

2015 Exempt Organization Business Tax Return
prepared for:

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY
406 W. 34TH STREET, 10TH FL
KANSAS CITY, MO 64111

EMERICK & COMPANY, PC
4520 MADISON AVENUE, STE. G
KANSAS CITY, MO 64111

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Sep 1, 2015, and ending Aug 31, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY</u>		D Employer identification number <u>44-0319970</u>
	Doing business as		E Telephone number <u>(816) 561-8655</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>406 W. 34TH STREET, 10TH FL</u>		G Gross receipts \$ <u>67,188,421.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>KANSAS CITY MO 64111</u>		
F Name and address of principal officer: <u>JANET A. OWENS 406 W. 34TH STREET KANSAS CITY MO 64111</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>19</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
J Website: <u>WWW.VFWAUXILIARY.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <u>1914</u>
			M State of legal domicile: <u>MO</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE VFW AUXILIARY HAS BEEN SUPPORTING AND HONORING THE MILITARY, VETERANS, AND THEIR FAMILIES SINCE 1914.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>40</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>32</u>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	<u>22</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>75,000</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>1,817,804.</u>	<u>873,033.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,879,220.</u>	<u>3,349,085.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,909,288.</u>	<u>2,852,445.</u>
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>873,969.</u>	<u>924,784.</u>
		<u>9,480,281.</u>	<u>7,999,347.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>497,691.</u>	<u>350,291.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>2,849,673.</u>	<u>1,834,535.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>928,238.</u>	<u>982,735.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,402,097.</u>	<u>3,147,762.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>7,677,699.</u>	<u>6,315,323.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>1,802,582.</u>	<u>1,684,024.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>86,026,504.</u>	<u>89,655,696.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>21,031,090.</u>	<u>22,509,590.</u>
		<u>64,995,414.</u>	<u>67,146,106.</u>

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	Signature of officer		Date		
	<u>JANET A OWENS</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>DAVID EMERICK</u>	<u>DAVID EMERICK</u>	<u>01/09/17</u>	<input type="checkbox"/>	<u>P00621487</u>
	Firm's name	Firm's EIN		Phone no.	
	<u>EMERICK & COMPANY, PC</u>	<u>43-1855764</u>		<u>(816) 531-2822</u>	
	Firm's address	City, state, and ZIP or foreign postal code			
	<u>4520 MADISON AVENUE, STE. G</u>	<u>KANSAS CITY MO 64111</u>			

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 or note to any line in this Part III

1 Briefly describe the organization's mission:

THE AUXILIARY'S OBJECTIVES ARE FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATIONAL. THEY INCLUDE ASSISTING THE POSTS AND MEMBERS OF THE VETERANS OF FOREIGN WARS, MAINTAINING See Form 990, Page 2, Part III, Line 1 (continued)

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

CANCER AID AND RESEARCH PROGRAM: 2,122 GRANTS TOTALING \$1,167,100 WERE GIVEN TO CANCER-STRICKEN MEMBERS; AND \$50,000 WAS DONATED AMONG 2 CANCER RESEARCH INSTITUTIONS.

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

OTHER COMMUNITY SERVICE ACTIVITIES: AUXILIARY AND VFW MEMBERS AROUND THE COUNTRY CONDUCT HUNDREDS OF JOINT ACTIVITIES TO BENEFIT THEIR COMMUNITIES, LIKE DONATING ITEMS TO HOMELESS SHELTERS, CONDUCTING FOOD DRIVES, GIVING GIFTS TO 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.

4 c (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 VETERAN SERVICE OFFICERS TO PRESENT EDUCATIONAL PROGRAMS ON VETERANS' ENTITLEMENTS.

4 d Other program services. (Describe in Schedule O.)

