DLN: 93493098001050 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 ${f C}$ Name of organization VETERANS OF FOREIGN WARS OF THE UNITED S D Employer identification number B Check if applicable □ Address change TATES AUXILIARY 44-0319970 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 406 W 34TH STREET 10TH FL ☐ Amended return ☐ Application pending (816) 561-8655 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO $\,$ 64111 $\,$ G Gross receipts \$ 96,279,414 Name and address of principal officer H(a) Is this a group return for ANN PANTELEAKOS ☐Yes **☑**No subordinates? 406 W 34TH STREET H(b) Are all subordinates KANSAS CITY, MO 64111 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (19) **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW VFWAUXILIARY ORG L Year of formation 1914 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE VFW AUXILIARY HAS BEEN SUPPORTING AND HONORING THE MILITARY, VETERANS, AND THEIR FAMILIES SINCE 1914 Activities & Governance 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) . 41 4 33 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 75,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 549,797 676,614 Ravenua 2,672,512 2,526,204 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,485,959 9,720,093 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,075,757 875,055 7,784,025 13,797,966 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,466,671 1,459,386 1,472,353 1,736,669 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 847,333 767,239 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,146,309 3,322,509 6,932,666 7,285,803 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 851,359 6,512,163 Assets or d Balances Beginning of Current Year End of Year 106,896,345 107,504,192 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 28,797,481 29,662,952 22 Net assets or fund balances Subtract line 21 from line 20 . 78,098,864 77,841,240 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 2020-04-07 Signature of officer Sign Here ANN PANTELEAKOS NATIONAL SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-03-30 P01326474 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ► 4520 MADISON AVE STE G Phone no (816) 531-2822 KANSAS CITY, MO 64111 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2		
Pa	Statement	of Program Service Ac	complishments				
			r note to any line in this Part III		🗸		
1	Briefly describe the o	organization's mission					
MEM CON: EQU	BERS OF THE VETERAI STITUTION AND LAWS	NS OF FOREIGN WARS, MAIN , FOSTERING TRUE PATRIOT	TAINING TRUE ALLEGIANCE TO ISM, MAINTAINING AND EXTEND	ONAL THEY INCLUDE ASSISTING THE UNITED STATES OF AMERICA DING THE INSTITUTIONS OF AMERI ING THE UNITED STATES OF AMER	AND FIDELITY TO ITS CAN FREEDOM AND		
2	-	, , ,	ogram services during the year w	hich were not listed on	□Yes VNo		
	•	r 990-EZ?			⊔ Yes 🛂 No		
3	•	ese new services on Schedule	: O Ignificant changes in how it cond				
3	-	cease conducting, or make s	-	ucts, any program	□Yes ✓No		
		ese changes on Schedule O			□ res • No		
4	Section 501(c)(3) an		e required to report the amount (largest program services, as meas of grants and allocations to others,			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
	See Additional Data						
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
	See Additional Data						
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
	See Additional Data						
4d		ces (Describe in Schedule O					
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)		
4e	Total program serv	vice expenses ►					

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
	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
	(mississipple)	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		
	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
	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 2	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
е	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📆	12a	Yes	
	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 and XII 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
ь	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, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals 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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the assessment as an attended to 000 of example on other example on the second and advantage of Deat IV			

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

22

Form	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R. Part V. line 2	35b		

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

37

38

Part V

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

36

37

38

13

0

1a

Yes

Yes

Form 990 (2018)

