,000.	0.			UPGRADE (PRESTO F	'ND)
-								
ALA UNIT 53, WISCONSIN			1					
634 WATER STREET			1				SUBGRANT - BINGO	_
EAU CLAIRE, WI 54703	23-7382249	501C19	6,000.	0.		*	UPGRADE (MELVIN S	<b>!</b>
		<u></u>	<u> </u>	<u>L</u> .	<u> </u>		<u> </u>	
							Schedule i	uForm 99

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
	-										
Part IV	Supplemental Information. Provide the information re-	uired in Part I, lin	e 2; <u>Part III, column</u>	(b); and any other ac	lditional information.						
PART	I, LINE 2:	· <u></u>									
THE A	LA FOUNDATION HAS ESTABLISHED	CRITERIA	FOR GRANT	ring. ALA F	OUNDATION						
GRANT	S ARE AWARDED TO AN ALA TAX-E	XEMPT ENI	TAHT YTI	IS IN GOOD	STANDING	<u></u>					
WITH	BOTH THE IRS AND THE AMERICAN	LEGION A	UXILIARY 1	NATIONAL OR	GANIZATION.						
	NTITIES SUBMITTING GRANT PROP		<del></del>								
	RTING THE ALA MISSION OF SERV										
	IES. ALA FOUNDATION GRANT REC										
	TS THAT INCLUDE A NARRATIVE D										
	ESS OR OUTCOME, ALONG WITH A	•									
PROGR	·					Schedule I (Form 990) 2021					

Schedule I (Form 990) AMERICAN LEGION AUXILIARY FN	DN. 26-148	4144 Page 2
Schedule I (Form 990) AMERICAN LEGION AUXILIARY FN Part IV Supplemental Information		
GRANT RECIPIENTS ARE NOTIFIED OF COMPLIANCE REQ	JIREMENTS AS REVIEWE	D
PERIODICALLY AND APPROVED BY THE ALA FOUNDATION	BOARD.	
		· · · · · · · · · · · · · · · · · · ·
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		. <del></del>
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V **Witneste		

### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

00. Part IV. lines 29 or 30.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN LEGION AUXILIARY FNDN.

Employer identification number 26-1484144

Pai	t I Types of Property						
		(a) Check If applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d) determining bution amount	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded					-	
10	Securities - Closely held stock				-		
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -		•				
	Historic structures						
14	Qualified conservation contribution - Other					-	
15	Real estate - Residential						
16	Real estate - Commercial						-
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (OFFICE EXPENS)	Х	1	30,297.	COST		
26	Other ( AUCTION ITEMS )	Х	23	8,908.	FMV OF ITE	MS	
27	Other (	i					
28	Other (						
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
	-		_			Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.	***********				X.64.302	evêvî
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties	•	•		***************************************		
	contributions?		-			32a	X
b	If "Yes," describe in Part II.					139 239	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.	.,	-, , , .	• • •			

Schedule M	(Form 990) 2021	AMERICAN	LEGION	AUXILIARY	FNDN.		26-1484144	Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information. t (. column (b), the	Provide the in	formation required ntributions, the nun	by Part I, lines 30t ber of items recei	o, 32b, and 33, a ved, or a combi	and whether the organizanation of both, Also com	ation plete
						188 DE 1-1 1 188 DE 1		
,								
							4.	
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н								
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### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION AUXILIARY FNDN.

Employer identification number 26-1484144

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THEIR FAMILIES BY FUNDING PROGRAMS OF THE AMERICAN LEGION AUXILIARY
TODAY AND FOR FUTURE GENERATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS. AS A 501(C)(3) PUBLIC BENEFIT CORPORATION, THE ALA FOUNDATION
PROVIDES A RESOURCE TO ENGAGE ADDITIONAL INVESTORS INTERESTED IN
SUPPORTING OUR MISSION. IT IS A WAY TO SECURE OUR LEGACY AND HERITAGE
OF SERVICE NOT SELF, ULTIMATELY ENHANCING THE QUALITY OF LIFE FOR
FUTURE GENERATIONS OF VETERANS, MILITARY, AND THEIR FAMILIES.
·
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORTED EMERGENT NEEDS OF VETERANS. THE ALA FOUNDATION AWARDED
\$24,643 TO DEPARTMENTS SUPPORTING MISSION DELIVERY.
FORM 990, PART VI, SECTION B, LINE 11B:
ALA MANAGEMENT REVIEWS AND COMPLETES THE 990 CHECKLIST PROVIDED BY THE
OUTSIDE INDEPENDENT ACCOUNTING FIRM AND INCLUDES APPROPRIATE SUPPORTING
INFORMATION AND SCHEDULES FOR THE TAX PREPARERS.
THE OUTSIDE INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 FORM AND STATE
RETURN. THE DRAFT 990 AND STATE RETURN FORMS ARE SENT TO THE ALA NATIONAL
RISK AND COMPLIANCE COMMITTEE, ALONG WITH A COPY OF THE AUDITED FINANCIAL
STATEMENTS.

