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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Ladies Auxiliary to the Veterans of Foreign Wars of the US

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 406 West 34th Street 10th Floor

Room/suite

City or town, state or country, and ZIP + 4
Kansas City, MO 64111

D Employer identification number
44-0319970

E Telephone number
(816) 561-8655

G Gross receipts $ 42,905,161

F Name and address of principal officer
JANET A OWENS
406 W 34TH STREET 10TH FL
KANSAS CITY, MO 64111

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LADIESAUXVFW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1914

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE LADIES AUXILIARY VFW HAS BEEN SUPPORTING AND HONORING THE MILITARY, VETERANS, AND THEIR FAMILIES SINCE 1914

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	32
6	Total number of volunteers (estimate if necessary)	**6**	100,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	82,608
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-211,409

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,550,121	2,526,222
9	Program service revenue (Part VIII, line 2g)	2,236,580	2,183,938
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,631,445	4,460,482
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	502,170	455,097
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,920,316	9,625,739
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,215,033	1,145,789
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,349,600	1,183,150
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,375,713	1,295,181
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,927,149	2,903,588
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,867,495	6,527,708
19	Revenue less expenses Subtract line 18 from line 12	1,052,821	3,098,031

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	65,964,824	70,879,552
21	Total liabilities (Part X, line 26)	18,574,884	18,719,467
22	Net assets or fund balances Subtract line 21 from line 20	47,389,940	52,160,085

Part II Signature Block

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

Sign Here

****** 2012-04-15
Signature of officer Date

JANET A OWENS NATIONS SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Michael J Engle	Michael J Engle			

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 1201 Walnut Suite 1700
Kansas City, MO 641062246 — Phone no ▶ (816) 221-6300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

CANCER AID & RESEARCH PROGRAM 2,881 GRANTS TOTALING $1,276,500 WERE GIVEN TO CANCER-STRICKEN MEMBERS, ONE TWO-YEAR $100,000 POST-DOCTORAL RESEARCH FELLOWSHIP WAS AWARDED TO A RESEARCHER, AND $200,000 WAS DONATED TO CANCER RESEARCH INSTITUTIONS

4b (Code) (Expenses $ including grants of $) (Revenue $)

OTHER COMMUNITY SERVICE ACTIVITIES AUXILIARY AND VFW MEMBERS AROUND THE COUNTRY CONDUCT HUNDREDS OF JOINT ACTIVITIES TO BENEFIT THEIR COMMUNITIES, LIKE DONATING ITEMS TO HOMELESS SHELTERS, CONDUCTING FOOD DRIVES, GIVING GIFTS TO CHILDREN'S HOSPITALS, AIDING VICTIMS OF ABUSE, AND CLEANING UP PARKS, MEMORIALS, AND HIGHWAYS MEMBERS ALSO PARTICIPATE IN THE LIBRARY OF CONGRESS' VETERANS HISTORY PROJECT, MAKE-A-DIFFERENCE DAY, AND MANY OTHER NATIONAL VOLUNTEER INITIATIVES IN ALL, $60,124,139 WAS DONATED AND 11,769,278 HOURS WERE VOLUNTEERED IN THESE ACTIVITIES

4c (Code) (Expenses $ including grants of $) (Revenue $)

VETERANS & FAMILY SUPPORT THROUGH THIS PROGRAM, MEMBERS HELP VETERANS AND THEIR FAMILIES WHO ARE NOT HOSPITALIZED BUT HAVE SPECIAL NEEDS SUCH AS ASSISTANCE WITH UTILITY BILLS, CHILDCARE, FOOD, CLOTHING, HOUSEHOLD GOODS & TRANSPORTATION AUXILIARIES ALSO ASKED VETERANS SERVICE OFFICERS TO PRESENT EDUCATIONAL PROGRAMS ON VETERANS' ENTITLEMENTS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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? *If "Yes," complete Schedule D, Part II*	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 quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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
b	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, Parts I and IV*	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, Parts II and IV*	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 ? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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? *If "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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part 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**		No
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–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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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.**				
a	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**	
10	**Section 501(c)(7) organizations.** Enter				
a	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 facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40		
b	Enter the number of voting members included in line 1a, above, who 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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
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	
b	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				
a	The governing body?		8a	Yes	
b	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
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?			
a	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 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		No
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		

