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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012

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) | Room/suite
406 W 34TH STREET 10TH FL

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 $ 72,534,847

F Name and address of principal officer
JANET A OWENS
406 W 34TH STREET
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

Activities & Governance

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 2011 (Part V, line 2a)	**5**	27
6	Total number of volunteers (estimate if necessary)	**6**	75,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	155,126
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,526,222	2,919,471
	9 Program service revenue (Part VIII, line 2g)	2,183,938	1,757,085
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,460,482	4,539,940
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	455,097	672,888
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,625,739	9,889,384
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,145,789	1,246,258
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,183,150	1,465,050
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,295,181	1,220,652
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,903,588	3,079,059
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,527,708	7,011,019
	19 Revenue less expenses Subtract line 18 from line 12	3,098,031	2,878,365

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	70,879,552	73,972,104
	21 Total liabilities (Part X, line 26)	18,719,467	18,635,920
	22 Net assets or fund balances Subtract line 21 from line 20	52,160,085	55,336,184

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

****** 2013-02-25
Signature of officer — Date

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

Paid Preparer's Use Only

Preparer's signature: DAVID A EMERICK | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: EMERICK & CO
4025 CENTRAL STREET
KANSAS CITY, MO 64111

EIN ▶

Phone no ▶ (816) 531-4646

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

THE AUXILIARY'S OBJECTIVES ARE FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATIONAL

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 AND RESEARCH PROGRAM 2,742 GRANTS TOTALING $1,475,450 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 COMMMUNITY 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 CHILDRENS HOSPITALS, AIDING VICTIMS OF ABUSE, AND CLEANING UP PARKS, MEMORIALS, AND HIGHWAYS MEMBERS ALSO PARTICIPATE IN THE LIABRARY OF CONGRESS' VETERANS HISTORY PROJECT, MAKE-A-DIFFERENCE DAY, AND MANY OTHER NATIONAL VOLUNTEER INITIATIVES

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 instructions)?	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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 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**		No
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**		No
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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	27		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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
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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GWENDOLYN RANKIN NATIONAL PRESIDENT	40 00	X		X				28,444	0	0
(2) JOYCE LEMLEY NATIONAL SENIOR VICE-PRESIDENT	10 00	X		X				8,902	0	0
(3) ARMITHEA BOREL NATIONAL JUNIOR VICE-PRESIDENT	9 00	X		X				7,738	0	0
(4) ANN PANTELEAKOS NATIONAL CHAPLAIN	7 00	X		X				6,889	0	0
(5) FRANCISCA GUILFORD NATIONAL CONDUCTRESS	6 00	X		X				6,385	0	0
(6) COLETTE BISHOP NATIONAL GUARD	5 00	X		X				2,250	0	0
(7) DEIRDRE GUILLORY NATIONAL GUARD	5 00	X		X				0	0	0
(8) JANET OWENS NATIONAL SECRETARY-TREASURER	40 00	X		X				72,435	0	4,058
(9) KATHY SCHREIBER NATIONAL CHIEF OF STAFF	1 00	X		X				0	0	0
(10) LYNN DUNTON NATIONAL DIST COUNCIL MEMBER	1 00	X						0	0	0
(11) JULIETTE MASON NATIONAL DIST COUNCIL MEMBER	1 00	X						0	0	0
(12) CAROL BRINKERHOFF NATIONAL DIST COUNCIL MEMBER	1 00	X						0	0	0
(13) BARBARA PARKER WILLIAMS NATIONAL DIST COUNCIL MEMBER	1 00	X						0	0	0
(14) BETSY BUCHANAN NATIONAL DIST COUNCIL MEMBER	1 00	X						0	0	0
(15) MARY BESS NATIONAL DIST COUNCIL MEMBER	1	X								
(16) PAM EVERETT NATIONAL DIST COUNCIL MEMBER	1	X								
(17) SHERRY JILES NATIONAL DIST COUNCIL MEMBER	1	X								

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HELEN BELL NATIONAL DIST COUNCIL MEMBER	1	X								
(19) KARLENE BEAMS NATIONAL DIST COUNCIL MEMBER	1	X								
(20) RITA BYERS NATIONAL DIST COUNCIL MEMBER	1	X								
(21) JOYCE WEIBLE NATIONAL DIST COUNCIL MEMBER	1	X								
(22) RUTH GULDEN NATIONAL DIST COUNCIL MEMBER	1	X								
(23) MELANIE PALMER NATIONAL DIST COUNCIL MEMBER	1	X								
(24) DEBI RANKIN NATIONAL DIST COUNCIL MEMBER	1	X								
(25) DEBORAH WATSON NATIONAL DIST COUNCIL MEMBER	1	X								
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								133,043		4,058

