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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROVIDE VETERANS WITH AN OPPORTUNITY TO BE IN CONTACT WITH OTHER VETERANS AND TO KEEP THEM ABREAST OF TOPICS RELEVANT TO VETERANS			
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			
28 PROGRAMS PROVIDE OPPORTUNITIES FOR VETERANS TO BE IN CONTACT WITH ONE ANOTHER AND TO STAY ABREAST OF TOPICS AFFECTING VETERANS AND BENEFITS AVAILABLE TO THEM (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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
See Additional Data Table				

Additional Data

Software ID:

Software Version:

EIN: 44-0356165

Name: AMERICAN LEGION - DEPT OF MISSOURI


Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CHARLES GOODIN PO BOX 179 JEFFERSON CITY,MO 65102	COMMANDER 1	0		
WADE F PROSSER PO BOX 179 JEFFERSON CITY,MO 65102	ADJUTANT 40	26,038		12,123
LYNN DORRELL PO BOX 179 JEFFERSON CITY,MO 65102	SR VICE CMDR 40	53,152		16,369
THOMAS GOODIN PO BOX 179 JEFFERSON CITY,MO 65102	VICE CMDR 1	0		
JULIO BAMBINI PO BOX 179 JEFFERSON CITY,MO 65102	VICE CMDR 1	0		
ROBERT LANNAN PO BOX 179 JEFFERSON CITY,MO 65102	VICE CMDR 1	0		
DAVID F BECKLEY PO BOX 179 JEFFERSON CITY,MO 65102	VICE CMDR 1	0		
RICHARD HEIGERT PO BOX 179 JEFFERSON CITY,MO 65102	MEMBER 1	0		
CLARK POINTER PO BOX 179 JEFFERSON CITY,MO 65102	MEMBER 1	0		
VICTOR J STRAGLIATI PO BOX 179 JEFFERSON CITY,MO 65102	PAST CMDR 1	0		
ROGER DAVIS PO BOX 179 JEFFERSON CITY,MO 65102	JUDGE ADV 1	0		
SHIRLEY JANES PO BOX 179 JEFFERSON CITY,MO 65102	FINANCE OFF 1	0		
RAYMOND BASSETT PO BOX 179 JEFFERSON CITY,MO 65102	CHAPLAIN 1	0		
PAUL BENNETT PO BOX 179 JEFFERSON CITY,MO 65102	HISTORIAN 1	0		
DOUGLAS GOODWIN PO BOX 179 JEFFERSON CITY,MO 65102	SGT AT ARMS 1	0		
JOE FRANK PO BOX 179 JEFFERSON CITY,MO 65102	PAST CMDR 1	0		

Part VOther 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	No		
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	No		
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 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file Form 1120-POL for this year?	37b	No		
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	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	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?	40e	No		
41	List the states with which a copy of this return is filed ▶ _____				
42a	The books are in care of ▶ AM LEGION - DEPT OF MO Telephone no ▶ (573) 893-2353				
	3341 AMERICAN AVE				
	Located at ▶ JEFFERSON CITY, MO ZIP + 4 ▶ 65102				
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	No		
	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 ?	42c	No		
	If "Yes," enter the name of the foreign country ▶ _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

Please 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				
	*****		2010-02-04		
	Signature of officer		Date		
	SHIRLEY JAMES FINANCE OFFICER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ JAMES R MCGINNIS		Date 2010-02-04	Check if self-employed ▶ <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GERDING KORTE & CHITWOOD PC CPAs 20 SOUTH FIFTH STREET COLUMBIA, MO 65201				EIN ▶
					Phone no ▶ (573) 449-1599

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

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return AMERICAN LEGION - DEPT OF MISSOURI	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 44-0356165
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	30,164

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	30,164
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Form

8824

Department of the Treasury
Internal Revenue Service

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

OMB No 1545-1190

2008

Attachment
Sequence No 109

Name(s) shown on tax return
AMERICAN LEGION - DEPT OF MISSOURI

Identifying number
44-0356165

Part I

Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1

Description of like-kind property given up ► 2006 DODGE GRAND CARAVAN

2

Description of like-kind property received ► 2008 DODGE VAN SE

3

Date like-kind property given up was originally acquired (month, day, year)

3

09-14-2005

4

Date you actually transferred your property to other party (month, day, year)

4

08-15-2008

5

Date like-kind property you received was identified by written notice to another party (month, day, year)
See instructions for 45-day written notice requirement

5

08-15-2008

6

Date you actually received the like-kind property from other party (month, day, year) See instructions

6

08-15-2008

7

Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions If "Yes," complete Part II If "No," go to Part III

Yes

✓

No

Part II

Related Party Exchange Information

8

Name of related party

Relationship to you

Related party's identifying number

Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)

9

During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party directly or indirectly (such as through an intermediary) sell or dispose of any part of the like-kind property received from you in the exchange?