No

No

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" respo	onse to i	lines	
		Check if Schedule O contains a response or note to any line in this Part VI					✓	
Se	ction	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	41				
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O						
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	33				
2	Did a office	ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2		No	
3	Did the of off	ne organization delegate control over management duties customarily performed b icers, directors or trustees, or key employees to a management company or other	y or un person	der the direct supervision?	3		No	
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	Dıd tl	ne organization have members or stockholders?			6	Yes		
7a	Dıd tl mem	ne organization have members, stockholders, or other persons who had the power bers of the governing body?	to elec	t or appoint one or more	7a	Yes		
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?			7b	Yes		
8		ne organization contemporaneously document the meetings held or written actions ollowing	underl	taken during the year by				
а	The g	overning body?			8a	Yes		
b	Each	committee with authority to act on behalf of the governing body?			8 b	Yes		
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who dization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (9		No	
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code	≘.)		
						Yes	No	
10a	Did tl	ne organization have local chapters, branches, or affiliates?			10a	Yes		
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b	Yes		
11a	Has t form?	he organization provided a complete copy of this Form 990 to all members of its go	vernin •	g body before filing the	11a	Yes		
b	Desci	ibe in Schedule O the process, if any, used by the organization to review this Form	990					
12a	Did tl	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes		
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually in cts?	terests • •	that could give rise to	12b	Yes		
С		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done		? If "Yes," describe in	12c	Yes		
13	Did tl	ne organization have a written whistleblower policy?	•		13	Yes		
14	Dıd tl	ne organization have a written document retention and destruction policy?			14	Yes		
15		ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an						
a	The c	rganization's CEO, Executive Director, or top management official			15a	Yes		
b	Other	officers or key employees of the organization			15b	Yes		
	If "Y∈	s" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a • •	irrangement with a	16a		No	
b	ın jol	s," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ard th	evaluate its participation e organization's exempt	16b			
Se	ction	C. Disclosure						
17	Lıst t	ne States with which a copy of this Form 990 is required to be filed▶						
18	Section (Section)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), available for public inspection. Indicate how you made these available. Check all the	990, ai nat app	nd 990-T (501(c)(3)s ply				
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in S		•				
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year						
20	State	the name, address, and telephone number of the person who possesses the organ	ızatıon	's books and records				

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	Title (B) (C) Average Position (do not than one box, ur week (list any hours director/tru						on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

	any hours		director/trustee)					organization (W-	organizations (W- 2/1099-MISC)		from t	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Fornier	2/1099-MISC)	2/1099-11130/		organizati relate organiza	ed
See Addıtıonal Data Table										\top		
										+		
										+		
										+		
										+		
										+		
										+		
										\perp		
										4		
										\perp		
1b Sub-Total						•	l			Ï		
c Total from continuation sheets to	Part VII , Section	Α				*		107,457	(0		(
	Part VII, Section	A to thos	 <u></u>	•		>	rece			0		C
c Total from continuation sheets to d Total (add lines 1b and 1c) 2 Total number of individuals (including	Part VII, Section	A to thos	 <u></u>	•		>	rece			0	Yes	No
c Total from continuation sheets to d Total (add lines 1b and 1c) 2 Total number of individuals (including	Part VII, Section ng but not limited e organization r officer, director	to thos	e liste	ed al	bove	who	or hi	eived more than \$1	employee on	0	Yes	

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 ▶ 0
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

QUAD GRAPHICS

PO BOX 644840 PITTSBURGH, PA 15264 CONDADO GROUP INC

1321 BURLINGTON STREET KANSAS CITY, MO 64116 RR DONNELLY & SONS COMPANY

35 WEST WACKER DRIVE CHICAGO, IL 60601

Section B. Independent Contractors

compensation from the organization ▶ 3

hours per than one box, unless person compensation compensation week (list is both an officer and a from the from related

amount of other compensation

4

5

(B)

Description of services

PRINTING MAGAZINE

INFORMATION TECHNOLOGY

MEMBERSHIP CARD PRINTING

Nο

Nο

923,809

250,330

120,361

(C)

Compensation

Form 990 (2018)