Section 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 organization ▶

JANET A OWENS
406 W 34TH STREET 10TH FL
KANSAS CITY, MO 64111
(816) 561-8655

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								124,631	0	8,210

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? *If "Yes," complete Schedule J for such individual*		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*		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
QUAD GRAPHICS SUSSEX WI 53089	PRINTING MAGAZINE	304,288
MCCORMICK ARMSTRONG WICHITA KS 67	PRINTING, MAILING	162,412

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

Part VIII 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	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,526,222			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		2,526,222			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	525100	1,484,608	1,484,608		
	b INSURANCE INCOME	525100	437,981	437,981		
	c CANCER INSURANCE ADMIN	900099	261,349	261,349		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		2,183,938			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,868,593		-36,582	1,905,175
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	35,830,719				
	b Less cost or other basis and sales expenses	33,234,339	4,491			
	c Gain or (loss)	2,596,380	-4,491			
	d Net gain or (loss) . . . . . ▶		2,591,889			2,591,889
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a	172,870				
	b Less cost of goods sold . . b	40,592				
	c Net income or (loss) from sales of inventory . . ▶		132,278	132,278		
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	511120	119,190		119,190	
	b OTHER INCOME	900099	37,851			37,851
	c TREASURER BOND INCOME	523000	93,007			93,007
	d All other revenue		72,771			72,771
	e **Total.** Add lines 11a–11d . . . . . ▶		322,819			
	12 **Total revenue.** See Instructions . . . ▶		9,625,739	2,316,216	82,608	4,700,693

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,012,789			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	133,000			
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	1,183,150			
5	Compensation of current officers, directors, trustees, and key employees	180,152			
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	740,954			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	172,653			
9	Other employee benefits	124,696			
10	Payroll taxes	76,726			
a	Fees for services (non-employees) Management	0			
b	Legal	11,780			
c	Accounting	47,926			
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	211,240			
g	Other	121,896			
12	Advertising and promotion	0			
13	Office expenses	218,804			
14	Information technology	106,562			
15	Royalties	0			
16	Occupancy	187,026			
17	Travel	666,091			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	354,094			
20	Interest	0			
21	Payments to affiliates	24,061			
22	Depreciation, depletion, and amortization	52,761			
23	Insurance	10,251			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAGAZINE PUBLICATION EXPENSES	760,437			
b	PROGRAM AWARDS AND KEEPSAKES	32,173			
c	PROGRAM PRINTING AND POSTAGE	68,092			
d					
e					
f	All other expenses	30,394			
25	**Total functional expenses.** Add lines 1 through 24f	6,527,708			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		14,346,520	2	5,503,422
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		279,329	4	237,802
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		36,236	8	40,394
	9	Prepaid expenses and deferred charges		211,033	9	258,654
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,515,980			
	b	Less accumulated depreciation	10b 1,397,107	100,812	10c	118,873
	11	Investments—publicly traded securities		50,779,657	11	64,484,393
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		211,237	15	236,014
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		65,964,824	16	70,879,552
Liabilities	17	Accounts payable and accrued expenses		1,852,350	17	1,472,655
	18	Grants payable			18	
	19	Deferred revenue		6,808,325	19	6,858,038
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		9,914,209	25	10,388,774
	26	**Total liabilities.** Add lines 17 through 25		18,574,884	26	18,719,467
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,938,191	27	14,620,203
	28	Temporarily restricted net assets		34,451,749	28	37,539,882
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		47,389,940	33	52,160,085
	34	Total liabilities and net assets/fund balances		65,964,824	34	70,879,552

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,625,739
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,527,708
3	Revenue less expenses Subtract line 2 from line 1	3	3,098,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	47,389,940
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,672,114
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	52,160,085

