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Form **990**

Department of the Treasury

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)

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

2009

Open to Public

Lemai Ne			autovina bankari ee ee	2000	10		Inspection
			ar, or tax year beginning 09-01-	-	LU	D Employer iden	tification number
- Addre		Please ange use IRS	Ladies Auxiliary to the Veterans of Foreign Wars of the US			44-0319970)
- Name		label or	Doing Business As			E Telephone nur	
- Initial		type. See			, I =	(816) 561-8	655
_		Instruc-	Number and street (or P O box if 406 West 34th Street 10th Floor	mail is not delivered to street addr	ess) Room/suite	G Gross receipts \$	
_	ınated						
_	nded re		City or town, state or country, and Kansas City, MO 64111	I ZIP + 4			
Applic	ation	pending	"				
			me and address of principal offic	cer	H(a) Is th	• ıs a group return	for
			TA OWENS T34TH STREET 10TH FL		affilia	ites?	⊤Yes 🔽 No
			AS CITY, MO 64111		H(b) Are al	l affiliates include	d?
					1 ' '		(see instructions)
Tax-	exem	pt status 🔽 501(d	c) (19) ◀ (insert no)	1) or 527		ip exemption nun	
Wel	osit e:	: WWW LADIES	SAUXVFW ORG		7		
				<u> </u>	1		
Form	of org	anızatıon 🖊 Corpora	tion Trust Association Other	<u>*</u>	L Year of fo	rmation 1914 M	State of legal domicile)
Part	Ι	Summary					
			ne organization's mission or mos				
			KILIARY VFW HAS BEEN SUPP	ORTING AND HONORING	THE MILITAR	Y, VETERANS, A	ND THEIR FAMILIE
		SINCE 1914					
	2	Check this box 🛏	if the organization discontinu	ed its operations or dispose	d of more than	25% of its net as	ssets
١ ا	3	Number of voting	members of the governing body	(Part VI, line 1a)		3	4
	4	Number of indepe	ndent voting members of the go	verning body (Part VI, line 1	b)	. 4	3
	5	Total number of e	mployees (Part V , line 2a) .			5	3
	6	Total number of v	olunteers (estimate if necessar	y)		6	100,00
•	7a	Total gross unrela	ated business revenue from Part	t VIII, column (C), line 12		7a	145,20
	b	Net unrelated bus	ıness taxable ıncome from Forn	n 990-T, line 34		7b	-159,04
			r Year	Current Year			
	8	Contributions an	d grants (Part VIII, line 1h) .			2,692,584	2,550,121
	9	Program service	revenue (Part VIII, line 2g) .	2,308,933	2,236,580		
enuevenue Tevenue	LO	Investment inco	me (Part VIII, column (A), lines	-2,807,039	2,631,445		
Ť :	L1	Other revenue (F	Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)		858,534	502,170
:	L2		idd lines 8 through 11 (must eq	The state of the s	ne	2.052.012	7.020.216
						3,053,012	7,920,316
	L3		ar amounts paid (Part IX, colum			989,428	1,215,033
	L4		or for members (Part IX, column		_	1,424,650	1,349,600
$g \mid 1$	L5	Salaries, other c	ompensation, employee benefit	s (Part IX, column (A), lines	5-	1,375,672	1,375,713
ğļ,	L6a	•	draising fees (Part IX, column (/	A).line 11e)		, ,	
Expenses :	b		penses (Part IX, column (D), line 25)				
	L7	-	(Part IX, column (A), lines 11a			2,978,875	2,927,149
	L., L8		Add lines 13-17 (must equal P		'	6,768,625	6,867,495
	L9	•	penses Subtract line 18 from li			-3,715,613	1,052,821
		Revenue less ex	penses Subtract fine 10 from fi		Reginning	g of Current	1,032,021
) <u>ğ</u>						ear	End of Year
(E)	20	Total assets (Pa	rt X, line 16)			64,773,703	65,964,824
Fund Balances	21	Total liabilities (Part X, line 26)			18,459,979	18,574,884
·图 ;	22	Net assets or fu	nd balances Subtract line 21 fr	om line 20		46,313,724	47,389,940
Part	Ш	Signature Bl	ock			'	
		Under penalties of p	erjury, I declare that I have examined	this return, including accompanyin	g schedules and s	tatements, and to th	e best of my knowledge
		and belief, it is true,	correct, and complete Declaration of	preparer (other than officer) is bas	ed on all informat	ion of which prepare	r has any knowledge
ign		*****			2011	06-15	
lere		Signature of office	er		2011- Date	06-15	
		,					
		JANET A OWENS Type or print nam	NATIONAL SECRETARY-TREASURER ne and title				
	Ī	<u> </u>		Date	Chack of	Propagate dante	ung number
		Preparer's Micha	el J Engle	Date	Check if self-	Preparer's identify (see instructions)	шу питтрег
aid			<u>-</u>		empolyed 🕨 🦵	<u> </u>	
repar		Firm's name (or your if self-employed),	rs BKD LLP			EIN Þ	
se Or	ıly	address, and ZIP + 4	1201 Walnut Suite 1700				
			Kansas City, MO 641062246			Phone no 🕨 (81	6) 221-6300
		discuss this rati	ransas City, PIO 041002240				Evan Ena