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

		Yes	No
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*	**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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
QUAD GRAPHICS PO BOX 644840 PITTSBURGH, PA 15264	PRINTING MAGAZINE	441,492
CONADO GROUP 1321 BURLINGTON STREET SUITE M KANSAS CITY, MO 64116	COMPUTER SERVICES	125,107
AVECTRA 75 REMITTANCE DRIVE SUITE 6012 CHICAGO, IL 60675	SOFTWARE	116,069

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶3

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	2,919,471			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,919,471			
Program Service Revenue			Business Code				
	2a	INSURANCE INCOME	525100	328,792			
	b	CANCER INSURANCE ADMIN	900099	240,054			
	c	MEMBERSHIP DUES	453220	1,188,239			
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,757,085			
	3	Investment income (including dividends, interest and other similar amounts)		2,806,300			2,806,300
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		247,810	247,810		
			(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	64,379,103				
	b	Less cost or other basis and sales expenses	62,645,463				
	c	Gain or (loss)	1,733,640				
	d	Net gain or (loss)		1,733,640			1,733,640
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					
	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					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING	511120	155,126		155,126	
	b	TREASURER BOND INCOME	523000	174,943	174,943		
	c	NATIONAL CONVENTION	900099	88,249	88,249		
	d	All other revenue		6,760	6,760		
	e	**Total.** Add lines 11a–11d		425,078			
	12	**Total revenue.** See Instructions		9,889,384	2,274,847	155,126	4,539,940

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,111,638			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	134,620			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,465,050			
5	Compensation of current officers, directors, trustees, and key employees	199,690			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	708,640			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,926			
9	Other employee benefits	121,724			
10	Payroll taxes	68,672			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	48,204			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	240,851			
g	Other	109,519			
12	Advertising and promotion	4,511			
13	Office expenses	19,638			
14	Information technology	126,177			
15	Royalties . .				
16	Occupancy	201,683			
17	Travel	777,117			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	293,158			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,607			
23	Insurance				
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	POSTAGE	483,426			
b	PRINTING	145,935			
c	PROGRAM AWARDS	184,779			
d	NATIONAL MAGAZINE	314,640			
e					
f	All other expenses	84,814			
25	**Total functional expenses.** Add lines 1 through 24f	7,011,019			
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		5,503,422	2	1,859,138
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		237,802	4	387,833
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		40,394	8	
	9	Prepaid expenses and deferred charges		258,654	9	447,121
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,625,502			
	b	Less accumulated depreciation	10b 1,431,570	118,873	10c	193,932
	11	Investments—publicly traded securities		64,484,393	11	71,084,080
	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		236,014	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		70,879,552	16	73,972,104
Liabilities	17	Accounts payable and accrued expenses		1,472,655	17	1,018,553
	18	Grants payable			18	
	19	Deferred revenue		6,858,038	19	7,390,937
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,388,774	25	10,226,430
	26	**Total liabilities.** Add lines 17 through 25		18,719,467	26	18,635,920
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		14,620,203	27	14,476,049
	28	Temporarily restricted net assets		37,539,882	28	40,860,135
	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		52,160,085	33	55,336,184
	34	Total liabilities and net assets/fund balances		70,879,552	34	73,972,104

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	9,889,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,011,019
3	Revenue less expenses Subtract line 2 from line 1	3	2,878,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	52,160,085
5	Other changes in net assets or fund balances (explain in Schedule O)	5	297,734
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	55,336,184

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		

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	788,127	623,312	606,961		
b Contributions	1,270	102,448	2,529		
c Investment earnings or losses	8,504	89,853	41,338		
d Grants or scholarships	25,000	25,000	25,000		
e Other expenditures for facilities and programs					
f Administrative expenses	198	2,486	2,516		
g End of year balance	772,703	788,127	623,312		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		173,129	104,461	68,668
d Equipment		1,452,373	1,327,109	125,264
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				193,932

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	
LIFE MEMBERSHIP	10,114,476
MISCELLANEOUS	111,954
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,226,430

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	9,889,384
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,011,019
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,878,365
4	Net unrealized gains (losses) on investments	4	462,213
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-164,479
9	Total adjustments (net) Add lines 4 - 8	9	297,734
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,176,099

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	10,351,597
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	462,213		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	462,213
3	Subtract line **2e** from line **1**			3	9,889,384
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,889,384

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

1	Total expenses and losses per audited financial statements			1	7,011,019
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	7,011,019
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,011,019