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

4 e 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)? <i>If 'Yes,' complete Schedule A.</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
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, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
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>		X
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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 or note to any line in this Part VII

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

1 a 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) COLETTE BISHOP NATIONAL PRESIDENT	40.00	X		X			9,264.	0.	0.	
(2) DEIRDRE GUILLORY NATIONAL SENIOR VICE-PRESIDENT	10.00	X		X			8,184.	0.	0.	
(3) JAN OWENS NATIONAL SECRETARY-TREASURER	40.00	X		X			79,528.	0.	9,750.	
(4) SANDI KRIEBEL NATIONAL JUNIOR VICE-PRESIDENT	9.00	X		X			7,253.	0.	0.	
(5) PEGGY HAAKE NATIONAL CHAPLAIN	7.00	X		X			6,750.	0.	0.	
(6) SANDRA ONSTWEDDER NATIONAL CONDUCTRESS	6.00	X		X			2,786.	0.	0.	
(7) JEAN HAMIL NATIONAL GUARD	5.00	X		X			0.	0.	0.	
(8) LINDA COMPTON NATIONAL CHIEF OF STAFF	1.00	X		X			0.	0.	0.	
(9) LORRAINE CANNON NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	
(10) CAROLE HARRISON NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	
(11) GLORIA FAULK NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	
(12) LEE SPATAFORE NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	
(13) FRANCINE CORNISH NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	
(14) TRISH VON WALD NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(15) KATHY CANDADY NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(16) PATSY COLE NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(17) DANA FOGNER NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(18) HOPE GILBERT NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(19) LINDA MORAN NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(20) VIVAIN BERNOTAS NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(21) VIRGINIA ROSA NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(22) TAMI ELLIOTT NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(23) KIM SLOAN NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(24) BARBARA MELNICK NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
(25) MARY STROUD NATIONAL DIST. COUNCIL MEMBER	1.00	X					0.	0.	0.
1 b Sub-total							113,765.	0.	9,750.
c Total from continuation sheets to Part VII, Section A							70,488.	0.	4,400.
d Total (add lines 1b and 1c)							184,253.	0.	14,150.
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	X
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	X
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	X

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	722,730.
CONDADO GROUP, INC. 1321 BURLINGTON STREET KANSAS CITY MO 64116	INFORMATION TECHNOLOGY	277,163.
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		2

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 873,033.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		873,033.			
Program Service Revenue	2 a <u>CANCER INSURANCE ADMINISTRATION</u>	Business Code 525100	85,178.	85,178.	0.	0.
	b <u>MEMBERSHIP DUES</u>	453220	3,263,907.	3,263,907.	0.	0.
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶		3,349,085.			
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		2,811,591.	0.	0.
4 Income from investment of tax-exempt bond proceeds . . ▶						
5 Royalties ▶			621,616.	621,616.	0.	0.
6 a Gross rents		(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
d Net rental income or (loss) ▶						
7 a Gross amount from sales of assets other than inventory		(i) Securities	59,229,928.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	59,189,074.			
		c Gain or (loss)	40,854.			
d Net gain or (loss) ▶			40,854.	0.	0.	40,854.
8 a 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 ▶					
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
10 a 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					
	11 a <u>TREASURER BOND INCOME</u>	523000	162,140.	162,140.	0.	0.
	b <u>NATIONAL CONVENTION</u>	900099	95,208.	95,208.	0.	0.
	c _____					
	d All other revenue		45,820.	45,820.	0.	0.
e Total. Add lines 11a-11d ▶		303,168.				
12 Total revenue. See instructions ▶		7,999,347.	4,273,869.	0.	2,852,445.	