Yes

No

10

During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

Yes

No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11

If one of the exceptions below applies to the disposition, check the applicable box

a

The disposition was after the death of either of the related parties

b

The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange

c

You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose If this box is checked, attach an explanation (see instructions)

For Paperwork Reduction Act Notice, see page 5.

Cat No 12311A

Form 8824 (2008)

Name(s) shown on tax return Do not enter name and social security number if shown on other side	Your social security number
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Part III

Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred **and** received **(a)** more than one group of like-kind properties or **(b)** cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12			
13	Adjusted basis of other property given up	13			
14	Gain or (loss) recognized on other property given up Subtract line 13 from line 12 Report the gain or (loss) in the same manner as if the exchange had been a sale	14			
	Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15			
16	FMV of like-kind property you received	16		26,774	
17	Add lines 15 and 16	17		26,774	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18		28,547	
19	Realized gain or (loss). Subtract line 18 from line 17	19		-1,773	
20	Enter the smaller of line 15 or line 19, but not less than zero	20			
21	Ordinary income under recapture rules Enter here and on Form 4797, line 16 (see instructions)	21		-1,773	
22	Subtract line 21 from line 20 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22		1,773	
23	Recognized gain. Add lines 21 and 22	23			
24	Deferred gain or (loss) Subtract line 23 from line 19 If a related party exchange, see instructions	24		-1,773	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		28,547	

Part IV

Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture (Do not attach a copy of your certificate Keep the certificate with your records)				
27	Description of divested property ➤				
28	Description of replacement property ➤				
29	Date divested property was sold (month, day, year)	29			
30	Sales price of divested property (see instructions)	30			
31	Basis of divested property	31			
32	Realized gain. Subtract line 31 from line 30	32			
33	Cost of replacement property purchased within 60 days after date of sale	33			
34	Subtract line 33 from line 30 If zero or less, enter -0-	34			
35	Ordinary income under recapture rules Enter here and on Form 4797, line 10 (see instructions)	35			
36	Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36			
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37			
38	Basis of replacement property. Subtract line 37 from line 33	38			

TY 2008 Compensation Explanation**Name:** AMERICAN LEGION - DEPT OF MISSOURI**EIN:** 44-0356165

Person Name	Explanation
CHARLES GOODIN	
WADE F PROSSER	
LYNN DORRELL	
THOMAS GOODIN	
JULIO BAMBINI	
ROBERT LANNAN	

Person Name	Explanation
DAVID F BECKLEY	
RICHARD HEIGERT	
CLARK POINTER	
VICTOR J STRAGLIATI	
ROGER DAVIS	
SHIRLEY JANES	

Person Name	Explanation
RAYMOND BASSETT	
PAUL BENNETT	
DOUGLAS GOODWIN	
JOE FRANK	

TY 2008 Other Assets Schedule**Name:** AMERICAN LEGION - DEPT OF MISSOURI**EIN:** 44-0356165

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	12,109	12,263
PREPAID EXPENSES AND DEFERRED CHARGES	54,515	11,421
	66,624	23,684

TY 2008 Other Changes in Net Assets Schedule**Name:** AMERICAN LEGION - DEPT OF MISSOURI**EIN:** 44-0356165

Description	Amount
RESTATEMENT OF NET ASSETS	-694
RESTATEMENT OF DEFERRED REVENUE, DUES	-61,278

TY 2008 Other Expenses Schedule**Name:** AMERICAN LEGION - DEPT OF MISSOURI**EIN:** 44-0356165

Description	Amount
EXPENSES	
TRAVEL EXPENSE	84,510
INSURANCE EXPENSE	2,000
EQUIPMENT MAINTENANCE	6,839
COMMISSIONS AND PROGRAMS	43,136
BUILDING MAINTENANCE	4,251
VEHICLE EXPENSE	2,037
MISSOURI LEGIONAIRE	49,477
MISCELLANEOUS EXPENSE	9,605
INCOME TAXES	33,187

TY 2008 Other Liabilities Schedule**Name:** AMERICAN LEGION - DEPT OF MISSOURI**EIN:** 44-0356165

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,603	15,846
DEFERRED DUES	222,533	236,167
ACCRUED COMPENSATED ABSENCES	12,068	8,113
OTHER ACCRUED LIABILITIES	8,632	22,125
NATIONAL DUES PAYABLE	111,726	81
INCOME TAXES PAYABLE		
	357,562	282,332

TY 2008 Other Revenues Schedule

Name: AMERICAN LEGION - DEPT OF MISSOURI

EIN: 44-0356165

Description	Amount
MISCELLANEOUS REVENUE	38,668