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
Pt XI Line 8		CHANGE IN PENSION LOSS
Pt X		THE AUXILIARY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501
		OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW THE AUXILIARY IS REQUIRED TO FILE FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX YEARLY THE INFORMATION IN THIS RETURN IS USED BY THE IRS TO SUBSTANTIATE THE ORGANIZATION'S CONTINUING TAX EXEMPT STATUS IN ADDITION, IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME IT IS REQUIRED TO FILE A FORM
		990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN AND PAY TAX ON ANY TAXABLE INCOME THE AUXILIARY RECEIVES ADVERTISING REVENUE FOR THE NATIONAL MAGAZINE, WHICH REQUIRES THE FILING OF A 990-T HOWEVER, THE AUXILIARY DOES NOT ANTICIPATE HAVING ANY NET TAXABLE INCOME RELATED TO THE REVENUE THE LAST THREE YEARS OF THESE RETURNS ARE OPEN TO IRS EXAMINATION

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(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 listed in the line 1 table . . . ▶

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

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	9	8,362			
(2) YOUNG AMERICAN PATRIOTIC ARTS SCHOLARSHIPS	8	22,258			
(3) CANCER RESEARCH FELLOWSHIP GRANT	1	100,000			
(4) CONTINUING EDUCATION SCHOLARSHIPS	4	4,000			
(5) CANCER GRANTS	2742	1,465,050			

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

Additional Data Return to Form

Software ID: 11000175
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 AK LADIES AUX VFW PO BOX 4027 PALMER,AK 99645	92-6002662	501(C)19	8,016				CANCER RSRCH/PROGAWD
DEPT OF AZ LADIES AUX VFW 326 EAST BURROWS ST TUCSON,AZ 85704	86-0828017	501(C)19	13,793				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 CA LADIES AUX VFW 9136 ELK GROVE BLVD STE 101 ELK GROVE,CA 95624	94-1011531	501(C)19	21,282				CANCER RSRCH/PROGAWD
DEPT OF CO LADIES AUX VFW PO BOX 2499 LOVELAND,CO 80539	84-6033115	501(C)19	8,507				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 FL LADIES AUX VFW PO BOX 773490 OCALA,FL 34477	23-7326563	501(C)19	30,973				CANCER RSRCH/PROGAWD
DEPT OF GA LADIES AUX VFW 174 TALLSPRING DRIVE MOULTRIE,GA 31788	23-7413009	501(C)19	13,353				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 IA LADIES AUX VFW 1812 19TH STREET HARLAN,IA 51537	42-6062345	501(C)19	5,790				CANCER RSRCH/PROGAWD
DEPT OF IL LADIES AUX VFW PO BOX 76 MONEE,IL 60449	36-2385214	501(C)19	46,037				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 IN LADIES AUX VFW PO BOX 86 MORRIS,IN 47033	35- 6042937	501(C)19	13,893				CANCER RSRCH/PROGAWD
DEPT OF KS LADIES AUX VFW PO BOX 414 MCPHERSON,KS 67460	48- 0507090	501(C)19	8,813				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 KY LADIES AUX VFW 7650 RABBIT RIDGE RD PROVIDENCE,KY 42450	61-1314443	501(C)19	12,443				CANCER RSRCH/PROGAWD
DEPT OF LA LADIES AUX VFW 127 KEVIN STREET BOURG,LA 70343	51-0205791	501(C)19	9,185				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 MD LADIES AUX VFW 26595 BLUE JAY LANE HEBRON,MD 21830	52-1407051	501(C)19	13,166				CANCER RSRCH/PROGAWD
DEPT OF MI LADIES AUX VFW 924 N WASHINGTON AVE LANSING,MI 48906	38-2709759	501(C)19	17,883				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 MN LADIES AUX VFW 20 W 12TH ST 3RD FL ST PAUL, MN 55155	41-0664094	501(C)19	17,821				CANCER RSRCH/PROGAWD
DEPT OF MO LADIES AUX VFW 2189 FOREST LANE ARNOLD, MO 63010	23-7203133	501(C)19	15,205				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 MS LADIES AUX VFW 14 SPENCER RD WIGGINS,MD 39577	51-0189932	501(C)4	5,056				CANCER RSRCH/PROGAWD
DEPT OF NC LADIES AUX VFW PO BOX 716 BETHEL,NC 27812	56-0561710	501(C)19	7,429				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 ND LADIES AUX VFW PO BOX 1112 MINOT,ND 58702	23-7336346	501(C)19	6,117				CANCER RSRCH/PROGAWD
DEPT OF NE LADIES AUX VFW 745 K ST PAWNEE CITY, NE 68420	47-6028250	501(C)19	6,054				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 NJ LADIES AUX VFW 154 OAK PINES BLVD PEMBERTON,NJ 08068	22-3086413	501(C)19	7,293				CANCER RSRCH/PROGAWD
DEPT OF NY LADIES AUX VFW 3550 DEER RIVER RD CARTHAGE,NY 13619	14-1682753	501(C)19	29,312				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 OH LADIES AUX VFW PO BOX 15730 COLUMBUS,OH 43215	23-7246639	501(C)19	19,994				CANCER RSRCH/PROGAWD
DEPT OF OR LADIES AUX VFW 1720 NE 6TH ST REDMOND,OR 97756	93-6025794	501(C)19	16,602				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 PA LADIES AUX VFW 4002 FENTON AVE HARRISBURG,PA 17109	23-1642712	501(C)19	19,493				CANCER RSRCH/PROGAWD
DEPT OF SC LADIES AUX VFW 1145 PLEASANT PINES RD MOUNT PLEASANT, SC 29464	23-7031724	501(C)8	5,424				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 SD LADIES AUX VFW 2500 W BETHEL PL APT 115 SIOUX FALLS,SD 57105	46-6019029	501(C)4	6,950				CANCER RSRCH/PROGAWD
DEPT OF TN LADIES AUX VFW PO BOX 1431 JOHNSON CITY, TN 37605	23-7305454	501(C)19	5,917				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 TX LADIES AUX VFW2839 MCKINZIE RD LOT 1 CORPUS CHRISTI,TX 78410	74-6074588	501(C)19	48,852				CANCER RSRCH/PROGAWD
DEPT OF VA LADIES AUX VFW80 WINTER WHEAT LN FREDERICKSBURG,VA 22406	54-0697456	501(C)19	25,430				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 VT LADIES AUX VFW PO BOX 552 MORRISVILLE,VT 05661	03- 0272235	501(C)19	8,851				CANCER RSRCH/PROGAWD
DEPT OF WA LADIES AUX VFW 5213 PACIFIC HWY E FIFE,WA 98424	91- 0499052	501(C)19	9,099				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 WI LADIES AUX VFW 8040 S 20TH ST OAK CREEK, WI 53154	39-6056026	501(C)19	21,563				CANCER RSRCH/PROGAWD
DEPT OF WV LADIES AUX VFW PO BOX 448 CHARLES TOWN, WV 25414	55-6017166	501(C)19	6,100				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
HUNTSMAN CANCER FOUNDATION500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	87-6000525	501(C)3	25,000				CANCER RESEARCH
THE JACKSON LABORATORY600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)3	25,000				CANCER RESEARCH