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	325,567.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	24,724.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.	1,834,535.			
5 Compensation of current officers, directors, trustees, and key employees	184,319.			
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.	559,180.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	101,087.			
9 Other employee benefits	82,907.			
10 Payroll taxes	55,242.			
11 Fees for services (non-employees):				
a Management				
b Legal.	21.			
c Accounting	36,027.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	211,772.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	68,702.			
12 Advertising and promotion	115,737.			
13 Office expenses	16,855.			
14 Information technology	217,961.			
15 Royalties				
16 Occupancy	201,716.			
17 Travel	817,371.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	241,274.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,445.			
23 Insurance	20,654.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>POSTAGE AND SHIPPING</u>	109,792.			
b <u>PRINTING</u>	50,206.			
c <u>PROGRAM AWARDS</u>	218,124.			
d <u>NATIONAL MAGAZINE</u>	743,619.			
e All other expenses	31,486.			
25 Total functional expenses. Add lines 1 through 24e.	6,315,323.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	315,474.	1	213,959.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	287,114.	4	290,072.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	626,923.	9	798,686.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 445,191.		
	b Less: accumulated depreciation	10b 332,984.	124,686.	10c 112,207.
	11 Investments — publicly traded securities	84,672,307.	11	88,240,772.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	86,026,504.	16	89,655,696.	
Liabilities	17 Accounts payable and accrued expenses	1,074,255.	17	1,303,288.
	18 Grants payable		18	
	19 Deferred revenue	7,674,460.	19	7,904,315.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	12,282,375.	25	13,301,987.
	26 Total liabilities. Add lines 17 through 25	21,031,090.	26	22,509,590.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,151,314.	27	17,173,496.
	28 Temporarily restricted net assets	48,844,100.	28	49,972,610.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	64,995,414.	33	67,146,106.
	34 Total liabilities and net assets/fund balances	86,026,504.	34	89,655,696.

BAA

Form 990 (2015)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,999,347.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,315,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,684,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,995,414.
5	Net unrealized gains (losses) on investments	5	740,802.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-274,134.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,146,106.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 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		

BAA

Form 990 (2015)

DRAFT

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

44-0319970

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(19) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

