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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization
American Legion Auxiliary
Post 114 Henry Meldrum

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 1005

City or town, state or country, and ZIP + 4
Sikeston MO 63801

D Employer identification number
43-1300535

E Telephone number
573-471-3205

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ None

J Organization type (check only one)— ☒ 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 104,640

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	3,217
	3	Membership dues and assessments See Statement 1		3	4,116
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☒			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 96,829		
	b	Less direct expenses other than fundraising expenses	6b 27,662		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	69,167
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ See Statement 2)		8	478
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	76,978
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 3		10	73,506
	11	Benefits paid to or for members		11	2,800
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	49
	15	Printing, publications, postage, and shipping		15	1,841
	16	Other expenses (describe ▶ See Statement 4)		16	15,597
	17	**Total expenses.** Add lines 10 through 16 ▶		17	93,793
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,815
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	34,202
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	17,387

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	34,202	22	17,387
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	34,202	25	17,387
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	34,202	27	17,387

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

DAA

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?

See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	See Statement 6 (Grants $ 68,606) If this amount includes foreign grants, check here ▶ ☐	28a	82,832
29	See Statement 7 (Grants $ 4,900) If this amount includes foreign grants, check here ▶ ☐	29a	4,900
30	See Statement 8 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	3,887
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	91,619

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Barbara Looney 313 Edmondson	Sikeston MO 63801	President 2	0	0	0
Dimple Malloy 333 S Kingshighway	Sikeston MO 63801	1st Vice Pre 2	0	0	0
Mary Ellen Turner 116 Marian	Sikeston MO 63801	2nd Vice Pre 2	0	0	0
Lisa Hicks 205 Andrea St.	Sikeston MO 63801	Secretary 2	0	0	0
Vicki Wilson PO Box 1154	Sikeston MO 63801	Treasurer 2	0	0	0
Brenda Sorrells 726 N. West Street	Sikeston MO 63801	Sgt @ Arms 2	0	0	0
Jessica Cummins 170 Presnell St.	Sikeston MO 63801	Historian 2	0	0	0
Barbara Turnbo 136 Greenbrier	Sikeston MO 63801	Chaplain 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The books are in care of ▶ Vicki Wilson Telephone no ▶ 573-471-3205

Located at ▶ PO Box 1005 Sikeston, MO ZIP + 4 ▶ 63801

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Tammy Cummins — Signature of officer

10-12-10 — Date

Tammy Cummins — Type or print name and title

President

Paid Preparer's Use Only

Preparer's signature: Michael D Conway — Date: 10/11/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.): P00610520

Firm's name (or yours if self-employed), address, and ZIP + 4: Conway & Co. LLC, 217 Tanner St, Sikeston, MO 63801 — EIN ▶ 20-2536744 — Phone no ▶ 573-471-2080

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: American Legion Auxiliary Post 114 Henry Meldrum

Employer identification number: 43-1300535

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events None (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	( )
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue	96,829			96,829
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	27,662			27,662
	6 Volunteer labor	[X] Yes 100.00 % [ ] No	[ ] Yes % [X] No	[ ] Yes % [X] No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	(27,662)
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	69,167

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities	MO		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	100.00 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶ Vicki Wilson PO Box 1005 Address ▶ Sikeston MO 63801				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?				X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ $				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
				17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 69,167				

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Membership Dues	$ 4,116
Total	$ 4,116

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Miscellaneous Revenue	$ 478
Total	$ 478

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
Paid to other Charities	40,921	None				Details Available
American Legion Post #114	27,685	Affiliate				Use of Facility
Total	68,606					

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Travel	659
Banquets & Dinners	9,654
Flowers, Promotions	1,352
Membership Dues	2,795
Poppy Supplies	1,087
Taxes	50
Total	$ 15,597

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The American Legion Auxiliary -Unit #114 is a local membership organization of women whose relatives served in the American Armed Forces during certain wartime periods. The Auxiliary keeps it's members apprised of stories for soldiers, veterans, families & youth. The Auxiliary supports various projects which directly or indirectly benefit veterans and/or their descendants. They educate children for leadership through supporting Girls Nation, the Spirit of Youth Fund, and by organizing local scholaraship programs. They help their members through financial hardships by providing financial assistance to auxiliary members who have exhausted all other personal and community resources.
Activites supported include the following:
Poppy Sales
Youth Baseball Programs
Blood Drives
Girls Nation
Other Community Activities

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Social and Recreational Activities:
The American Legion Auxiliary -Unit #114 sponsors various youth activities, such as Girls Nation and youth baseball. In addition, it provides for donations to various charities described in IRC 501(c)(3) which benefit the members and/or their descendants.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

Scholarship Programs:
The American Legion Auxiliary-Unit #114 establishes and supports shcolarship opportunities for students and alerts eligible students to existing scholarship resources.

Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

Veterans and Military Family Programs:
The American Legion Auxiliary -Unit #114 administers the Poppy Program, which provides contributions to assist veterans.