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
UNIVERSITY OF CA REGENTS CANCER CENTER4900 BROADWAY STE 1150 SACRAMENTO,CA 95820	94-6036494	501(C)3	50,000				CANCER RESEARCH
UNIVERSITY OF HAWAII FOUNDATION CANCER CENTER 677 ALA MOANA BLVD STE 901 HONOLULU,HI 96813	99-0085260	501(C)3	50,000				CANCER RESEARCH

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
UNIVERSITY OF NV RENO FDTN CANCER RESEARCH LAB RENO RENO,NV 89501	94-2781749	501(C)3	50,000				CANCER RESEARCH
VFW406 W 34TH ST KANSAS CITY,MO 64111	44-0474290	501(C)19	50,000				PROGRAM AWARD

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
VFW NATIONAL HOME3573 S WAVERLY RD EATON RAPIDS,MI 48827	38-1359597	501(C)3	302,226				PROGRAM AWARD
VIETNAM VETERANS MEMORIAL FUND WASHINTON DC WASHINGTON,DC 20005	52-1149668	501(C)3	10,000				PROGRAM AWARD

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
WOMEN OF WAR PROJECTPO BOX 296 BELLE FOURCHE, SD 57717	80-0337697	501(C)3	15,000				PROGRAM AWARD

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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

2011

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
Pt VI, Line 11a		THE FORM 990 AND IT'S 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
Pt VI, 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
Pt VI, Line 15		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

Identifier	Return Reference	Explanation
		BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER 2011 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
Form 990, Part IX, Line 24f		AUTOMOBILE 2441 MISCELLANEOUS 3054 MANAGEMENT AND GENERAL 21790 SUPPLY DEPARTMENT 57529
		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 REIVEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION
		IN SEPTEMBER OF 2011 FOR THE ENSUING FISCAL YEAR
Pt VI, Line 19		GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND
		FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS UPON WRITTEN
		REQUEST
Pt VI, 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

Identifier	Return Reference	Explanation
		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
Pt VI, 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, 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 APOINTED 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
		IN FOLLOWING EXPIRATION OF TERM OF OFFICE OF COUNCIL MEMBER

Identifier	Return Reference	Explanation
		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
Pt VI, 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

Identifier	Return Reference	Explanation
		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
Pt XI		OTHER CHANGES IN NET ASSETS ARE FROM UNREALIZED GAINS
		AND THE CHANGE IN PENSION LOSS NOT BEING INCLUDED ON PAGE 9

Additional Data

Software ID: 11000175
Software Version:
EIN: 44-0319970
Name: LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE US

Form 990, Special Condition Description:

Special Condition Description