DRAFT

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF ARIZONA, VFW AUXILIARY 326 E BURROWS ST TUCSON AZ 85704	\$ 17,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF ARKANSAS, VFW AUXILIARY 5 MAPLE LANE GREENBRIER AR 72058	\$ 9,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF CALIFORNIA, VFW AUXILIARY 9136 ELK GROVE BLVD STE 101 ELK GROVE CA 95624	\$ 37,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF COLORADO, VFW AUXILIARY 9134 W 93RD AVE WESTMINSTER CO 80021	\$ 5,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DEPARTMENT OF CONNECTICUT, VFW AUXILIARY 8 OAK ST PLAINFIELD CT 06374	\$ 6,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEPARTMENT OF FLORIDA, VFW AUXILIARY PO BOX 773490 OCALA FL 34477	\$ 12,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DEPARTMENT OF GEORGIA, VFW AUXILIARY 1442 LEXINGTON HWY ELBERTON GA 30635	\$ 6,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DEPARTMENT OF ILLINOIS, VFW AUXILIARY PO BOX 76 MONEE IL 60449	\$ 34,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DEPARTMENT OF INDIANA, VFW AUXILIARY PO BOX 283 PATOKA IN 47666	\$ 41,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DEPARTMENT OF IOWA, VFW AUXILIARY 1812 19TH ST HARLAN IA 51537	\$ 9,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DEPARTMENT OF KANSAS, VFW AUXILIARY PO BOX 414 MCPHERSON KS 67460	\$ 10,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DEPARTMENT OF KENTUCKY, VFW AUXILIARY 7650 RABBIT RIDGE RD PROVIDENCE KY 42450	\$ 12,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEPARTMENT OF LOUISIANA, VFW AUXILIARY 3526 ANTHONY RD FLORIEN LA 71429	\$ 9,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DEPARTMENT OF MAINE, VFW AUXILIARY 425 WATERVILLED RD NORRIDGEWOCK ME 04957	\$ 5,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DEPARTMENT OF MARYLAND, VFW AUXILIARY 26595 BLUE JAY LN HEBRON MD 21830	\$ 14,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DEPARTMENT OF MASSACHUSETTS, VFW AUXILIARY 93 CHURCH ST FAIRHAVEN MA 02719	\$ 7,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DEPARTMENT OF MICHIGAN, VFW AUXILIARY 924 N WASHINGTON AVE LANSING MI 48906	\$ 33,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	DEPARTMENT OF MINNESOTA, VFW AUXILIARY 411 N 6TH ST PMB 3769 EMERY SD 57332	\$ 46,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DEPARTMENT OF MISSOURI, VFW AUXILIARY 1 BIG BLUFF CT SAINT CHARLES MO 63304	\$ 17,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	DEPARTMENT OF MONTANA, VFW AUXILIARY 941 MOORING ROAD COLUMBIA FALLS MT 59912	\$ 6,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DEPARTMENT OF NEBRASKA, VFW AUXILIARY 745 K ST PAWNEE CITY NE 68420	\$ 7,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DEPARTMENT OF NEW JERSEY, VFW AUXILIARY 154 OAK PINES BLVD PEMBERTON NJ 08068	\$ 13,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DEPARTMENT OF NEW MEXICO, VFW AUXILIARY 313 CONNIE AVE LOS ALAMOS NM 87544	\$ 6,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	DEPARTMENT OF NEW YORK, VFW AUXILIARY 1799 FRED RD SCHENECTADY NY 12303	\$ 41,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DEPARTMENT OF NORTH CAROLINA, VFW AUXILIARY PO BOX 716 181 W WASHINGTON ST BETHEL NC 27812	\$ 13,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	DEPARTMENT OF NORTH DAKOTA, VFW AUXILIARY PO BOX 1112 MINOT ND 58702	\$ 12,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DEPARTMENT OF OHIO, VFW AUXILIARY 248 MAIN ST #37 ADDYSTON OH 45001	\$ 55,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DEPARTMENT OF PENNSYLVANIA, VFW AUXILIARY 4002 FENTON AVE HARRISBURG PA 17109	\$ 69,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DEPARTMENT OF SOUTH CAROLINA, VFW AUXILIARY 1145 PLEASANT PINES RD MOUNT PLEASANT SC 29464	\$ 9,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DEPARTMENT OF TENNESSEE, VFW AUXILIARY 460 MOONLIGHT TRL LEWISBURG TN 37091	\$ 9,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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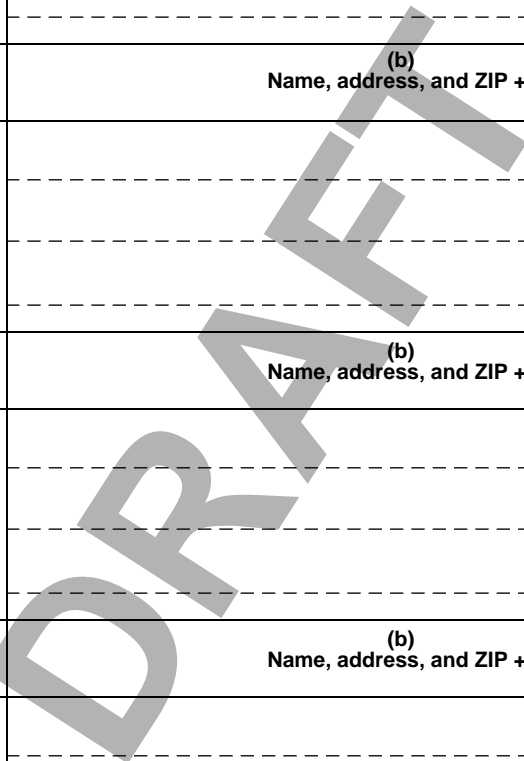
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DEPARTMENT OF TEXAS, VFW AUXILIARY 2839 MCKINZIE RD LOT 1 CORPUS CHRISTI TX 78410	\$ 67,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DEPARTMENT OF VERMONT, VFW AUXILIARY 348 SHADY RILL RD MIDDLESEX VT 05602	\$ 7,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DEPARTMENT OF WASHINGTON, VFW AUXILIARY 6524 E 11TH AVE SPOKANE WA 99212	\$ 13,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	DEPARTMENT OF WEST VIRGINIA, VFW AUXILIARY 740 LOWER DONNALLY RD CHARLESTON WV 25304	\$ 7,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	DEPARTMENT OF WISCONSIN, VFW AUXILIARY 1383 W WISCONSIN AVE OCONOMOWOC WI 53066	\$ 21,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	USAA PO BOX 34330 SAN ANTONIO TX 78265	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	UMB 1010 GRAND BLVD KANSAS CITY MO 64106	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	RC KEMPER CHARITABLE TRUST PO BOX 415044 KANSAS CITY MO 64141	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS OF THE UNITED STATES 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and grantee information.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements and a sub-table for 'Held at the End of the Tax Year'.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures collections.