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE SCHEDULE O

	. c.a. p.ogram oci				Form 990 (2009)
	Total program ser			, (,
4 0	(Expenses \$	•	g grants of \$) (Revenue \$)
	Other program se	rvices (Describe in Schedul			
	NEEDS SUCH AS ASSI		DCARE, FOOD, CLOTHING, HOUS	S AND THEIR FAMILIES WHO ARE NOT H EHOLD GOODS & TRANSPORTATION AU S	
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
	COMMUNITIES, LIKE I ABUSE, AND CLEANIN	DONATING ITEMS TO HOMELESS SI G UP PARKS, MEMORIALS, AND HI DAY, AND MANY OTHER NATIONAL	HELTERS, CONDUCTING FOOD DI GHWAYS MEMBERS ALSO PARTIO	COUNTRY CONDUCT HUNDREDS OF JO: RIVES, GIVING GIFTS TO CHILDREN'S HO CIPATE IN THE LIBRARY OF CONGRESS' , \$63,958,788 WAS DONATED AND 11,3	OSPITALS, AIDING VICTIMS OF VETERANS HISTORY PROJECT,
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
				N TO CANCER-STRICKEN MEMBERS, ON WAS DONATED TO CANCER RESEARCH I	
4a	(Code) (Expenses \$	including grants of)
4	Section 501(c)(3)		and section 4947(a)(1) tr	three largest program services l usts are required to report the ai gram service reported	•
	If "Yes," describe t	hese changes on Schedule ()		
3	Did the organizatio	n cease conducting, or make	e significant changes in ho	vit conducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sched	ule O		
2	Did the organizatio the prior Form 990		program services during th	e year which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of De	auired	Schadula	_
anu v	CHECKHSL	UI RE	uuneu	Scheuule	33

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Νo
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		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
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," complete Schedule R, Part I	33		Νο
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		Νο
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		Νo
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		
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		Νο
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	Yes	

	990 (2009)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
:a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	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 this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
	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		No
	If "Yes," enter the name of the foreign country ►			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	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		
а	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		Νo
	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).			
	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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	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		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			

11a

11b

facilities

year

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . . .

b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

12a

406 W 34TH STREET 10TH FL KANSAS CITY, MO 64111

(816) 561-8655

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

Se	ection A. Governing Body and Management					
			Yes	No		
_						
1a	Enter the number of voting members of the governing body 1a 40					
ь	Enter the number of voting members that are independent 1b 33					
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		No		
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		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)		1			
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a	Yes			
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	Yes			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
c	to conflicts?	12b		N o		
	describe in Schedule O how this is done	12c		Νο		
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
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	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, 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		Νο		
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				
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed.					
18	Section 6104 requires an organization to make its Form 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 interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	. ►		
	JANET A OWENS					

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)				I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	0		7,437
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	oyee 3		No
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			
		• 4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for service rendered to the organization? If "Yes," complete Schedule J for such person	s • 5		No
<u></u>	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B) Name and business address Description of ser	vices	(C Compe	
QUA	D GRAPHICS PRINTING MAGAZINE			448,393
MCC	CORMICK ARMSTRONG PRINTING, MAILING			167,297
2	Total number of independent contractors (including but not limited to those listed above) who received more t \$100,000 in compensation from the organization ►2	han		

Page **8**

Form **990** (2009)

Form 990 (2009)

	0 (20							Page 9
Part V	<u> </u>	Statement o	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
nts ots	1a	Federated camp	paigns 1a					
grat our	b	Membership du	es 1b					
its, am	с	Fundraising eve						
् <u>ज</u> ्ञा	d e	Government grants	eations 1d s (contributions) 1e					
ons sin	f	_	ons, gifts, grants, and 1f	2,550,121				
ributi other	g g	sımılar amounts no						
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	2,550,121			
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUES	S	525,100	1,540,455	1,540,455		
	b	INSURANCE INCOM	1E	525,100	416,281	416,281		
ИСе	c	CANCER INSURANCE	CE ADMIN	900,099	279,844	279,844		
Ser	d							
ran	e f	All other progra	am service revenue					
ુ	•							
	g 3		ome (including dividence		2,236,580			
			aramounts)	. F	1,777,421			1,777,421
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			21,927			21,927
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	6,523,250	19,693				
	b	Less cost or other basis and sales expenses	5,673,274	15,645				
	c	Gain or (loss)	849,976	4,048	854,024			854,024
	d 8a	Gross income f	rom fundraising		854,024			834,024
Other Revenue	b	See Part IV , lin	reported on line 1c)					
ŏ	С	Net income or (loss) from fundraising e	events 🛌	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo		465.003				
	b	Less cost of a	oods sold b	465,082 356,280				
	С		loss) from sales of inve		108,802	108,802		
		Miscellaneous		Business Code	445.00-		445.055	
	11a	ADVERTISING		511,120 900,099	145,202 61,949		145,202	61,949
	Ь	OTHER INCOM		523,000	94,000			94,000
	c d	All other revenu		323,000	70,290			70,290
	e	Total. Add lines	L					,
	12	Total revenue.	See Instructions	. *	371,441 7,920,316	2,345,382	145,202	2,879,611

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
A 1	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	p, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	1,081,233			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	133,800			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	1,349,600			
5	Compensation of current officers, directors, trustees, and key employees	178,836			
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			
7	Other salaries and wages	856,504			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	133,482			
9	Other employee benefits	118,929			
10	Payroll taxes	87,962			
11	Fees for services (non-employees)	07,502			
	Management	0			
a L		902			
b	Legal				
C _	Accounting	52,595			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	187,386			
g	Other	103,054			
12	Advertising and promotion	0			
13	Office expenses	250,633			
14	Information technology	94,494			
15	Royalties	0			
16	Occupancy	184,078			
17	Travel	669,634			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	311,863			
20	Interest	0			
21	Payments to affiliates	42,044			
22	Depreciation, depletion, and amortization	72,931			
23	Insurance	12,192			
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	MAGAZINE PUBLICATION EXPENSES	810,757			
ь	SUPPLY DEPT SHIPPING EXPENSE	1,326			_
c	PROGRAM AWARDS AND KEEPSAKES	31,554			
d	PROGRAM PRINTING AND POSTAGE	70,409			
e	MISCELLANEOUS EXPENSE	31,297			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,867,495			
26	Joint costs. Check here ► ☐ If following SOP 98-2	0,007,493			
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	•		