Schedule O (Form 990) 2021  Name of the organization	Page 2 Employer identification number
AMERICAN LEGION AUXILIARY FNDN.	26-1484144
THE ORGANIZATION DOES NOT CURRENTLY HAVE ANY EMPLOYEES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT	P WITH
CHARITABLEPURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT	COULD JEOPARDIZE
ITSTAX-EXEMPT STATUS, REVIEWS ARE CONDUCTED ANNUALLY THROU	JGH THE RISK
ANDCOMPLIANCE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DOES NOT CURRENTLY HAVE ANY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990 AND MOST RECENT AUDITED FINANCE	CIAL STATEMENTS
ARE AVAILABLE FOR REVIEW AT ALAFOUNDATION.ORG, ALAFORVETER	RANS.ORG AND UPON
REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE
AVAILABLE FOR REVIEW UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ALA NATIONAL RISK AND COMPLIANCE COMMITTEE:	
- REVIEWS THE DRAFT 990 AND COPY OF AUDITED FINANCIAL STATE	TEMENTS.
- DETERMINES THAT RESPONSES IN THE 990, ARE CONSISTENT WIT	TH THEIR
UNDERSTANDING OF THE FACTS.	
- DRAFTS QUESTIONS OR COMMENTS RESULTING FROM THEIR REVIEW	W 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

Schedule O (Form 990) 2021	Page 2
Name of the organization  AMERICAN LEGION AUXILIARY FNDN.	Employer identification number 26-1484144
FORM 990 AND STATE RETURN FORM ARE REVIEWED AND SIGNED BY	THE ALA
FOUNDATION DIRECTOR. MANAGEMENT FILES THE COMPLETED FORMS.	, 10100 Marie 1
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### SCHEDULE R (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization  AMERICAN LEGI	ON AUXILIARY FNDN.				E	Employer identifi 26-14841		umber
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco		(e) End-of-year assets		(f) controlling ntity	g
								<u>.</u>
							<del></del>	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or mor	re related tax-exer	npt	
(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	Dire	(f) rect controlling entity	cont	g) 512(b)(13) rolled ity?
AMERICAN LEGION AUXILIARY NATL EQ -	SUPPORTS/ADVOCATES FOR US			501(c)(3))	_		Yes	No
35-0144340, 3450 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	VETERANS, ACTIVE MILITARY, AND THEIR FAMILIES	INDIANA	501C19		N/A			x

(a)	(b)	(c)	(d)		(e)		(f)		(g)	(1	h)	(	i)	1	j)	()	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct control(ing	(related	nant income , unrelated,	Share	e of total come	Sh	are of of-year	Disprop	ortionate	Code amount	V-UBI	Gene mana	ral or l	Perce owne	ntage
		foreign country)		excluded f	rom tax under s 512-514)				ssets	Yes	tions?	20 of So K-1 (For	chedule	part	ner?	OWING	ı oı nıp
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identification of Related Org organizations treated as a cor	ganizations Taxable a poration or trust durin	ns a Corpo ng the tax y	ration or Trust. (	complete if t	he organizatio	on ansv	vered "Yes	" on Fo	m 990, Pa	rt IV, I	ne 34,	, because	it had o	ne or	r mor	e rela	ted
(a)	poration or trust durin	ig the tax y	(b)	(c)	(d)		(e)	+	<b>(f)</b>		1	(g)		(h)	T		
organizations treated as a cor	poration or trust durin	ig the tax y	ear.	(c) Legat domicile (state or	<del>,,,_</del> .	rolling	(e) Type of (C corp, S	entity S corp,		f total	Τ	(g) Share of end-of-yea	Pei		age	Sect 512(b	) ion )(13) olled
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile	(d) Direct contr	rolling	(e)	entity S corp,	(f) Share o	f total	Τ	(g) Share of	Pei	(h)	age hip	(i) Sect	) ion )(13) biled by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) biled by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) biled by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?
(a)  Name, address, and El	poration or trust durin	ig the tax y	(b)	(c) Legat domicile (state or foreign	(d) Direct contr	rolling	(e) Type of (C corp, S	entity S corp,	(f) Share o	f total	Τ	(g) Share of end-of-yea	Pei	(h)	age hip	(i Sect 512(b contro entit	) ion )(13) blied by?