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

- 3 Using the organization's acquisition, 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 XIII.
- 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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 XIII and complete the following table:
- | | Amount |
|---|------------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	881,209.	921,690.	812,884.	772,703.	788,127.
b Contributions				0.	1,270.
c Net investment earnings, gains, and losses	45,721.	-12,950.	135,101.	66,979.	8,504.
d Grants or scholarships	25,000.	25,000.	23,970.	25,000.	25,000.
e Other expenditures for facilities and programs					
f Administrative expenses	2,403.	2,531.	2,325.	1,798.	198.
g End of year balance	899,527.	881,209.	921,690.	812,884.	772,703.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a 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) | X |
| (ii) related organizations | 3a(ii) | X |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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
1 a Land				
b Buildings				
c Leasehold improvements		78,261.	54,148.	24,113.
d Equipment		366,930.	278,836.	88,094.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				112,207.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIFE MEMBERSHIP BENEFITS	13,301,987.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	13,301,987.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,072,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a 740,802.		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	740,802.
3	Subtract line 2 e from line 1		3	7,331,912.
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	4 a		
	b Other (Describe in Part XIII.)	4 b 667,435.		
	c Add lines 4 a and 4 b		4 c	667,435.
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	7,999,347.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,647,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	5,647,888.
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	4 a		
	b Other (Describe in Part XIII.)	4 b 667,435.		
	c Add lines 4 a and 4 b		4 c	667,435.
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	6,315,323.

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

Pt XI, Line 4b REPRESENTS LIFE MEMBERSHIP PAYOUTS THAT WERE NETTED AGAINST MEMBERSHIP DUES.
 Pt XII, Line 4b REPRESENTS LIFE MEMBERSHIP PAYOUTS THAT WERE NETTED AGAINST MEMBERSHIP DUES.

**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' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

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 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.

1 (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 grant or assistance
(1) PROVIDENCE ALLASKA FOUNDA 3200 PROVIDENCE DR ANCHORAGE AK 99508	92-0093565	501(C)3	25,000.				CANCER RESEARC
(2) MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON TX 77030	74-6000203	501(C)3	25,000.				CANCER RESEARC
(3) NATIONAL DESERT STORM WAR PO BOX 29091 WASHINGTON DC 20017	37-1647413	501(C)3	10,000.				PROGRAM AWARD
(4) WARRIOR EXPEDITIONS 6621 FAIRWAY VIEW TRAIL ROANOKE VA 24018	46-5201997	501(C)3	8,000.				PROGRAM AWARD
(5) VETERANS OF FOREIGN WARS 406 W 34TH ST KANSAS CITY MO 64111	44-0474290	501(C)19	50,000.				PROGRAM AWARD
(6) VFW NATIONAL HOME FOR CHI 3573 WAVERLY RD S EATON RAPIDS MI 48827	38-1359579	501(C)3	186,185.				PROGRAM AWARD
(7) ----- ----- -----							
(8) ----- ----- -----							

- 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 Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated 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 YOUNG AMERICAN PATRIOTIC ARTS SCHOLARSHIPS	8	21,000.			
2 CONTINUING EDUCATION SCHOLARSHIPS	4	4,000.			
3 CANCER GRANTS	2,122	1,167,100.			
4					
5					
6					
7					

