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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For	the 2009 calendar year, or tax year beginning January 1 , 2009, and end	ing Decei		, 20 09	
В	Check	f applicable Please C Name of organization American Legion Auxiliary		D Employe	ıdentification nu	ımber
	Addre	use IRS Label or Doing Business As American Legion Auxiliary, Dept of WV, Ir	າင	55	0759947	
\Box	i	print or Number and street (or P O. box if mail is not delivered to street address) Room/s		E Telephon	e number	
\Box	Initial	TOPA DOLAMA		(304)	455-3449	1
Η	1	Specific City or town state or country and ZID . 4				
끔	Termir	tions Proctor IAN/ 26055-0616		G Grans man	pts \$ 113,162.	2480-
님		ged return				
Ц	Applica	don pending				∐№
_		Mary Rose Yoho, RR1 Box 144A, Proctor WV 26055			luded? ☐Yes	
ㅗ		xempt status:	If "N	o," attach a lis	t (see instructions	s)
J		site: ► mryoho@rcvideo.com	H(c) Group	exemption numb	er ▶ 0964	1
K	Form	of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▷ ☐ L. Year of form	ation: 1922	M State of le	gal domicile. MA	<u>, </u>
P	art I	Summary	-			
	T 1	Briefly describe the organization's mission or most significant activities: Volu	nteer Vetera	ns Auxilia	ry for	
	'	Americanism programs, Youth Programs, Community Service Programs,	Citizenshin l	Programs	Programs for	OUL
8	3	Veterans and their families.		i iogranio.	. rogiumo ioi	
Governance		veteraris and then ramines.		·		
5						
Ş	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net assi			
OF.	1 3	Number of voting members of the governing body (Part VI, line 1a)				<u>37</u>
⊇ 5	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4		0
Activities	5	Total number of employees (Part V, line 2a)		5		2
S. t	6	Total number of volunteers (estimate if necessary)		6		8095
===		Total gross unrelated business revenue from Part VIII, column (C), line 12.		7a		
		Net unrelated business taxable income from Form 990-T, line 34		7b	·	
=- =	 		Prior Ye		Current Year	
	١,	On stable to an end own to (Ded VIII) I and IV		3,010.76	82,38	
SCANNED	8	Contributions and grants (Part VIII, line 1h)	<u> </u>			
¥₽	9	Program service revenue (Part VIII, line 2g)		5,908.00	26,64	
∌ \$	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,242.88		74.82
₹ -	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,060.70		<u> 51.82</u>
<u>ಲ್</u>	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122	2,222.34	113,16	<u> 52.24</u>
(D)	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17	7,809.45	18,77	11.92
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18	3,413.82	18,63	37.31
Exnenses	16:	a Professional fundraising fees (Pa) IX, column (A), line 11e)		0		0
۶		o Total fundrensing expenses Part M, column (D). line 25) ▷		-		$\overline{}$
-	٠,	Total furting expenses rear (A, column (D), line 25)	0.	1,289.26	75.24	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			75,24	
	18	The expenses Add tines 13 (must equal Part IX, column (A), line 25).		7,512.53	112,65	
_		Revenue less expenses. Subtractione 18 from line 12	 	4,709.81		<u>04.23</u>
Net Assets or	월		Beginning of C	urrent Year	End of Year	
389	쯽 20	Total assets fram Wind is	150	8,538.64	159,04	12.87
₹:	21	Total-trabilities (Part X, line 26)				
ž,	<u> 22</u>	Net assets or fund balances. Subtract line 21 from line 20	158	8,538.64	159,04	12.87
P	art I	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying sch	edules and state	ments, and to	the best of my kno	wledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of	n all information	of which prep	arer has any know	vledge
Si	ign	Mus Kose Choko lent de /114.	1	5-15	~/D	
	ere	Signature of officer	Dat	te.		
• • •	0.0	Mary Rose Yoka West Secretary 1	Masun			
		Type or print name and title	icas wi			
~			Check if	1		
		Preparer's	self-	(see instruction	ntifying number ns)	
Pa	id		employed 🕨 🔲		-,	
Pr	eparer	s				
	e Only		EIN	> :		
_		address, and ZIP + 4	Phone r	no Þ (
М	ay the	e IRS discuss this return with the preparer shown above? (see instructions)			Yes [No
		acy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No 1	1282	Form 990	
		,	Oat NO I	12021	101111 330	(4003)