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 9,494,967 2 14.346.520 2 3 3 4 236.910 4 279.329 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 362,559 36,236 251,557 211,033 Land, buildings, and equipment cost or other basis Complete 1.482.855 10a 10a Part VI of Schedule D 10b 1.382.043 100.812 b Less accumulated depreciation 156,929 **10c** 53.994.752 11 50,779,657 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 276.029 15 211.237 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 64,773,703 65,964,824 1.852.350 1.366.009 17 17 Accounts payable and accrued expenses . 18 18 6,839,332 19 6,808,325 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 10.254.638 25 Other liabilities Complete Part X of Schedule D 25 9,914,209 26 **Total liabilities.** Add lines 17 through 25 18,459,979 18,574,884 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 13,133,296 12,938,191 27 Unrestricted net assets 27 28 33.180.428 28 34.451.749 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 46,313,724 47,389,940 33 33 34 Total liabilities and net assets/fund balances 64,773,703 34 65.964.824

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
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		No
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)

DLN: 93493195001441

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

	1 7744461146114611461146114611461146114611	Jose Jopanete Inditations.	
Lad	me of the organization les Auxiliary to the Veterans of eign Wars of the US		Employer identification number 44-0319970
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	-	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bend conferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	assument on the last day of the tax year	Γ	Held at the End of the Year
а	Total number of conservation easements	-	2a
ь	Total acreage restricted by conservation easements	-	2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	· · · ·	2d
3 4	Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	TIII Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶- \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS	•	
а	Revenues included in Form 990, Part VIII, line 1		► \$

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	toric	al Tre	easu	res, or C	the	r Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing th	nat are	e a significa	ant us	se of its c	ollection	า	
а	Public exhibition		d	Γ	Loan o	rexch	nange progi	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	further	the o	rganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	rganız	ation			es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for co	ntrıbut	ions o	or other ass	ets n	ot	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		Г					
_							_	_		A mou	int	
c c	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							_				
Pai	rt V Endowment Funds. Complete								t IV, lıne Three Years		N Eaus V	aara Daak
1a	Beginning of year balance	(a)Current Year 606,961	(D	Prior Y	645,838	(C)IW	o Years Back	(a)	illee fears	back (e)rour t	ears Back
та b	Contributions	2,529		``	3,201							
_	Investment earnings or losses	41,338			-14,788							
c d	Grants or scholarships	25,000			25,000							
e	Other expenditures for facilities	20,000										
f	and programs	2,516			2,290							
-	·	623,312			606,961							
g	End of year balance	,			000,301							
2	Provide the estimated percentage of the yea	r end balance neld : 100.000 %	as									
а	Board designated or quasi-endowment 🕨	100.000 70										
Ь	Permanent endowment 🕨											
c	Term endowment 🕨											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held	and a	dministere	d for t	the		Yes	No
	(i) unrelated organizations							_		3a(i)	res	No
	(ii) related organizations									3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization				ıle R?	٠.	· . · . · .	٠. ٠		3b		i
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fur	nds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 99	90, Pa	rt X, line	10.				
	Description of investment				Cost or o		(b) Cost or basis (oth		(c) Accu depred		(d) Bo	ook value
1a l	Land			1								
b i	Buildings											
c l	Leasehold improvements						13	9,262		114,725		24,537
d i	Equipment						1,34	3,593	:	1,267,318		76,275
e (Other						·					· · · · · · · · · · · · · · · · · · ·
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)), line :	10(c).)							100,812
	• • • • • •	· · · · · · · · · · · · · · · · · · ·							Sche	dule D (I	orm 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes LIFE MEMBER FEES	(, line 25. (b) A mount 0 9,796,155	

Pa	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,920,316
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,867,495
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,052,821
4	Net unrealized gains (losses) on investments	4	467,622
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-444,227
9	Total adjustments (net) Add lines 4 - 8	9	23,395
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,076,216
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	7,968,016
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	356,281
3	Subtract line 2e from line 1	3	7,611,735
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	308,581
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,920,316
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial	1	7,036,390
2	statements	+	
² a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	O ther losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	356,281
3	Subtract line 2e from line 1	3	6,680,109
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 187,386	1	
c	Add lines 4a and 4b	4c	187,386
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,867,495
Pa	rt XIV Supplemental Information	<u> </u>	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE YOUNG AMERICAN CREATIVE PATRIOTIC ART SCHOLARSHIP FUND AND CONTINUING EDUCATION SCHOLARSHIP FUND (COLLECTIVELY REFERRED TO AS THE "SCHOLARSHIP ESCROW FUNDS") WERE CREATED BY THE NATIONAL COUNCIL OF ADMINISTRATION SO THAT THE INTEREST EARNED OFF OF THE PRINCIPAL BALANCE OF THE FUNDS WOULD PAY FOR THE ANNUAL SCHOLARSHIPS AWARDED
UNCERTAIN TAX POSTIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	MINIMUM PENSION LIABILITY \$ (323,032) LIFE MEMBERSHIP INVESTMENT INCOME ALLOCABLE TO STATE DEPTARTMENTS \$ (121,195) \$ (444,227)
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINES 2D & 4B	LINE 2D COST OF GOODS SOLD \$ 356,281 LINE 4B INVESTMENT MANAGMENT FEES \$ 187,386 LIFE MEMBERSHIP INVESTMENT INCOME ALLOCABLE TO STATE DEPARTMENTS \$ 121,195 \$ 308,581
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINES 2D & 4B	LINE 2D COST OF GOODS SOLD \$ 356,281 LINE 4B INVESTMENT MANAGEMENT FEES \$ 187,386 Schodule D (Form 990) 2009