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

Additional Data

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 per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CORTINA BARNES NATIONAL PRESIDENT	40 0	X		X				27,445	0	0
GWENDOLYN RANKIN NATIONAL SENIOR VICE-PRESIDENT	10 0	X		X				8,760	0	0
JOYCE LEMLEY NATIONAL JUNIOR VICE PRESIDENT	9 0	X		X				7,594	0	0
ARMITHEA BOREL NATIONAL CHAPLAIN	7 0	X		X				6,740	0	0
ANN PANTELEAKOS NATIONAL CONDUCTRESS	6 0	X		X				6,235	0	0
FRANCISCA GUILFORD NATIONAL GUARD	5 0	X		X				2,098	0	0
JANET OWENS NATIONAL SECRETARY-TREASURER	40 0	X		X				65,759	0	8,210
DEE GUILLORY NATIONAL CHIEF OF STAFF	1 0	X		X				0	0	0
JACQUELINE NEVIN NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
JANE LAVILETTA NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
BRENDA OWINGS NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
VIVIAN LEA NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
DEBORAH GRIFFIN NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
MARY STOGSDILL NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
TRAVIS SANDERS NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
PATSY CATES NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
ANN YAMRUS NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
BONNIE WHEELER NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
JO ANN KETTERER NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
SANDRA PEDERSEN NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
ROBERTA PERUE NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
PAULETTE NOBLE NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
JANIS WIMMER NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
PEGGY HAAKE NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0
LINDA BRINKLEY NATIONAL DIST COUNCIL MEMBER	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE MACDONALD NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
ADELAIDE LABAUVE NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
HELEN BROICH NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
SHERYL PROTEAU NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
THERESA GROCE NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
NANCY ADAMS NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
MARIANNE MCLANE NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
MARGARET DOZIER NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
STEPHANIE MARTIN NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
LINDA HENRY NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
NONA NERNEY NATIONAL DIST COUNCIL MEMBER	10	X						0	0	0
DIXIE HILD PAST NATIONAL PRESIDENT	10	X						0	0	0
VIRGINIA CARMAN PAST NATIONAL PRESIDENT	10	X						0	0	0
LINDA MEADER PAST NATIONAL PRESIDENT	10	X						0	0	0

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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.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
44-0319970

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	623,312	606,961	645,838		
b Contributions	102,488	2,529	3,201		
c Investment earnings or losses	89,853	41,338	-14,788		
d Grants or scholarships	25,000	25,000	25,000		
e Other expenditures for facilities and programs					
f Administrative expenses	2,486	2,516	2,290		
g End of year balance	788,167	623,312	606,961		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		128,621	90,987	37,634
d Equipment		1,387,359	1,306,120	81,239
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				118,873

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
LIFE MEMBER FEES	10,279,866
MISCELLANEOUS	108,908
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,388,774

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,625,739
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,527,708
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,098,031
4	Net unrealized gains (losses) on investments	4	2,137,038
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-464,924
9	Total adjustments (net) Add lines 4 - 8	9	1,672,114
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,770,145

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,861,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,137,038		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	45,083		
e	Add lines **2a** through **2d**			2e	2,182,121
3	Subtract line **2e** from line **1**			3	8,679,061
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	211,240		
b	Other (Describe in Part XIV)	4b	735,438		
c	Add lines **4a** and **4b**			4c	946,678
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,625,739

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,361,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	45,083		
e	Add lines **2a** through **2d**			2e	45,083
3	Subtract line **2e** from line **1**			3	6,316,468
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	211,240		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	211,240
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,527,708

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES OF ORGANIZATION'S 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	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
OTHER ADJUSTMENTS	SCHEDULE D, PART XI, LINE 8	MINIMUM PENSION LIABILITY $270,514 LIFE MEMBERSHIP INVESTMENT INCOME ALLOCABLE TO STATE DEPARTMENTS ($772,020) PARTNERSHIP INCOME ($36,582) ---------- ($464,924) ==========
OTHER ADJUSTMENTS	SCHEDULE D, PART XII, LINES 2D & 4B	LINE 2D COST OF GOODS SOLD $40,592 LOSS ON SALE OF FIXED ASSETS $ 4,491 --------- $45,083 ========= LINE 4B LIFE MEMBERSHIP INVESTMENT INCOME ALLOCABLE TO STATE DEPARTMENTS $772,020 PARTNERSHIP INVESTMENTS ($36,582) --------- $735,438 =========
OTHER ADJUSTMENTS	SCHEDULE D, PART XIII, LINES 2D & 4B	LINE 2D COST OF GOODS SOLD $40,592 LOSS ON SALE OF FIXED ASSETS $ 4,491 --------- $45,083 =========

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
44-0319970

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 8

3 Enter total number of other organizations . . . ▶ 38

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) JUNIOR GIRLS SCHOLARSHIP	8	8,000			
(2) YOUNG AMERICAN CREATIVE PATRIOTIC ART SCHOLARSHIPS	8	21,000			
(3) CANCER RESEARCH FELLOWSHIP GRANT	1	100,000			
(4) 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2	SCHOLARSHIP APPLICANTS MUST MEET CRITERIA AS DEFINED IN THE SCHOLARSHIP APPLICATIONS AND/OR BROCHURES A JUNIOR GIRLS SCHOLARSHIP REVIEW COMMITTEE AWARDS SCHOLARSHIPS BASED ON JUNIOR 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