Part	VIII Statement of	f Revenue								rage 9
	Check ıf Schedu	le O contains a r	esponse o	r note to any						<u> </u>
						A) evenue	(B) Related exem functi reven	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ins	La				reven	ue		312 - 314
ints unts	b Membership dues	:	lb							
652 Mot	c Fundraising events		lc							
Ę,	d Related organization	ons :	ld							
∄ હૈં	e Government grants (c	ontributions)	Le							
ıns, Sin	f All other contributions									
tributions, Gifts, Grants Other Similar Amounts	and similar amounts n above	lot included	1f	676,614						
ള	g Noncash contribution in lines 1a - 1f \$	ons included								
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a	-1f	- 	. •						
				Business	Code	676,614			<u> </u>	
Program Service Revenue	2a MEMBERSHIP DUES					2,5	26,204	2,526,20)4	
₹.					453220					
Ce F	b ———									
ervi	d ———									
n S	e									
ogra	f All other program se	ervice revenue								
ď	9 Total. Add lines 2a-2	2f	•	2,5	26,204					
	3 Investment income (i					2,471,014				2,471,014
	similar amounts) . 4 Income from investm			oceeds •		2,171,01				2,11,011
	5 Royalties					578,850)	578,850		1
		(ı) Real	(ı) Real (ıı) Personal							
	6a Gross rents									
	b Less rental expenses				1					
	c Rental income or (loss)									
	d Net rental income o	or (loss)		• •	1					
		(ı) Securities	; ((II) Other						
	7a Gross amount from sales of	89,730,527								
	assets other than inventory									
	b Less cost or				1					
	other basis and sales expenses	82,481								
	C Gain or (loss)	7,249			<u> </u>	7,249,079				7,249,079
	d Net gain or (loss)8a Gross income from f			<u> </u>		7,249,075	1			7,249,079
a e	(not including \$	of	.							
Other Revenue	contributions reporte See Part IV, line 18		a							
Rev	b Less direct expense	es	ь							
er	c Net income or (loss)	from fundraising	events							
Oth	9a Gross income from of See Part IV, line 19	gaming activities								
			a							
	b Less direct expense		b							
	c Net income or (loss)		tivities .	• •	1					
	10aGross sales of invent returns and allowand									
			a							
	b Less cost of goods s		Ь							
	c Net income or (loss) Miscellaneous			. ► siness Code						
	11aTREASURER BOND	INCOME		523000	,	161,348	3	161,348		
	b NATIONAL CONVEN	TION		900099		116,660		116,660		
	с									
	d All other revenue .					18,197		18,197		
	e Total. Add lines 11a			. •		296,205	;			
	12 Total revenue. See	Instructions .		• • •		13,797,966	,	3,401,259		0 9,720,093
										Form 990 (2018)

			Page 1 0
olumns All other orga	nizations must com	plete column (A)	
line in this Part IX .			🗆
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
300,886			
1,158,500			
1,736,669			
182,446			
453,345			
11,633			
72,101			
47,714			
41,457			
218.601			
177,097			
47,237			
8,334			
231,052			
203,967			
654,504			
· ·			
308,649			
·			
273 323			
22,032			
862,422			
180,788			
37,781			
17,733			
37,532			
7,285,803			
	(A) Total expenses 300,886 1,158,500 1,736,669 182,446 453,345 11,633 72,101 47,714 41,457 218,601 177,097 41,457 218,601 177,097 47,237 8,334 231,052 203,967 654,504 308,649 308,649 308,649 41,457	A	Total expenses Program service expenses Management and general expenses

Forr	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			254,761	1	649,043
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net				3	
s.	4	Accounts receivable, net			263,769	4	74,626
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	nployees Complete		5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L		6			
Assets	8	Inventories for sale or use					
As	9	Prepaid expenses and deferred charges		<u> </u>	461.483	9	445.138
	-	Land, buildings, and equipment cost or other		' ⊢	401,465	9	443,130
	IUa	basis Complete Part VI of Schedule D	10a	938,407			
	ь	Less accumulated depreciation	10b	590,984	541,937	10c	347,423
	11	Investments—publicly traded securities .			105,374,395	11	105,987,962
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	34)	106,896,345	16	107,504,192	
	17	Accounts payable and accrued expenses		710,431	17	849,646	
	18	Grants payable				18	
	40	Deferred revenue			10 135 000	10	10.422.074

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31 32

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18.391.232

29.662.952

19.561.273

58,279,967

77,841,240

107,504,192

Form **990** (2018)

17.951.960

28.797.481

19.907.817

58,191,047

78,098,864

106,896,345

Ь	Less accumulated depreciation 10b							
11	Investments—publicly traded securities .							
12	Investments—other securities See Part IV, line 11							
13	Investments—program-related See Part IV, line 11 .							
14	Intangible assets							
15	Other assets See Part IV, line 11							
16	Total assets.Add lines 1 through 15 (must equal line 34							
17	Accounts payable and accrued expenses							
18	Grants payable							
19	Deferred revenue							