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Schedule I

Department of the Treasury

Internal Revenue Service

DLN: 93493195001441 OMB No 1545-0047

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

Inspection

organization or government	to substantiate the grants or assista rocedures for more to Govern any recipient	he amount of the grace?	grant funds in the Unite ganizations in the ore than \$5,000. Che	d States United States. Comeck this box if no one	recipient receiver (f) Method of valuation (book, FMV, appraisal,	uzation answered "You more than \$5,000.	es" to Use ▶ ୮
Part I General Information on G 1 Does the organization maintain records the selection criteria used to award the 2 Describe in Part IV the organization's p Part II Grants and Other Assista Form 990, Part IV, line 21 for Part IV and Schedule I-1 (Formation or government) (a) Name and address of organization or government	to substantiate the grants or assista procedures for more to Govern any recipient from 990) if additional substantial control of the control	he amount of the grace?	grant funds in the Unite ganizations in the ore than \$5,000. Che eeded	United States. Comeck this box if no one (e) A mount of non- cash	recipient receiver (f) Method of valuation (book, FMV, appraisal,	uization answered "Yed more than \$5,000.	Use ▶ ☐ (h) Purpose of gra
the selection criteria used to award the Describe in Part IV the organization's part II Grants and Other Assista Form 990, Part IV, line 21 fo Part IV and Schedule I-1 (Formation) (a) Name and address of organization or government	grants or assista rocedures for moi nce to Govern r any recipient orm 990) if addi	nce? nitoring the use of ments and Ore that received mentional space is n (c) IRC Code section	grant funds in the Unite ganizations in the ore than \$5,000. Che eeded	United States. Comeck this box if no one (e) A mount of non- cash	recipient receiver (f) Method of valuation (book, FMV, appraisal,	uization answered "Yed more than \$5,000.	es" to Use ► (h) Purpose of gra
Form 990, Part IV, line 21 fo Part IV and Schedule I-1 (Fo (a) Name and address of organization or government	r any recipient orm 990) if addi	that received metional space is n (c) IRC Code section	ore than \$5,000. Che eeded	(e) A mount of non-	(f) Method of valuation (book, FMV, appraisal,	d more than \$5,000. (g) Description of	Use ▶ ☐ (h) Purpose of gra
organization or government	b) EIN	section		cash	valuation (book, FMV, appraisal,		
Coo Additional Data Table					other)		
See Additional Data Table							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization							10

► Attach to Form 990

Ident if ier

Return Reference

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Junior Girls Scholarship	14	8,800			
Young American Creative Patriotic Art Scholarships	8	21,000			
Cancer Research Fellowship Grant	1	100,000			
Continuing Education Scholarships	4	4,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Explanation

Procedures for Monitoring	Part I, Line 2	SCHOLARSHIP APPLICANTS MUST MEET CRITERIA AS DEFINED IN THE SCHOLARSHIP APPLICATIONS AND/OR
the use of grant funds in		BROCHURES A JUNIOR GIRLS SCHOLARSHIP REVIEW COMMITTEE AWARDS SCHOLARSHIPS BASED ON JUNIOR
the U S		UNIT ACTIVITIES, SCHOOL ACTIVITIES, AND SCHOLASTIC GRADES, LETTERS OF RECOMMENDATION, AND
		NEATNESS AND CREATIVITY USED IN COMPLETING THE APPLICATION A PATRIOTIC ART SCHOLARSHIP REVIEW
		COMMITTEE AWARDS SCHOLARSHIPS BASED ON THE ORIGINALITY OF CONCEPT, PRESENTATION, AND
		PATRIOTISM EXPRESSED, THE CONTENT OF HOW IT RELATES TO PATRIOTISM AND CLARITY OF IDEAS, THE
		DESIGN TECHNIQUE, TOTAL IMPACT OF WORK, AND UNIQUENESS A CONTINUING EDUCATION SCHOLARSHIP
		REVIEW COMMITTEE AWARDS SCHOLARSHIPS BASED ON ELIGIBILITY CRITERIA AS DEFINED ON THE
		SCHOLARSHIP APPLICATION AS WELL AS THE QUALITY OF THE APPLICANT'S ESSAY, GOALS & COMMITMENT,
		AND FINANCIAL NEED FOR ASSISTANCE CANCER RESEARCH FELLOWSHIP APPLICANTS MUST MEET ELIGIBILITY
		CRITERIA AS DEFINED IN THE POSTDOCTORAL RESEARCH FELLOWSHIP APPLICATION A PANEL OF BASIC AND
		CLINICAL RESEARCHERS IN THE ONCOLOGY FIELD REVIEWS THE APPLICATIONS AND AWARDS THE FELLOWSHIP
		BASED ON THE CANDIDATE'S APPLICATION FORM, THE BIOGRAPHICAL SKETCH OF CANDIDATE AND SPONSOR,
		DESCRIPTION OF PROPOSED RESEARCH PROJECT, TIMELINE FOR PROJECT AND EXPECTED RESULTS, LETTER OF
		RECOMMENDATION, AND DESCRIPTION OF LAB FUNDING AVAILABLE OTHER GRANTS ARE AWARDED BASED ON
		RECOGNITION OF PAST ACCOMPLISHMENTS IN CHARITABLE, SCIENTIFIC, ARTISTIC, EDUCATIONAL, LITERARY, OR CIVIC FIELDS RECIPIENTS ARE CHOSEN WITHOUT ACTION ON THEIR PART AND ARE NOT EXPECTED TO
		PERFORM FUTURE SERVICES
-		FERFORM FOTORE SERVICES

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As Filed Data -

DLN: 93493195001441

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

Inspection

Name of the organization	Employer identification number
Ladies Auxiliary to the Veterans of	
Foreign Wars of the US	44-0319970

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE AUXILIARY'S OBJECTIVES ARE FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATIONAL THEY INCLUDE ASSISTING THE POSTS AND MEMBERS OF THE VETERANS OF FOREIGN WARS, MAINTAINING TRUE ALLEGIANCE TO THE UNITED STATES OF AMERICA AND FIDELITY TO ITS CONSTITUTION AND LAWS, FOSTERING TRUE PATRIOTISM, MAINTAINING AND EXTENDING THE INSTITUTIONS OF AMERICAN FREEDOM AND EQUAL RIGHTS AND JUSTICE TO ALL MEN AND WOMEN, AND PRESERVING AND DEFENDING THE UNITED STATES OF AMERICA FROM ALL HER ENEMIES WHOMSOEVER