Additional Data Return to Form

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) Amount of cash grant	(e) Amount 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 ARIZONA LADIES AUX VFW326 E BURROWS ST TUCSON,AZ 857045713	86-0828017	501(C)(19)	10,218				CANCER RSRCH/PROGAWD
DEPT OF CALIFORNIA LADIES AUX VFW1510 J ST STE 135 SACRAMENTO,CA 958142098	94-1011531	501(C)(19)	14,806				CANCER RSRCH/PROGAWD
CANCER THERAPY AND RESEARCH CENTER7373 BROADWAY ST STE 500 SAN ANTIONIO,TX 78209	23-7220856	501C(3)	25,000				CANCER RSRCH/PROGAWD
DEPT OF COLORADO LADIES AUX VFWPO BOX 2499 LOVELAND,CO 805392499	84-6033115	501(C)(19)	7,590				CANCER RSRCH/PROGAWD
DEPT OF DELAWARE LADIES AUX VFW2643 N DUPONT PARKWAY MIDDLETOWN,DE 197099614	23-7176992	501(C)(4)	6,692				CANCER RSRCH/PROGAWD
DISABLED AMERICAN VETERANS3725 ALEXANDRIA PIKE COLD SPRING,KY 41076	31-0263158	501C(4)	15,000				CANCER RSRCH/PROGAWD
DEPT OF FLORIDA LADIES AUX VFWPO BOX 773490 OCALA,FL 344773490	23-7326563	501(C)(19)	41,542				CANCER RSRCH/PROGAWD
DEPT OF GEORGIA LADIES AUX VFW174 TALLSPRING DR MOULTRIE,GA 317887309	23-7413009	501(C)(19)	10,908				CANCER RSRCH/PROGAWD
DEPT OF ILLINOIS LADIES AUX VFWPO BOX 76 MONEE,IL 604490076	36-2385214	501(C)(19)	22,776				CANCER RSRCH/PROGAWD
DEPT OF INDIANA LADIES AUX VFWPO BOX 86 MORRIS,IN 470330064	35-6042937	501(C)(19)	14,808				CANCER RSRCH/PROGAWD
DEPT OF IOWA LADIES AUX VFW1812 19TH ST HARLAN,IA 515371803	42-6062345	501(C)(19)	5,747				CANCER RSRCH/PROGAWD
THE JACKSON LABORATORY600 MAIN STREET BAR HARBOR,ME 04609	01-0211513	501(C)(3)	25,000				CANCER RSRCH/PROGAWD

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) Amount of cash grant	(e) Amount 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 KANSAS LADIES AUX VFWPO BOX 414 MCPHERSON,KS 674600414	48-0507090	501(C)(19)	8,574				CANCER RSRCH/PROGAWD
DEPT OF KENTUCKY LADIES AUX VFW7650 RABBIT RIDGE RD PROVIDENCE,KY 424509407	61-1314443	501(C)(19)	7,119				CANCER RSRCH/PROGAWD
LOMBARDI COMPREHENSIVE CANCER CENTER3300 WHITEHAVEN STR WASHINGTON,DC 20007	52-2339873	501C(3)	50,000				CANCER RSRCH/PROGAWD
DEPT OF LOUISIANA LADIES AUX VFW127 KEVIN ST BOURG,LA 703435020	51-0205791	501(C)(19)	6,695				CANCER RSRCH/PROGAWD
DEPT OF MARYLAND LADIES AUX VFW26595 BLUE JAY LN HEBRON,MD 218301072	52-1407051	501(C)(19)	10,972				CANCER RSRCH/PROGAWD
MD ANDERSON CANCER CENTER1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6000203	501(C)(3)	25,000				CANCER RSRCH/PROGAWD
DEPT OF MICHIGAN LADIES AUX VFW924 N WASHINGTON AVE LANSING,MI 489065136	38-2709759	501(C)(19)	18,246				CANCER RSRCH/PROGAWD
DEPT OF MINNESOTA LADIES AUX VFW20 W 12TH ST 3RD FLOOR SAINT PAUL,MN 551552008	41-0664094	501(C)(19)	16,104				CANCER RSRCH/PROGAWD
DEPT OF MISSOURI LADIES AUX VFW2189 FOREST LANE ARNOLD,MO 630103400	23-7203133	501(C)(19)	24,447				CANCER RSRCH/PROGAWD
DEPT OF NEBRASKA LADIES AUX VFW745 K ST PAWNEE CITY,NE 684202501	47-6028250	501(C)(19)	6,094				CANCER RSRCH/PROGAWD
DEPT OF NEW HAMPSHIRE LADIES AUX VFW85 BEECH HILL DR MANCHESTER,NH 031035895	23-7299435	501(C)(19)	5,396				CANCER RSRCH/PROGAWD
DEPT OF NEW JERSEY LADIES AUX VFW154 OAK PINES BLVD PEMBERTON,NJ 080681932	22-3086413	501(C)(19)	10,802				CANCER RSRCH/PROGAWD