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Total liabilities.Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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Liabilities

Assets or Fund Balances

Net

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: Software Version:

EIN: 44-0319970

Name: VETERANS OF FOREIGN WARS OF THE UNITED S

TATES AUXILIARY

Form 990 (2018)

Form 990, Part III, Line 4a:

CANCER RESEARCH INSTITUTIONS

CANCER AID AND RESEARCH PROGRAM 2,060 GRANTS TOTALING \$1,133,000 WERE GIVEN TO CANCER-STRICKEN MEMBERS, AND \$100,000 WAS DONATED BETWEEN 2

Form 990, Part III, Line 4b: OTHER COMMUNITY SERVICE ACTIVITIES. AUXILIARY AND VEW 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 LIBRARY OF CONGRESS' VETERANS HISTORY PROJECT, MAKE-A-

DIFFERENCE DAY, AND MANY OTHER NATIONAL VOLUNTEER INITIATIVES

Form 990, Part III, Line 4c: 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 VETERAN SERVICE

OFFICERS TO PRESENT EDUCATIONAL PROGRAMS ON VETERANS' ENTITLEMENTS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organizations from the organization

and Independent Contractors

......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BETTY GIMBLE

TERRY FORCE

KIMBERLY LEWIS

AUDREY SMITH

JOYCE CALDWELL

	any hours	and	a dir	ecto	or/tr	ustee,)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LYNN DUNTON DIRECTOR	1 00	×						0	0	0
SUSAN TALLMAN DIRECTOR	1 00	×						0	0	0
CECELIA WATKINS DIRECTOR	1 00	х						0	0	0
BARBARA HODGES	1 00									

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DIRECTOR		^			9	
CECELIA WATKINS	1 00	×			0	
DIRECTOR		^			,	
BARBARA HODGES	1 00	_			0	
DIRECTOR		_ ^			١	
MERCIE WOOLFOLK	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	and a director/trustee)						Organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARLA MORGAN DIRECTOR	1 00	×						0	0	0	
SANDRA SLAYMAKER DIRECTOR	1 00	X						0	0	0	
LINDA REINPOLD DIRECTOR	1 00	×						0	0	0	
CATHERINE WAYMENT DIRECTOR	1 00	×						0	0	0	
KIM HARNEY	1 00										

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KIM HARNEY DIRECTOR

CASTLETTE ALE

TAMMIE LARSON

CAROL PRESTON

LAURIE WILLIAMSON

......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LAURIE LUKAS

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally llours							Organization	organizations	moniture	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SANDRA BELLOWS DIRECTOR	1 00	×						0	0	0	
DONNA MILLS DIRECTOR	1 00	×						0	0	0	
DEB HANES DIRECTOR	1 00	×						0	0	0	
SHARRON BARGER DIRECTOR	1 00	×						0	0	0	
DIANA MOORE-MORRIS	1 00			П	Т						

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DIRECTOR
SHARRON BARGER
DIRECTOR
DIANA MOORE-MORRIS
DIRECTOR

GAIL BREKKE

DEBBIE MCCOLLUM

......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOYCE BILYEU

DEBRA DANIEL

SANDI KRIEBEL

PAST PRESIDENT

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DEE GUILORY PAST PRESIDENT	1 00	×						37,988	0	0
COLETTE BISHOP PAST PRESIDENT	1 00	х						0	0	0
FRANCISCA GUILFORD PAST PRESIDENT	1 00	×						0	0	0
PEGGY HAAKE	40 00	Х		x				9,331	0	0

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8,240

7,305

1,600

6,798

2,786

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6 00

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FRANCISCA GUILFORD	
PAST PRESIDENT	
PEGGY HAAKE	
PRESIDENT	
SANDRA ONSTWEDDER	

SR VICE PRESIDENT

JR VICE PRESIDENT

ANN PANTELEAKOS

NATIONAL CHAPLAIN

CARLA MARTINEZ

BRENDA BRYANT

NATIONAL GUARD

SECRETARY - TREASURER

NATIONAL CONDUCTRESS

.....