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS	FORM 990, PART VI, SECTION A, LINE 6	THE LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES IS ORGANIZED AS A MISSOURI NONPROFIT CORPORATION UNDER SECTION 501(C)(19) OF THE INTERNAL REVENUE CODE THE CORPORATION SHALL HAVE MEMBERS WHO SHALL, AT ALL TIMES, CONSIST OF AND BE CONFINED TO THE ACTIVE MEMBERSHIP IN GOOD STANDING OF THE LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY OR THEIR DELEGATES MEMBERS HAVE THE RIGHT THROUGH THEIR REPRESENTATION AT THE NATIONAL CONVENTION TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY MEMBERS ARE NOT ENTITLED TO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION

RIGHTS OF PART VI, SECTION A, LINE 7A THE ORGANIZATION'S GOVERNING BODY IS KNOWN AS THE NATIONAL COUNCIL OF ADMINISTRATION WHICH SHALL CONSIST OF THE NATIONAL PRESIDENT, NATIONAL SENIOR VICE-PRESIDENT, NATIONAL JUNIOR VICE- PRESIDENT, NATIONAL TREASURER, NATIONAL SECRETARY, NATIONAL CHAPLAIN, NATIONAL CONDUCTRESS, NATIONAL GUARD, NATIONAL CHIEF OF STAFF, NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS, AND THE FOUR JUNIOR PAST NATIONAL PRESIDENT SELECTIVE OFFICERS SHALL INCLUDE THE PRESIDENT, SENIOR VICE- PRESIDENT, JUNIOR VICE-PRESIDENT, TREASURER, CHAPLAIN, CONDUCTRESS AND, GUARD WHICH SHALL BE NOMINATED AND ELECTED AT THE ANNUAL NATIONAL CONVENTION (SEE 7B FOR COMPOSITION OF THE NATIONAL CONVENTION) APPOINTIVE OFFICERS SHALL INCLUDE THE SECRETARY AND CHIEF OF STAFF WHICH ARE APPOINTED BY THE NATIONAL PRESIDENT THE NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS SHALL BE ELECTED FROM DEPARTMENTS IN TURN AS DEPARTMENTS ARE LISTED IN SECTION 804E OF THE NATIONAL BY LAWS IN THE SAME ROTATION AS THE VETERANS OF FOREIGN WARS THEREBY GIVING EVERY DEPARTMENT ITS TURN FOLLOWING EXPIRATION OF TERM OF OFFICE OF COUNCIL MEMBER FROM DEPARTMENTS AS LISTED THE NATIONAL COUNCIL OF ADMINISTRATION SHALL MEET AT SUCH PLACE AS MAY BE DETERMINED BY THE NATIONAL CONVENTION AND AT SUCH OTHER TIMES AND PLACES AS THE NATIONAL PRESIDENT MAY ORDER, AND A MAJORITY OF THE MEMBERS SHALL CONSTITUTE A QUORUM, MAY PROPOSE PLANS OF ACTION AND SHALL REPRESENT IN ALL MATTERS THE NATIONAL CONVENTION IN THE INTERVAL BETWEEN ITS SESSIONS	ldentifier	Return Reference	Explanation
	OF	PART VI, SECTION A,	SHALL CONSIST OF THE NATIONAL PRESIDENT, NATIONAL SENIOR VICE-PRESIDENT, NATIONAL JUNIOR VICE-PRESIDENT, NATIONAL TREASURER, NATIONAL SECRETARY, NATIONAL CHAPLAIN, NATIONAL CONDUCTRESS, NATIONAL GUARD, NATIONAL CHIEF OF STAFF, NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS, AND THE FOUR JUNIOR PAST NATIONAL PRESIDENTS ELECTIVE OFFICERS SHALL INCLUDE THE PRESIDENT, SENIOR VICE-PRESIDENT, TREASURER, CHAPLAIN, CONDUCTRESS AND, GUARD WHICH SHALL BE NOMINATED AND ELECTED AT THE ANNUAL NATIONAL CONVENTION (SEE 7B FOR COMPOSITION OF THE NATIONAL CONVENTION) APPOINTIVE OFFICERS SHALL INCLUDE THE SECRETARY AND CHIEF OF STAFF WHICH ARE APPOINTED BY THE NATIONAL PRESIDENT THE NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS SHALL BE ELECTED FROM DEPARTMENTS IN TURN AS DEPARTMENTS ARE LISTED IN SECTION 804E OF THE NATIONAL BYLAWS IN THE SAME ROTATION AS THE VETERANS OF FOREIGN WARS THEREBY GIVING EVERY DEPARTMENT ITS TURN FOLLOWING EXPIRATION OF TERM OF OFFICE OF COUNCIL MEMBER FROM DEPARTMENTS AS LISTED THE NATIONAL COUNCIL OF ADMINISTRATION SHALL MEET AT SUCH PLACE AS MAY BE DETERMINED BY THE NATIONAL CONVENTION AND AT SUCH OTHER TIMES AND PLACES AS THE NATIONAL PRESIDENT MAY ORDER, AND A MAJORITY OF THE MEMBERS SHALL CONSTITUTE A QUORUM, MAY PROPOSE PLANS OF ACTION AND SHALL REPRESENT IN ALL MATTERS THE NATIONAL CONVENTION IN THE