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

Pt I Line 2

SCHOLARSHIP APPLICANTS MUST MEET CRITERIA AS DEFINED IN THE SCHOLARSHIP APPLICATIONS AND/OR BROCHURES. A JUNIOR GIRLS SCHOLARSHIP REVIEW COMMITTEE AWARDS SCHOLARSHIPS BASED ON JUNIOR UNIT ACTIVITIES, SCHOOL ACTIVITIES, AND SCHOLASTIC GRADES; LETTERS OF RECOMMENDATION; AND NEATNESS AND CREATIVITY USED IN COMPLETING THE APPLICATION. A PATRIOTIC ART SCHOLARSHIP REVIEW COMMITTEE AWARDS SCHOLARSHIPS BASED ON THE ORIGINALITY OF CONCEPT, PRESENTATION, AND PATRIOTISM EXPRESSED; THE 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. CANCER RESEARCH FELLOWSHIP APPLICANTS MUST MEET ELIGIBILITY CRITERIA AS DEFINED IN THE POSTDOCTORAL RESEARCH FELLOWSHIP APPLICATION. A PANEL OF BASIC AND CLINICAL RESEARCHERS IN THE ONCOLOGY FIELD REVIEW THE APPLICATIONS AND AWARD THE FELLOWSHIP BASED ON THE CANDIDATE'S APPLICATION FORM, THE BIOGRAPHICAL SKETCH OF CANDIDATE AND SPONSOR, DESCRIPTION OF PROPOSED RESEARCH PROJECT, TIMELINE FOR PROJECT AND EXPECTED RESULTS, LETTER OF RECOMMENDATION, AND DESCRIPTION OF LAB FUNDING AVAILABLE. OTHER GRANTS ARE AWARDED BASED ON RECOGNITION OF PAST ACCOMPLISHMENTS IN CHARITABLE, SCIENTIFIC, ARTISTIC, EDUCATIONAL, LITERACY, OR CIVIC FIELDS. RECIPIENTS ARE CHOSEN WITHOUT ACTION ON THEIR PART AND ARE NOT EXPECTED TO PERFORM FUTURE SERVICES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

44-0319970

Pt VI, Line 11b

THE FORM 999 AND ITS SCHEDULES ARE PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTANT. THE 990 IS THEN REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THE NATIONAL SECRETARY-TREASURER. ANY QUESTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. A DRAFT COPY OF FORM 990 IS E-MAILED TO EVERY MEMBER OF THE NATIONAL COUNCIL OF ADMINISTRATION FOR THEIR REVIEW BEFORE THE FORM IS FILED WITH THE IRS.

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 RECUSE THEMSELVES FROM THE POSITION UNTIL THERE IS NO LONGER A CONFLICT.

Pt VI, Line 15a

THE NATIONAL BUDGET COMMITTEE RECOMMENDS THE COMPENSATION FOR THE NATIONAL SECRETARY-TREASURER, NATIONAL PRESIDENT, AND OTHER NATIONAL OFFICERS TO THE COUNCIL OF ADMINISTRATION FROM THE PROPOSED BUDGET PREPARED BY NATIONAL HEADQUARTERS STAFF. THE STAFF MAY USE COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS TO SUBSTANTIATE REASONABLE COMPENSATION LEVELS FOR OFFICERS. OFFICERS' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER 2015 FOR THEN ENSUING FISCAL YEAR.

Pt VI, Line 15b

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 THE NATIONAL HEADQUARTERS STAFF. THE STAFF MAY USE COMPARABILITY DATA FROM VARIOUS SALARY SURVEYS AND OTHER NONPROFIT ORGANIZATIONS, ALONG WITH PERFORMANCE EVALUATIONS, EXPERIENCE, TENURE, AND OTHER RELEVANT FACTORS TO SUBSTANTIATE REASONABLE COMPENSATION LEVELS FOR EMPLOYEES. EMPLOYEES' SALARIES WERE REVIEWED AND APPROVED BY THE COUNCIL OF ADMINISTRATION IN SEPTEMBER OF 2015 FOR THE ENSUING FISCAL YEAR.