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

	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed i	in Parts II-IV?	7 14		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у	·		1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
C	Gift, grant, or capital contribution from related organization(s)				1c	X	
d	Loans or loan guarantees to or for related organization(s)		·····		1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)		•••••••••••••		1f	<u> </u>	X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)		***************************************		1h		X
i	Exchange of assets with related organization(s)		***************************************		1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n	X	
0	Sharing of paid employees with related organization(s)	.,	***************************************		10	Х	
	•				1.4	arab <sup>1</sup>	
р	Reimbursement paid to related organization(s) for expenses				1p		х
a	Reimbursement paid by related organization(s) for expenses	***************************************	***************************************		1a	-	Х
•		***************************************	••••••		1.4	*** ***	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)	****************************	***************************************	•••••••••••••••••••••••••••••••••••••••	1c		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds	15		23
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amou	nt involved	. <u> </u>	·
		,,,,		<u></u>			
1) A	MERICAN LEGION AUXILIARY NAT'L HQ	c	30.297.	DIRECT COST			
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21 A	MERICAN LEGION AUXILIARY NAT'L HO	В	109.376.	ACTUAL CASH CONTRIBUT:	TONS		
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3)							
-,							
4)							
•							
5)							
6)							
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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)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners s 501(c)(3 orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro tiona allocatio	por- te ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) Percentage ownership
											į

Schedule R	R (Form 990) 2021	AMERICAN	PEGTON	AUXILIARY	FNDN.	26-1484144	Page 5
Part VII	i (Form 990) 2021 Supplemental Info	rmation					
<b>.</b>	Provide additional inform	antion for roomoneou	to augotions	on Cahadula D. Caa	instructions		
	Frovide additional infom	lation for responses	s to questions c	JII SCHBUUIB N. 388	ristructions.		
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## **NP-20**

State Form 51062 (R12 / 8-21)

# Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginni	ng 10 01	2021 and Endi	ng 09 30 2022
Place "X" in box if: Change of A	ddress A	mended Report	Final Report: Indicate Date Closed
Due	e on the 15th day of	the 5th month following the	e end of the tax year.
		NO FEE REQUIRED	
Name of Organization			Telephone Number
AMERICAN LEGION AUXI	LIARY FNDN		317 569 4500
Address		County	Indiana Taxpayer Identification Number
3450 FOUNDERS ROAD		49	
City	State	ZIP Code	Federal Employer Identification Number
INDIANAPOLIS	IN	46268	26 1484144
Printed Name of Person to Conta	act		Contact's Telephone Number
			317 569 4500
	our organization ha iously reported to on, bylaws, or othe e names, titles and	as been in continuous ex the Department been m er instruments of importa d addresses of your curr	ade in your governing instruments, nce? If yes, attach a detailed
	ART@ALAFORVE perjury that I have complete, and corr	examined this return, indect.	cluding all attachments, and to the best of my  R OF FINANCE  Date
Name of Person(s) to Contact		317 569	



NP-20

STATEMENT 1

FOUNDED IN 2007, THE PURPOSE OF THE AMERICAN LEGION AUXILIARY FOUNDATION IS TO ASSIST IN CARRYING OUT THE EDUCATIONAL, CHARITABLE, AND OTHER EXEMPT PURPOSES OF THE AUXILIARY BY RAISING FUNDS FOR, ASSISTING IN CONDUCT OF, AND PROVIDING SUPPORT TO THE AUXILIARY PROGRAMS. AS A 501(C)(3) PUBLIC BENEFIT CORPORATION, THE ALA FOUNDATION PROVIDES A RESOURCE TO ENGAGE ADDITIONAL INVESTORS INTERESTED IN SUPPORTING OUR MISSION. IT IS A WAY TO SECURE OUR LEGACY AND HERITAGE OF SERVICE NOT SELF, ULTIMATELY ENHANCING THE QUALITY OF LIFE FOR FUTURE GENERATIONS OF VETERANS, MILITARY, AND THEIR FAMILIES.

STATEMENT 2

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

NAME AND ADDRESS

TITLE

KATHY DAUDISTEL 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 EX-OFFICIO DIRECTOR (TERM END

VICKIE KOUTZ 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 EX-OFFICIO DIRECTOR

CATHLEEN MACINNES 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 FOUNDATION PRESIDENT

DIANE DUSCHECK 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 FOUNDATION VICE PRESIDENT

TERRI WALLACE 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 FOUNDATION TREASURER

ANNE PARKER 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 FOUNDATION SECRETARY

NANCY BROWN-PARK 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268

APPOINTED DIRECTOR

CARRIE DAVENPORT 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 ELECTED DIRECTOR

ROSEMARIE W. HAUCK 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 ELECTED DIRECTOR

LAURALEE GOOCH 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 ELECTED DIRECTOR

KAYE HIRST 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 ELECTED DIRECTOR

AMERICAN LEGION AUXILIARY FNDN.

26-1484144

KATHRYN KAOUDIS 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268

ELECTED DIRECTOR

CAROL HARLOW 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268

ELECTED DIRECTOR

SANDRA RICE 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 ELECTED DIRECTOR

LISA WILLIAMSON 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 DESIGNATED DIRECTOR

MARYBETH REVOIR 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 DESIGNATED DIRECTOR

CORAL MAY GROUT 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268 DESIGNATED DIRECTOR

DORIS HAMMEKE 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268

ELECTED DIRECTOR (TERM ENDED