Identifier Return Reference	Explanation
APPROVAL OF PART VI, MEMBERS SECTION A, LINE 7B	THE SUPREME AUTHORITY OF THE AUXILIARY SHALL BE LODGED IN THE NATIONAL CONVENTION OF THE AUXILIARY, SUBORDINATE TO THE NATIONAL CONVENTION AND NATIONAL COUNCIL OF ADMINISTRATION OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES THE NATIONAL CONVENTION OF THE AUXILIARY SHALL BE COMPOSED OF 1) THE NATIONAL PRESIDENT, PAST NATIONAL PRESIDENTS, SO LONG AS THEY REMAIN IN GOOD STANDING IN THEIR RESPECTIVE AUXILIARIES, AND ALL OTHER ELECTED AND APPOINTED NATIONAL OFFICERS, EACH OF WHOM SHALL BE ENTITLED TO A PERSONAL VOTE AT THE NATIONAL CONVENTION 2) THE PRESIDENT OF EACH DEPARTMENT IN THE ABSENCE OF THE DEPARTMENT PRESIDENT, THE SENIOR VICE-PRESIDENT, OR IN HER ABSENCE THE JUNIOR VICE-PRESIDENT, MAY FUNCTION AS A MEMBER OF THE NATIONAL CONVENTION 3) DELEGATES TO BE ELECTED BY EACH AUXILIARY AT THE LAST REGULAR MEETING IN JUNE ONE DELEGATE AND ONE ALTERNATE FOR EACH FIFTY MEMBERS OR FRACTION THEREOF IN GOOD STANDING IN THE AUXILIARY ON THE DATE OF ELECTION OF DELEGATES THE NATIONAL CONVENTION HAS THE AUTHORITY TO MAKE CHANGES TO THE NATIONAL BY LAWS WHICH GOVERN THE ORGANIZATION DECISIONS THAT ARE MADE BY THE NATIONAL COUNCIL OF ADMINISTRATION MAY ONLY COME BEFORE THE NATIONAL CONVENTION FOR CONSIDERATION IF A RESOLUTION IS BROUGHT BEFORE THE CONVENTION TO CHANGE, AMEND, OR OVERTURN THE ACTION

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	THE FORM 990 AND ITS SCHEDULES ARE PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTANT THE 990 IS THEN REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THE NATIONAL SECRETARY-TREASURER ANY QUESTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE A DRAFT COPY OF FORM 990 IS E-MAILED TO EVERY MEMBER OF THE NATIONAL COUNCIL OF ADMINISTRATION FOR THEIR REVIEW BEFORE THE FORM IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY DIRECTED AT EMPLOYEES LOCATED AT NATIONAL HEADQUARTERS THERE IS CURRENTLY A PLAN TO ADOPT A CONFLICT OF INTEREST POLICY THAT GOVERNS THE ORGANIZATION AS A WHOLE, INCLUDING OFFICERS AND DIRECTORS THIS POLICY WILL REQUIRE ANY INDIVIDUAL TO DISCLOSE CONFLICTS THAT MAY ARISE, WILL DESCRIBE WHO DETERMINES WHETHER A CONFLICT EXISTS AND WHO REVIEWS THAT DETERMINATION, AND WILL EXPLAIN RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A & B	THE NATIONAL BUDGET COMMITTEE RECOMMENDS THE COMPENSATION FOR THE NATIONAL SECRETARY-TREASURER, NATIONAL PRESIDENT, AND OTHER NATIONAL OFFICERS TO THE COUNCIL OF ADMINISTRATION FROM THE PROPOSED BUDGET PREPARED BY NATIONAL HEADQUARTERS STAFF THE STAFF USES COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS TO SUBSTANTIATE REASONABLE COMPENSATION LEVELS FOR OFFICERS OFFICERS' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER 2009 FOR THE ENSUING FISCAL YEAR THE NATIONAL SECRETARY-TREASURER RECOMMENDS THE COMPENSATION FOR OTHER EMPLOYEES OF THE ORGANIZATION TO THE BUDGET COMMITTEE FOR PRESENTATION TO THE COUNCIL OF ADMINISTRATION BASED ON THE PROPOSED BUDGET PREPARED BY NATIONAL HEADQUARTERS STAFF THE STAFF USES COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS, ALONG WITH PERFORMANCE EVALUATIONS, EXPERIENCE, TENURE, AND OTHER RELEVANT FACTORS TO SUBSTANTIATE REASONABLE COMPENSATION LEVELS FOR EMPLOYEES EMPLOYEES' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER 2009 FOR THE ENSUING FISCAL YEAR

ldentifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS UPON REQUEST

ldentifier	Return Reference	Explanation
COMPENSATION OF OFFICERS & DIRECTORS	FORM 990, PART VII, SECTION A	THE IRS INSTRUCTIONS FOR FORM 990, PART VII INDICATE THAT COMPENSATION IS TO BE REPORTED FOR THE CALENDAR YEAR ENDING WITHIN THE ORGANIZATION'S FISCAL YEAR, INCLUDING THAT OF CURRENT OFFICERS, DIRECTORS, AND TRUSTEES, EVEN IF THE FISCAL YEAR IS USED TO DETERMINE WHICH SUCH PERSONS MUST BE LISTED IN PART VII THE FISCAL YEAR OF THE LADIES AUXILIARY VFW IS 9/1/09 THROUGH 8/31/10, THEREFORE, ALL OF THE OFFICERS AND DIRECTORS ARE LISTED IN THEIR RESPECTIVE ROLES FOR THAT TIME PERIOD HOWEVER, THE COMPENSATION LISTED FOR EACH OF THESE INDIVIDUALS RELATES TO THE 1/1/09 THROUGH 12/31/09 CALENDAR YEAR, FOR PART OF WHICH THEY MAY HAVE HELD A DIFFERENT ROLE WITHIN THE ORGANIZATION AND BEEN COMPENSATED ACCORDINGLY DIXIE HILD SERVED AS THE NATIONAL PRESIDENT FROM 9/1/08 THROUGH 8/31/09 FOR THIS PERIOD, HILD WAS COMPENSATED FOR HER SERVICES RENDERED IN THIS CAPACITY THE AMOUNT SHOWN FOR HILD ON PART VII OF THE FORM 990 REPRESENTS HER COMPENSATION FOR THE PERIOD FROM 1/1/09 THROUGH 8/31/09 FROM 9/1/09 THROUGH 8/31/10, HILD SERVED AS A DIRECTOR FOR THIS PERIOD, SHE RECEIVED NO COMPENSATION FROM THE ORGANIZATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MAGAZINE PUBLICATION EXPENSES	810,757			
SUPPLY DEPT SHIPPING EXPENSE	1,326			
PROGRAM AWARDS AND KEEPSAKES	31,554			
PROGRAM PRINTING AND POSTAGE	70,409			
MISCELLA NEO US EXPENSE	31,297			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(C tion (hat a	che		I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
PEGGY AZZINARO NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
ADELAIDE LABAUVE NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
HELEN BROICH NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
SHERYL PROTEAU NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
THERESA GROCE NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
NANCY ADAMS NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
MARIANNE MCLANE NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
MARY MILLER NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
STEPHANIE MARTIN NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
CELIA KOCI NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
NONA NERNEY NATIONAL DIST COUNCIL MEMBER	1 0	х						0	0	0
VIRGINIA CARMAN JUNIOR PAST NATIONAL PRESIDENT	1 0	Х						0	0	0
LINDA MEADER JUNIOR PAST NATIONAL PRESIDENT	1 0	Х						0	0	0
SANDY GERMANY JUNIOR PAST NATIONAL PRESIDENT	1 0	х						0	0	0
DIXIE HILD JUNIOR PAST NATIONAL PRESIDENT	1 0	х						40,614	0	0