JEAN HAMIL

JANE REAPE

and Independent Contractors

and Independent Contractors (A)

GWEN RANKIN

CHIEF OF STAFF

Name and Title

, (5)
Average
hours per
week (list
any hours
for related
organization
below dotte
line)
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 •••••

(B)

Institutio Х

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

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Reportable compensation from the organization (W- 2/1099-MISC)

(D)

compensation from related organizations (W- 2/1099-

(E)

Reportable

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and related

organizations

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493098001050 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** VETERANS OF FOREIGN WARS OF THE UNITED S TATES AUXILIARY 44-0319970 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, 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" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	11111	Organizations Ma	intaining Coll	ections of Art, I	listori	cal T	reas	ures, or O	ther	Similar A	ssets (continued)
3		the organization's acqu (check all that apply)	isition, accession	, and other records,	, check	any of	the f	ollowing tha	t are a	significant i	use of its	s collectioi	ו
а		Public exhibition			d		Loar	n or exchang	je prog	ırams			
b		Scholarly research			е		Oth	er					
c		Preservation for future	generations										
4	Provi Part)	de a description of the o	rganızatıon's coll	ections and explain	how the	ey furtl	her th	ne organizati	on's ex	kempt purpo	se in		
5		ig the year, did the orgai is to be sold to raise fund								ılar	□ Ye	es 🗆	No
Pai	rt IV	Escrow and Custo Complete if the orga X, line 21.			m 990	, Part	IV,	line 9, or re	eporte	ed an amou	unt on I	Form 990), Part
1a		e organization an agent, ded on Form 990, Part X		an or other intermed	liary for	contri	butio	ns or other a	assets	not	□ Ye	es 🗆	No
b	If "Y∈	es," explain the arrangen	ment in Part XIII	and complete the fo	llowing	table				Α	mount		
c	Begir	nning balance						1	.с				
d	Addıt	ions during the year						1	.d				
е	Dıstrı	butions during the year						1	.е				
f	Endın	ng balance						1	Lf				
2a	Did tl	he organization include a	an amount on Fo	rm 990. Part X. line	21. for	escrov	vorc	ustodial acco	ount lia	bility?		,	— No
b		es," explain the arrangen								•	_	.э Ш	110
	rt V	Endowment Fund						•					
		Lildowillent i dild	3. complete ii	(a)Current year		rior yea		(c)Two years		(d)Three ye		(e)Four ye	ears back
1a	Beginn	ing of year balance .		1,030,993	<u> </u>		1,556		399,527		881,209	(-)	921,690
b	Contrib	outions		56,582									
С	Net inv	estment earnings, gains	s, and losses	37,843		89	9,144	1	.08,523		45,721		-12,950
		or scholarships		25,000		2!	5,000		24,000		25,000		25,000
e		expenditures for facilities	s										
f	Admını	strative expenses		5,888		14	1,707		2,494		2,403		2,531
g	End of	year balance		1,094,300		1,030	0,993	g	81,556		899,527		881,209
2 a		de the estimated percent	=	nt year end balance 18 000 %	(line 1	g, colu	mn (a	a)) held as			'		
b	Perm	anent endowment ▶											
c	Temp	orarily restricted endowi	ment ▶ 82.0	00 %									
·		percentages on lines 2a,											
3a	Are tl	here endowment funds n	not in the posses	sion of the organizat	tion tha	t are h	eld a	nd administe	ered fo	r the			
	-	nization by									_	Yes	
	` '	nrelated organizations				•						a(i)	No
		elated organizations .				 	٠.	• •				a(ii)	No
ь 4		es" on 3a(II), are the rela ribe in Part XIII the inter	-	•			•					3b	
	rt VI	Land, Buildings, a			WITHERIC	unus							
Fal	L AT	Complete if the organic			m 990	. Part	IV.	line 11a. S	ee For	m 990. Pa	ırt X. lır	ne 10.	
	Descri	ption of property	(a) Cost or oth (Investme	er basıs (b) Cost		<u>, </u>		_		lepreciation		(d) Book va	lue
1a	Land												
	Buildin	gs											
		old improvements				:	20,980			17,611			3,369
		nent					17,427			573,373			344,054
		-		 			-			,			
		lines 1a through 1e (Col	lumn (d) must ed	ual Form 990, Part	X, colui	nn (B)	, line	10(c)).		>			347,423
			,,		,	(-/							,

	Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	rrt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cost	(c) Method of water to continuous (c) Me	
	ll derivatives	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Pa	rt IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment		k value		(c) Method of v	aluation
(1)					e or end or year	market raide
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Pa	rt IV, line 11d S	See Form 990, P	(b) Book value
(1)]
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	· ·	· ·		>	
	See Form 990, Part X, line 25.	Teu Te			.v, lille 11e oi	
1. (1) Federal i	(a) Description of liability ncome taxes		(0) 6	ook value		
	RSHIP BENEFITS			18,391,232		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		18,391,232		
	or uncertain tax positions. In Part XIII, provide the text of the f					

Page 4

-6.453.448

13,797,966

13,797,966

7,285,803

7,285,803

7,285,803

Schedule D (Form 990) 2018

3

4c

1

2e 3

4c

5

Net unrealized gains (losses) on investments 2a -6,453,448

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2h h 2c

2d 2e

3

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Schedule D (Form 990) 2018

Part XI

1

2

4

b

5

Part XIII

Return Reference

а

Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines 4a and 4b .

5 Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

3

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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, line 2, Part

Explanation

4a

4b

2a

2b

2c 2d

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493098001050 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number VETERANS OF FOREIGN WARS OF THE UNITED S 44-0319970 TATES AUXILIARY Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2**

Schedule I (Form 990) 2018

YOUNG AMERICAN PATRIOTIC ARTS **SCHOLARSHIPS** 4,000 CONTINUING EDUCATION SCHOLARSHIPS (3) CANCER GRANTS 2060 1.133.000

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(4) (5)

(6) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

> COMMITTEE AWARDS SCHOLARSHIPS BASED ON JUNIOR UNIT ACTIVITIES, SCHOOL ACTIVITIES, AND SCHOLASTIC GRADES, LETTERS OF RECCOMMENDATION, 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 CONTEXT 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 AND COMMITMENT, AND FINANCIAL NEED FOR ASSISTANCE OTHER GRANTS ARE AWARDED BASED ON RECOGNITION OF PAST ACCOMPLISHMENTS IN CHARITABLE, SCIENTIFIC, ARTISTIC, EDUCATIONAL, LITERACY, OR CIVIC FIELDS RECIPIENTS ARE CHOSEN WITHOUT ACTION ON THEIR PART AND ARE NOT EXPECTED TO PERFORM FUTURE SERVICES

(7)

Return Reference Explanation PART I, LINE 2 SCHOLARSHIP APPLICANTS MUST MEET CRITERIA AS DEFINED IN THE SCHOLARSHIP APPLICATIONS AND/OR BROCHURES A JUNIOR GIRLS SCHOLARSHIP REVIEW

Schedule I (Form 990) 2018

(3)

Additional Data

HOUSTON, TX 77030

PO BOX 416 BAY PINES, FL 33744

BAY PINES FOUNDATION

		Software Version	l: 44-0319970	EICN WARE OF THE	LINITED C		
		Name	TATES AUXILIARY	EIGN WARS OF THE			
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	itions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 gr or assistance

75,000

MD ANDERSON CANCER 74-6000203 501(C)3 25,000 CENTER 1515 HOLCOMBE BLVD

grant

CANCER RESEARCH

CANCER RESEARCH

501(C)3

Software ID:

59-3018477

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 44-0474290 501(C)19 52.000 VETERANS OF FOREIGN WARS PROGRAM AWARD 406 W 34TH STR KANSAS CITY, MO 64111

VEW NATIONAL HOME FOR 38-1359597 501(C)3 145.440 PROGRAM AWARD CHILDREN.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3573 S WAVERLY RD EATON RAPIDS, MI 48827