Pai	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: Assisting all veterans at 4 VAMCs and 1 Veterans Home in West Virginia, children	
	Service programs, Americanism Programs, Citizenship programs, National Securit membership want to prepare our youth as a responsible citizen concerned for our	
2	Did the organization undertake any significant program services during the year which the prior Form 990 or 990-EZ?	were not listed on □ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts services?	s, any program Yes 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three larges Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required allocations to others, the total expenses, and revenue, if any, for each program service	to report the amount of grants and
4a	(Code:) (Expenses \$18,771.92 including grants of \$Service to ur veterans in all our VAMC Hospitals and our WV Veterans Home	14,301.98
	Scholarship Grants	1,951.00
	"Military Child" Project	502.00
	Girls State Project	1,722.00
	Junior Project	294.94
4b	(Code:) (Expenses \$ 47,998.93 including grants of \$) (Revenue \$)
	Compensation to Officers/Chairmen as Per Standing Rules and State Budget	3,524.80
	Salaries (2) Payroll Taxes	
	Payroll Taxes License for Corporation	25 AN
	Audit	750.00
	Office Expenses (Utilities/Phone/supplies/Eq Rental/Postage/Printing/Bank Charge:	
	Computor Expenses (web site/ Membership downloads from national/Internet fees	1,380.00
	Travel (to Executive Bd meetings, State Convention, Workshops, Conferences)	4,050.22
	Conferences/Conventions Meetings	8,726.84
	Fire Insurance on Office/ Bonding of Units Through National Organization	500.02
_	45 007 40	
4c	(Code) (Expenses \$ 45,887.16 including grants of \$	
	Donations Gifts/Awards/Prizes	<u>4,116.50</u> 1,909.41
	Membership Dues to National	39,861.25
	monitorion practice interiorial	

	Other program continue (December & Cabadida O.)	
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 112,658.01	

Pa	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)? If "Yes," complete Schedule A	1		\
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	*		√
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		√ _
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		✓
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
0	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
0	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
0	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°? If "Yes," complete Schedule D, Part IX.			
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		
	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated independent audited financial statements for the tay year? Yes No	12		✓
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
14a b		140		<u> </u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	∠

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		✓_
ď	to defease any tax-exempt bonds?	24c 24d		√
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>√</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<u>√</u> ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		✓_
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 VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	\	

<u>Par</u>	tt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 		زا
	gaming (gambling) winnings to prize winners?	1c		Ļ,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2	- OL	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
	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		1
h	If "Yes," enter the name of the foreign country: ▷	70		•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e 7f		
T -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	'9		
"	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	[
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-		
_	organization, have excess business holdings at any time during the year?	8		-
9_	Sponsoring organizations maintaining donor advised funds.	00	ļ	<u> </u>
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	"		
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	} '	1	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ļ	ļ	ļ
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		√
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		✓_
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		_ ,	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			:
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		√
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► Mary Rose Yoho, Sec/Treasurer, RR1 Box 144A, Proctor, WV 26055-9616 304-455-34	49		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any c	curre	ent	offic	er, d	irec	tor, or trustee.	-	
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per	<u> </u>	Position (check all that					Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
Roxie Nickolson, President			П				 	4500.00		
P O Box 14, Shinnston WV 26431				✓				1500.00		
Patricia Moore, 1st Vice President 825 George Wash. Hwy, Thornton WV 26440				/				1200.00		
Susan Brown, Membership Chairman		 		•			H			
RR5 Box 41-1, Moundsville WV 26431				1				125.00		
Paula Booth, 9th District President RR1 Box 222, Belington WV 26250				√				44.31		<u>-</u>
April Postlethwait, 1st District President RR1 Box 144AA, Proctor WV 26055				1				97.15	i	
Heather Fauble, NEC 52 Boxwood Ln, Charles Town WV 25414				,				304.80		
Cyndi Baker, Scrapbook Chairman 585 S. Pike St, Shinnston WV 26431				,				46.58		
Debra Fox, 10th District President 874 Longview Dr. Berkeley Spgs WV 25411				,			T	100.00		
Dortha Parsons, 2nd Vice President				,				80.36		
130 Wash.Ave Apt 201, Clarksburg WV 26301 Denise Kelly, 3rd District President		 	-	Y	-	-	┢			
229 Jefferson St, Bridgeport WV 26330				1				26.60		
				_						
				Γ						
				1		1		1		L