Software ID: **Software Version:**

EIN: 44-0319970

Name: Ladies Auxiliary to the Veterans of Foreign Wars of the US

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi	((C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	_	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JANET TITTLE NATIONAL PRESIDENT	40 0	Х		Х				27,205	0	240
CORTINA BARNES NATIONAL SENIOR VICE-PRESIDENT	10 0	×		х				8,760	0	0
GWENDOLYN RANKIN NATIONAL JUNIOR VICE PRESIDENT	9 0	Х		х				7,594	0	0
LEANNE LEMLEY NATIONAL CHAPLAIN	7 0	Х		х				6,740	0	0
ARMITHEA BOREL NATIONAL CONDUCTRESS	6 0	Х		х				6,235	0	0
ANN PANTELEAKOS NATIONAL GUARD	5 0	Х		х				2,098	0	0
CONNIE ATKINSON NATIONAL SECRETARY-TREASURER	40 0	Х		х				69,355	0	7,197
KAYE MELLERT NATIONAL CHIEF OF STAFF	1 0	Х		х				0	0	0
JACQUELINE NEVIN NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
MARY ANN WHALEN NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
BRENDA OWINGS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
GWENDOLYN BROWN NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
DEBORAH GRIFFIN NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
DONNA BODKINS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
TRAVIS SANDERS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
KAREN GAVIN NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
ANN YAMRUS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
KAREN MCKEEVER NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
JO ANN KETTERER NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
LAVONNE MOSS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
ROBERTA PERUE NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
JANE LOUCKS NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
JANIS WIMMER NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
FRANCISCA GUILFORD NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0
LINDA BRINKLEY NATIONAL DIST COUNCIL MEMBER	1 0	Х						0	0	0

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPT OF GEORGIA LADIES AUX VFW174 TALLSPRING DR MOULTRIE,GA 31788	23-7413009	501(C)(19)	6,075				CANCER RSRCH/PRO GA WD
DEPT OF OKLAHOMA LADIES AUX VFW3904 LARKWOOD DR DEL CITY,OK 73115	73-6096027	501(C)(19)	5,811				CANCER RSRCH/PRO GA WD
DEPT OF NORTH DAKOTA LADIES AUX VFWPO BOX 1112 MINOT,ND 58702	23-7336346	501(C)(19)	5,606				CANCER RSRCH/PRO GA WD
DEPT OF ALABAMA LADIES AUX VFW13230 ALABAMA ST ELBERTA,AL 36530	63-0695811	501(C)(19)	5,553				CANCER RSRCH/PRO GA WD
DEPT OF IOWA LADIES AUX VFW1812 19TH ST HARLAN,IA 51537	42-6062345	501(C)(19)	5,458				CANCER RSRCH/PRO GA WD
DEPT OF MONTANA LADIES AUX VFW941 MOORING RD COLUMBIA FALLS,MT 59912	23-7266630	501(C)(4)	5,093				CANCER RSRCH/PRO GA WD
DEPT OF NEW HAMPSHIRE LADIES AUX VFW85 BEECH HILL DR MANCHESTER,NH 03103	23-7299435	501(C)(19)	5,079				CANCER RSRCH/PRO GAWD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPT of New York Ladies AUX VFW3550 Deer River Rd Carthage, NY 13619	14-1682753	501(c)(19)	8,781				Cancer Rsrch/ProgA wd
DEPT of Maryland Ladies AUX VFW26595 Blue Jay Ln Hebron, MD 21830	52-1407051	501(c)(19)	8,726				Cancer Rsrch/ProgA wd
DEPT of Colorado Ladies AUX VFWPO Box 2499 Loveland, CO 80538	84-6033115	501(c)(19)	8,500				Cancer Rsrch/ProgA wd
DEPT of North Carolina Ladies AUX VFWPO Box 716 Bethel, NC 27812	56-0561710	501(c)(19)	8,076				Cancer Rsrch/ProgA wd
DEPT of New Jersey Ladies AUX VFW154 Oak Pines Blvd Pemberton, NJ 08068	22-3086413	501(c)(19)	7,897				Cancer Rsrch/ProgA wd
DEPT of Kentucky Ladies AUX VFW7650 Rabbit Ridge Rd Providence, KY 42450	61-1314443	501(c)(19)	7,344				Cancer Rsrch/ProgA wd
DEPT of Louisiana Ladies AUX VFW127 Kevin St Bourg, LA 70343	51-0205791	501(c)(19)	7,138				Cancer Rsrch/ProgAwd
DEPT of South Dakota Ladies AUX VFW3430 S Sheldon Ln Apt 310 Sioux Falls, SD 57105	46-6019029	501(c)(4)	6,932				Cancer Rsrch/ProgAwd
DEPT OF NEBRASKA LADIES AUX VFW745 K ST PAWNEE CITY, NE 68420	47-6028250	501(C)(19)	6,409				CANCER RSRCH/PRO GAWD
DEPT OF DELAWARE LADIES AUX VFW2643 N DUPONT PKWY MIDDLETOWN,DE 19709	23-7176992	501(C)(4)	6,397				CANCER RSRCH/PRO GA WD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPT of Indiana Ladies AUX VFWPO Box 86 Morris, IN 47033	35-6042937	7 501(c)(19)	15,514				Cancer Rsrch/ProgA wd
DEPT of West Virginia Ladies AUX VFW740 Lower Donnally Rd Charleston, WV 25304	55-6017166	501(c)(19)	13,744				Cancer Rsrch/ProgA wd
DEPT of Washington Ladies AUX VFW5213 Pacific Hwy E Fife, WA 98424	91-0499052	501(c)(19)	12,992				Cancer Rsrch/ProgA wd
DEPT of Illinois Ladies AUX VFWPO Box 76 Monee, IL 60449	36-2385214	501(c)(19)	11,535				Cancer Rsrch/ProgA wd
DEPT of Wisconsin Ladies AUX VFWPO Box 666 Silver Lake, WI 53170	39-6056026	501(c)(19)	11,179				Cancer Rsrch/ProgAwd
DEPT of Oregon Ladies AUX VFW1720 NE 6th St Redmond, OR 97756	93-6025794	501(c)(19)	10,759				Cancer Rsrch/ProgA wd
DEPT of Arizona Ladies AUX VFW5630 S 41st Way Phoenix, AZ 85040	86-0828017	7 501(c)(19)	10,546				Cancer Rsrch/ProgA wd
DEPT of South Carolina Ladies AUX VFW1145 Pleasant Pines Rd Mount Pleasant, SC 29464	23-7031724	501(c)(19)	10,208				Cancer Rsrch/ProgA wd
DEPT of Kansas Ladies AUX VFWPO Box 414 McPherson, KS 67460	48-0507090	501(c)(19)	9,985				Cancer Rsrch/ProgA wd
DEPT of Vermont Ladies AUX VFWPO Box 552 Morrisville, VT 05661	03-0272235	501(c)(19)	9,171				Cancer Rsrch/ProgAwd