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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	estions on ition.	OMB No 1545-0047 2018 Open to Public Inspection		
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990 Schedul	e O, Supplemental Information				
Return Reference	Explanation				
FORM 990, PART VI, SECTION A, LINE 6	THE VFW AUXILIARY IS ORGANIZED AS A MISSOURI NONPROFIT CORPORATIO) OF THE INTERNAL REVENUE CODE THE CORPORATION SHALL HAVE MEMBE , CONSIST OF AND BE CONFINED TO THE THE ACTIVE MEMBERSHIP IN GOOD LIARY MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE GOVERNING EMBERS HAVE THE RIGHT THROUGH THEIR REPRESENTATION AT THE NATIO IGNIFICANT DECISIONS OF THE GOVERNING BODY MEMBERS ARE NOT ENTIT THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION	ERS WHO SHALL, STANDING OF TH BODY OR THEIR I NAL CONVENTION	AT ALL TIMES E VFW AUXI DELEGATES M N TO APPROVE S		

Return Reference	Explanation
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, TREAURER, CHAPLAIN, CONDUSCTRESS, AND GUARD WHICH SHALL BE NOMINATED AND E LECTED AT THE ANNUAL NATIONAL CONVENTION (SEE 7B FOR COMPOSITION OF THE NATIONAL CONVENTION) APPOINTED OFFICERS SHALL INCLUDE THE SECRETARY AND CHIEF OF STAFF WHICH ARE APPOINTED BY THE NATIONAL PRESIDENT THA NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS SHALL BE ELECTED FROM DEPARTMENTS IN TURN AS DEPARTMENTS ARE LISTED IN THE SECTION 804E OF THE NATIONAL BY LAWS THEREBY GIVING EVERY DEPARTMENT ITS TURN IN THE FOLLOWING EXPIRATION OF TERM OF OFFICE OF COUNCIL MEMBER FROM DEPARTMENTS AS LISTED THE NATIONAL COUNCIL OF ADMINISTRATION SHAUL 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SUPREME AUTHORITY OF THE AUXILIARY SHALL BE LODGED IN THE NATIONAL CONVENTION OF THE A UXILIARY, SUBORDINATE TO THE NATIONAL CONVENTION AND NATIONAL COUNCIL OF ADMINISTRATION OF THE VFW AUXILIARY THA 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 THE 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 OF A INTHEIR ABSENCE THE JUNIOR VICE-PRESIDENT, MAY FUNCTION AS A MEMBER OF THE NATIONAL CONVENTION 3) DELEGATES TO BE ELECTEDD 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

Return

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

Explanation

Return Explanation

FORM 990, ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY PART VI, POSSIBLE CONFLICTS OF INTEREST IF ANY CONFLICTS OF INTEREST ARISE, THE NATIONAL SECRETAR SECTION B, Y-TREASURER WILL REVIEW THE CONFLICT IF A CONFLICT IS FOUND, THE INDIVIDUAL MAY HAVE RECU INTEREST OF THEMSELVES FROM THE POSITION UNTIL THERE IS NO LONGER A CONFLICT

Return

Reference	·
FORM 990, PART VI, SECTION B, LINE 15	THE NATIONAL BUDGET COMMITTEE RECOMMENDS THE COMPENSATION FOR THE NATIONAL SECRETARY-TREAS URER, NATIONAL PRESIDENT, AND OTHER NATIONAL OFFICERS TO THE COUNCIL OF ADMINISTRATION FRO M THE PROPOSED BUDGET PREPARED BY NATIONAL HEADQUARTERS STAFF THE STAFF MAY USE COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS TO SUBSTANTIATE RE ASONABLE COMPENSATION LEVELS FOR OFFICERS OFFICERS' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER 2016 FOR THEN ENSUING FISCAL YEAR, THE NATION NAL 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 THE NATIONAL HEADQUARTERS STAFF THE STAFF MAY USE COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS, ALONG WITH PERFORMAN CE EVALUATIONS, EXPERIENCE, TENURE, AND OTHER RELEVANT FACTORS TO SUBSTANTIATE REASONABLE COMPENSATION LEVELS FOR EMPLOYEES EMPLOYEES' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL

Explanation

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990, PART XI, LINE 9