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	an	d Hig	hest	t Compensate	d Employees	(continued)
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-MI	amount of other compensation
						8.	Н			
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							\vdash		- · · · · · · · · · · · · · · · · · · ·	
						<u>.</u>				
						ļ	Н			
	}									
1b Total						•	▶	_	····	
Total number of individuals (including but reportable compensation from the organiz		to the	ose	liste	ed a	above) wh	no received mo	ore than \$10	0,000 in Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	
4 For any individual listed on line 1a, is the the organization and related organizations individual.	sum of repo greater tha	ortabl in \$15	e co 50,0	omp 100?	ens	sation 'Yes,"	and con	d other compe oplete Schedu	nsation from le J for such	4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	pen: S <i>ch</i>	satio edu	on f ele J	from a for s	any auch	_	anization for	
Section B. Independent Contractors										
 Complete this table for your five highest of compensation from the organization. 	ompensate	d ind	epe	nde	nt c	contra	cto	rs that receive	d more than	\$100,000 of
(A) Name and business ad	dress							(B) Description of s	ervices	(C) Compensation
							ļ			
							-			
Total number of independent contractors (more than \$100,000 in compensation from					to	those	liste	ed above) who	received	

Par	: VII	Statement of Revenue					[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1b 1c 1d 1e	0 68,081.64 7,866.68 0 0				
o de la		Noncash contributions included in lines 1	a-1f: \$				}	
	h	Total. Add lines 1a-1f		Business Code	82,384.38			
Program Service Revenue		Workshops		Busiless Code	7,480.00			
Rev	2a b	V-4 D			14,059.22		1	
8	C	Youth Programs			2,157.00			
ŞeZ	d	Scholarships		_	2,945.00			
E	е							
10	f	All other program service rever			22 244 22	·		ļ
	9	Total. Add lines 2a-2f			26,641.22			
	3	Investment income (including d			2,774.82			
	4	other similar amounts)			2,774.02		-	
	5	Royalties	nipt bone	i proceeds	0			
		Royalties	ı	(ii) Personal				
	6a	Gross Rents	0	0			1	
	Ь	Less: rental expenses	0	0				
		Rental income or (loss)	0	0				
	d	·			0			
	7a	Gross amount from sales of (i) Secu		(ii) Other				
		assets other than inventory	0	0				
	þ	Less: cost or other basis	0	ol				
	٦	and sales expenses	0	0				
	ď	N1-1 (1)			0			<u> </u>
venue		Gross income from fundra events (not including \$7.86	ising					
Other Reve		of contributions reported on line See Part IV, line 18	1c).	0				
Ę		Less direct expenses		0				
δ	С	Net income or (loss) from fund	aisıng e	vents⊳	0			
		Gross income from gaming activisee Part IV, line 19	. а	0				
		Less direct expenses			·		<u> </u>	
	1	Net income or (loss) from game	-	ities ▷	0		ļ	ļ
	10a	Gross sales of inventory,	less	0				
	١.	returns and allowances		0				
		Less: cost of goods sold . Net income or (loss) from sales of			0			
		Miscellaneous Revenue		Business Code	<u>_</u>		L	
	11a	Supplies			931.65			1
	b	Postage			207.59			
	c	Phone			222.58			
		All other revenue			0			
		Total. Add lines 11a-11d			1,361.82			
	12		s.	>	113,162.24	1	1	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,771.92	18,771.92				
3	Grants and other assistance to governments, organizations, and individuals outside the	o	o				
4	U.S. See Part IV, lines 15 and 16	0	0				
4	Benefits paid to or for members	-					
5	Compensation of current officers, directors, trustees, and key employees	3,524.80	0	3,524.80			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	,	0			
7	Other salaries and wages	11,051.64	11,051.64	11,051.64			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0		0			
9	Other employee benefits	0		0			
10	Payroll taxes	4,060.87		4,060.87			
11	Fees for services (non-employees):			_			
	Management	25.00		25.00			
	Legal	750.00		750.00	 		
	Accounting	750.00		750.00			
	Lobbying	0					
	Professional fundraising services. See Part IV, line 17	0		0			
	Investment management fees	0		0	·		
12	Other	0		0			
13	Office expenses	13,929.54		13,929.54			
14	Information technology	1,380.00		1,380.00			
15	Royalties	0		0			
16	Occupancy	0		0			
17	Travel	4,050.22		4,050.00			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		0			
19	Conferences, conventions, and meetings .	8,726.84		8,728.84			
20	Interest	0		. 0			
21	Payments to affiliates	0		0			
22	Depreciation, depletion, and amortization.	0		0			
23	Insurance	500.02		500.02	· · · · · · · · · · · · · · · · · · ·		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)						
а	Donations	4,116.50	4,116.50				
b	Gifts/Awards/Prizes	1,909.41	1,909.41				
С	Membership Dues to National	39,861.25	39,861.25				
d					· · · · · · · · · · · · · · · · · · ·		
е							
f 25	All other expenses	112,685.01	64,659.08	47,998.93			
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet	<u>. </u>		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	48,955.47	1	43,354.16
	2	Savings and temporary cash investments	109,583.17	2	115,688.71
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key		i	
	3	employees, and highest compensated employees. Complete Part II of		1	
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section	_		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	ļ	Part II of Schedule L	0	6	0
2	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or 10a 0			
	100	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	158,538.64	16	159,042.87
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Se	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ab.		employees, highest compensated employees, and disqualified			
Ĩ		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117, check here ▷ ☐ and complete lines 27 through 29, and lines 33 and 34.	·		
	27	Unrestricted net assets	0	27	0
ag	28	Temporarily restricted net assets	0	28	0
豆	29	Permanently restricted net assets	0	29	0
Ē		Organizations that do not follow SFAS 117, check here ▷ □			
Net Assets or Fund Balan		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
¥	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
ž	33	Total net assets or fund balances	450 500 04	33	450.043.07
	34	Total liabilities and net assets/fund balances	158,538.64	34	159,042.87