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Purdue University Center for Cancer Research201 S University St West Lafayette, IN 47907	35-6002041	501(c)(3)	50,000				Cancer Research
DEPT of Florida Ladies AUX VFWPO Box 773490 Ocala, FL 34477	23-7326563	3 501(c)(19)	44,868				Cancer Rsrch/ProgA wd
DEPT of Texas Ladies AUX VFW2839 McKinzie Rd Lot 1 Corpus Christi, TX 78410	74-6074588	3 501(c)(19)	37,005				Cancer Rsrch/ProgA wd
DEPT of Missouri Ladies AUX VFW2189 Forest Lane Arnold, MO 63010	23-7203133	501(c)(19)	28,641				Cancer Rsrch/ProgA wd
DEPT of Virginia Ladies AUX VFW6351 Tappahannock Dr Norfolk, VA 23509	54-0697456	501(c)(19)	21,764				Cancer Rsrch/ProgAwd
DEPT of Michigan Ladies AUX VFW924 N Washington Ave Lansing, MI 48906	38-2709759	501(c)(19)	20,519				Cancer Rsrch/ProgA wd
DEPT of Pennsylvania Ladies AUX VFW4002 Fenton Ave Harrisburg, PA 17109	23-1642712	501(c)(19)	19,995				Cancer Rsrch/ProgA wd
DEPT of Ohio Ladies AUX VFWPO Box 15730 Columbus, OH 43215	23-7246639	501(c)(19)	18,667				Cancer Rsrch/ProgA wd
DEPT of Minnesota Ladies AUX VFW20 W 12th St 3rd Fl Saint Paul, MN 55155	41-0664094	501(c)(19)	18,429				Cancer Rsrch/ProgA wd
DEPT of California Ladies AUX VFW1510 J Street Suite 135 Sacramento, CA 95814	94-1011531	501(c)(19)	17,334				Cancer Rsrch/ProgA wd

Software ID:

Software Version:

EIN: 44-0319970

Name: Ladies Auxiliary to the Veterans of Foreign Wars of the US

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW National Home3573 Waverly Rd Eaton Rapids,MI 48827	38-1359597	501(c)(3)	145,381				Support for children
Cherokee County Veterans Day Organization594 Silica Springs Rd Gaffney,SC 29340	01-0668781	501(c)(3)	10,000				Support for Monument
Vietnam Veterans Memorial Fund1023 15th St NW 2nd Fl Washington, DC 20005	52-1149668	501(c)(3)	10,000				Repairs to Memorial
Paralyzed Veterans of A merica801 Eighteenth St NW Washington, DC 20006	13-1946868	501(c)(3)	7,000				Wheelchair Games
Veterans of Foreign Wars406 W 34th Street Kansas City, MO 64111	44-0474290	501(c)(19)	25,000				Joint Programs
BABAO peration Finally Home 2951 Marina Bay Dr Suite 130-530 League City,TX 77573	20-8964096	501(c)(3)	10,000				Homes for veterans
MD Anderson Cancer Center 1515 Holcombe Blvd Houston,TX 77030	74-6000203	501(c)(3)	50,000				Cancer Research
The Jackson Laboratory600 Main Street Bar Harbor, ME 04609	01-0211513	501(c)(3)	50,000				Cancer Research
Hollings Cancer Center86 Jonathan Lucas St Charleston, SC 29425	57-6000722	501(c)(3)	50,000				Cancer Research
Nevada Cancer InstituteOne Breakthrough Way Las Vegas, NV 89135	04-3632553	501(c)(3)	50,000				Cancer Research