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) Amount of cash grant	(e) Amount 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 136192200	14-1682753	501(C)(19)	8,568				CANCER RSRCH/PROGAWD
DEPT OF NORTH CAROLINA LADIES AUX VFWPO BOX 716 BETHEL,NC 278120716	56-0561710	501(C)(19)	6,235				CANCER RSRCH/PROGAWD
DEPT OF NORTH DAKOTA LADIES AUX VFWPO BOX 1112 MINOT,ND 587021112	23-7336346	501(C)(19)	8,886				CANCER RSRCH/PROGAWD
DEPT OF OHIO LADIES AUX VFWPO BOX 15730 COLUMBUS,OH 432150730	23-7246639	501(C)(19)	18,781				CANCER RSRCH/PROGAWD
DEPT OF OKLAHOMA LADIES AUX VFW3904 LARKWOOD DR DEL CITY,OK 731152828	73-6096027	501(C)(19)	5,198				CANCER RSRCH/PROGAWD
DEPT OF OREGON LADIES AUX VFW1720 NE 6TH ST REDMOND,OR 977568587	93-6025794	501(C)(19)	6,211				CANCER RSRCH/PROGAWD
DEPT OF PENNSYLVANIA LADIES AUX VFW4002 FENTON AVE HARRISBURG,PA 171095943	23-1642712	501(C)(19)	19,611				CANCER RSRCH/PROGAWD
SHANDS CANCER CENTER 655 W 8TH ST JACKSONVILLE,FL 32209	59-2142859	501C(3)	25,000				CANCER RSRCH/PROGAWD
VFW406 W 34TH STREET KANSAS CITY,MO 64111	44-0474290	501(C)(19)	25,000				CANCER RSRCH/PROGAWD
VFW NATIONAL HOME FOR CHILDREN3573 S WAVERLY ROAD EATON RAPIDS,MI 48827	38-1359597	501(C)(3)	145,000				CANCER RSRCH/PROGAWD
DEPT OF VIRGINIA LADIES AUX VFW12604 HARBOR DR WOODBRIDGE,VA 221922212	54-0697456	501(C)(19)	22,305				CANCER RSRCH/PROGAWD
DEPT OF WISCONSIN LADIES AUX VFWPO BOX 666 SILVER LAKE,WI 531700666	39-6056026	501(C)(19)	9,790				CANCER RSRCH/PROGAWD

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)** Amount of cash grant	**(e)** Amount 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 WYOMING LADIES AUX VFWPO BOX 21509 CHEYENNE, WY 820037029	51-0163580	501(C)(19)	7,469				CANCER RSRCH/PROGAWD

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
44-0319970

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
RIGHTS OF MEMBERS	FORM 990, 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 PRESIDENTS ELECTIVE 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 BYLAWS 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

Identifier	Return Reference	Explanation
APPROVAL OF MEMBERS	FORM 990, PART VI, 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 BYLAWS 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

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	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

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST IF ANY CONFLICTS OF INTEREST ARISE, THE NATIONAL SECRETARY-TREASURER WILL REVIEW THE CONFLICT IF A CONFLICT IS FOUND THE INDIVIDUAL MAY HAVE TO RECUSE THEMSELVES FROM THE POSITION UNTIL THERE IS NO LONGER A CONFLICT

Identifier	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 MAY USE 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 2010 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 MAY USE 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 2010 FOR THE ENSUING FISCAL YEAR

Identifier	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 WRITTEN REQUEST

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS $2,137,038 MINIMUM PENSION LIABILITY $ 270,514 LIFE MEMBERSHIP INVESTMENT INCOME ALLOCABLE TO STATE DEPARTMENTS ($ 772,020) PARTNERSHIP INVESTMENTS $ 36,582 ---------- $1,672,114 ==========