Pa	rt XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?	2b	✓				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3а	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?	_3a		✓			
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 in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

American Legion Auxiliary, Dept of West Virginia, Inc

55

0759947

▶ Attach to Form 990.

Part IV #12 This organization has an in-house audit every 2 months. Outside Audit every 3 months. All audits are
with the Finance Committee. This office does all its own Tax Reports. The guarterly finance reports are mailed to all Units
Part IV #22 Grants to Individuals or other assistance Scholarship \$1951.00, Juniors 294.94, Girls State1722.00
Veterans at 4 VAMC & 1 Veterans Home 14,301.98, Military Child Scholarship 502.00
Part IV #23 & Part VII Officers Compensation the listing of officers/District Officers and few chairmen None are
given W-s or 1099-MCS there is an expense sheet turned in by all officers & Chairmen for reimbursement of mileage,
housing, postage expense, etc. There is no compensation paid unless expense sheet is turned in for expense.
Part IV #10 This WV Organization is made up of 73 Units they have their own Constitution Bylaws and budget that
have to stay in line with State and National Organization Consitution Bylaws. Members pay Unit, Dept and national dues
in their Unit. We have over 8000 members.
Part IV #11 Copy of 990 is on file in Office and copy to all finance committee This year shared with E-Bd members
Part VI #7a State Convention is represented by delegates elected by each Unit in state. Here is were officers elected
#7b All policies, Constitution& Bylaws, Standing Rules updates are voted by Convention Body
all budget is voted on by Department Executive Board
Finance committee and In House Auditor oversees all spending throughout the year
Quarterly Finance Reports are mailed out to all Units, Officers, Chairmen and Past Dept Presidents
#8a Minutes of all State Conventions and all Department Executive Board Meetings are on file in office
#15 Budget outlines compensation to officers, District officers, Dept Chairmen on Travel, per diem, and
if allowed for expenses throughout the year. All must present expense sheet before payment is made.
Part VI #19 all Reports are available on request.
Part IX #2 Grants to individuals are scholarships, veterans programs at 4 VA₩C and 1 Vet Home, Youth Programs,
and Military Child Scholarship