Pt VI, Line 19

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBER UPON WRITTEN REQUEST.

Pt VI, Line 6

THE VFW AUXILIARY IS ORGANIZED AS A MISSOURI NONPROFIT CORPORATION UNDER SECTION 501(C)(19) OF THE INTERNAL REVENUE CODE. THE CORPORATION SHALL HAVE MEMBERS WHO SHALL, AT ALL TIMES, CONSIST OF AND BE CONFINED TO THE THE ACTIVE MEMBERSHIP IN GOOD STANDING OF THE VFW AUXILIARY. MEMBERS HAVE THE RIGHT TO ELECT 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 NET ASSETS UPON DISSOLUTION.

THE ORGANIZTAION'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). APPOINTED OFFICERS SHALL INCLUDE THE SECRETARY AND CHIEF OF STAFF WHICH ARE APPOINTED BY THE NATIONAL PRESIDENT. THE NATIONAL REGIONAL DISTRICT COUNCIL MEMBERS SHALL BE ELECTED FROM DEPARTMENTS IN TURN AS DEPARTMENTS ARE LISTED IN THE SECTION 804E OF THE NATIONAL BYLAWS THEREBY GIVING EVERY DEPARTMENT ITS TURN IN FOLLOWING EXPIRATION OF TERM OF OFFICE OF COUNCIL MEMBER FROM DEPARTMENTS AS LISTED. THE NATIONAL COUNCIL OF ADMINISTRATION SHALL MEET AT SUCH PLACE AS MAY BE

Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY	Employer identification number 44-0319970
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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 7a

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 VFW AUXILIARY. 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 THEIR ABSENCE THE JUNIOR VICE-PRESIDENT, MAY FUNCTION AS A MEMBER OF THE NATIONAL CONVENTION. 3) DELEGATES TO BE ELECTED BY EACH AUXILIARY AT THE LAST REGULAR MEETING IN JUNE - ONE DELEGATE AND ONE ALTERNATE FOR EACH FIFTY MEMBERS OR FRACTION THEREOF IN GOOD STANDING IN THE AUXILIARY ON THE DATE OF ELECTION OF DELEGATES. THE NATIONAL CONVENTION HAS THE AUTHORITY TO MAKE CHANGES TO THE NATIONAL BYLAWS WHICH GOVERN THE ORGANIZATION. DECISIONS THAT ARE MADE BY THE NATIONAL COUNCIL OF ADMINISTRATION MAY ONLY COME BEFORE THE NATIONAL CONVENTION FOR CONSIDERATION IF A RESOLUTION IS BROUGHT BEFORE THE CONVENTION TO CHANGE, AMEND, OR OVERTURN THE ACTION.

Pt VI, Line 7b

OTHER CHANGES IN NET ASSETS ARE FROM UNREALIZED GAINS AND THE CHANGE IN PENSION LOSS NOT BEING INCLUDED ON PAGE 9.

Pt XI

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning Sep 1, 2015, and ending Aug 31, 202016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

44-0319970

Name and title of officer

JANET A OWENS

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>7,999,347.</u>
2 a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here . . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 43595711999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 01/09/2017

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

TRUE ALLEGIANCE TO THE UNITED STATES OF AMERICA AND FIDELITY TO ITS CONSTITUTION AND LAWS,
FOSTERING TRUE PATRIOTISM, MAINTAINING AND EXTENDING THE INSTITUTIONS OF AMERICAN
FREEDOM AND EQUAL RIGHTS AND JUSTICE TO ALL MEN AND WOMEN, AND PRESERVING AND
DEFENDING THE UNITED STATES OF AMERICA FROM ALL HER ENEMIES WHOMSOEVER.

DRAFT