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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 06/01/09, and ending 05/31/10

B Check if applicable	C Name of organization ASSISTANCE LEAGUE OF MID-MISSOURI		D Employer identification number 43-1618493
<input type="checkbox"/> Address change	Doing Business As		E Telephone number 573-445-3848
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1729 WEST BROADWAY		G Gross receipts \$ 752,683
<input type="checkbox"/> Initial return	Room/suite 1A		
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4 COLUMBIA MO 65203		
<input checked="" type="checkbox"/> Amended return	F Name and address of principal officer DORIS ROSS 1729 WEST BROADWAY 1A COLUMBIA MO 65203		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ►
J Website: ► <a href="http://www.almm.org">http://www.almm.org</a>			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation	M State of legal domicile

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO SUPPORT COMMUNITY PHILANTHROPIC NEEDS.

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3	12
4	12
5	1
6	464
7a	
7b	0

Activities & Governance	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
			347,880	369,769	37,548	18,210
		9 Program service revenue (Part VIII, line 2g)	4,510	1,061		
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			647	25,205
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			390,585	414,245
		12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			91,094	76,960
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			11,320	10,277
		14 Benefits paid to or for members (Part IX, column (A), line 4)			12,495	8,880
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
		16a Professional fundraising fees (Part IX, column (A), line 11e)				
		b Total fundraising expenses (Part IX, column (D), line 25) ►	61,210			
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			255,746	270,261
		18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			370,655	366,378
		19 Revenue less expenses Subtract line 18 from line 12			19,930	47,867
Net Assets or Fund Balances					Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)			545,873	590,104
		21 Total liabilities (Part X, line 26)			22,403	18,768
		22 Net assets or fund balances Subtract line 21 from line 20			523,470	571,336

## 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

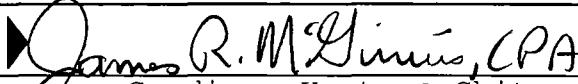
SUE CHRISTY

1/31/11

Date

TREASURER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 01/17/11	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00529082
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Geringer, Korte & Chitwood, PC, CPA's 20 South Fifth Street Columbia, MO 65201	EIN ►	43-1260512	Phone no ► 573-449-1599

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2009)

7P

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

TO SUPPORT COMMUNITY PHILANTHROPIC NEEDS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 72,494 including grants of \$ 66,960 ) (Revenue \$ )  
 LINKS TO LEARNING PROJECT PROVIDES CASH GRANTS TO LOCAL PUBLIC SCHOOL TEACHERS TO PAY FOR EDUCATIONAL PROJECTS. THESE AWARDS FUND ITEMS SUCH AS BOOKS, TECHNOLOGY, FIELD TRIPS, MUSIC, ART & SCIENCE EQUIPMENT. THOUSANDS OF STUDENTS THROUGHOUT COLUMBIA HAVE BENEFITTED FROM THIS SPECIAL SUPPORT FOR EDUCATION.

4b (Code ) (Expenses \$ 140,501 including grants of \$ ) (Revenue \$ )  
 OPERATION SCHOOL BELL PROJECT PROVIDES BACKPACKS & NEW CLOTHING TO YOUNG STUDENTS WHO CANNOT AFFORD NEW CLOTHING. THIS PROJECT STRIVES TO INCREASE SELF-ESTEEM & ENCOURAGE REGULAR SCHOOL ATTENDANCE.

4c (Code ) (Expenses \$ 10,000 including grants of \$ 10,000 ) (Revenue \$ )  
 ASSISTING WOMEN'S ACHIEVEMENT SCHOLARSHIP PROGRAM: THIS PROGRAM PROVIDES SCHOLARSHIP MONEY TO TWO LOCAL INSTITUTIONS: STEPHENS COLLEGE AND COLUMBIA COLLEGE. THE RECIPIENTS ARE SELECTED BY THE INDIVIDUAL COLLEGES.

4d Other program services (Describe in Schedule O )

(Expenses \$ 79,414 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 302,409

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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? If "Yes," complete Schedule D, Part X
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	

	Yes	No
12A	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	

**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	1
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	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	5a	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5b	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	6b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10a	
10	<b>Section 501(c)(7) organizations.</b> Enter	10b	
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	<b>Section 501(c)(12) organizations.</b> Enter	12a	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**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.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 12  
 b Enter the number of voting members that are independent 1b 12

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X  
 a The governing body? 8b X  
 b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X

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

10a Does the organization have local chapters, branches, or affiliates? 10a X  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X  
 a The organization's CEO, Executive Director, or top management official 15b X  
 b Other officers or key employees of the organization  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SUE CHRISTY  
 3510 DANVERS DRIVE  
 COLUMBIA MO 65203 573-445-3848

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

• 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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			
DORIS ROSS PRESIDENT	46.50	X					0	0	0
MARILYN STARWALT PRES. NOM.	13.40	X					0	0	0
MARILYN HOECKER VP - BUDGET	6.70	X					0	0	0
SUSAN BROOKS VP - PHILANT	29.80	X					0	0	0
ELLEN ROPER VP - RES DEV	6.00	X					0	0	0
JUDY MILLER VP - MEMB	11.70	X					0	0	0
JAN BECKETT VP - COMMU	19.30	X					0	0	0
GLENDIA MOORE VP - STRAT	18.00	X					0	0	0
EDDY WILDT REC. SECY	6.00	X					0	0	0
SUSAN CHRISTY TREASURER	11.70	X					0	0	0
CAROL HURT AUXILIARY LIAISON	17.90	X					0	0	0
DONNA BUCHERT PARLIAMENTARIAN	12.40	X					0	0	0
KELLIE ANN CRISTIE CORR. SECRETARY	5.30	X					0	0	0

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

**1b Total**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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**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

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f	1a 1b 1c 13,728 1d 1e 1f 356,041 \$ 341,600	369,769		
	h Total. Add lines 1a-1f ►				
Program Service Revenue		Busn. Code			
	2a MEMBERSHIP DUES b c d e f All other program service revenue g Total. Add lines 2a-2f		18,210 18,210		
	3 Investment income (including dividends, interest, and other similar amounts) ►		1,061		1,061
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) ►	(i) Real (ii) Personal			
	7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ►	(i) Securities (ii) Other			
	8a Gross income from fundraising events (not including \$ 13,728 of contributions reported on line 1c) See Part IV, line 18 a 13,903 b Less direct expenses b 1,401 c Net income or (loss) from fundraising events ►		12,502 12,502		
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ►				
	10a Gross sales of inventory, less returns and allowances a 348,898 b Less cost of goods sold b 337,037 c Net income or (loss) from sales of inventory ►		11,861		11,861
Other Revenue	Miscellaneous Revenue	Busn. Code			
	11a MISCELLANEOUS RECEIPTS b c d All other revenue e Total. Add lines 11a-11d		842		842
	12 Total Revenue. See instructions ►		414,245 30,712 0 13,764		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	76,960	76,960		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members	10,277	10,277		
5 Compensation of current officers, directors, trustees, and key employees				
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	5,811			5,811
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,382			2,382
10 Payroll taxes	687			687
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	4,874	2,586	242	2,046
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,343	3,973	370	
13 Office expenses	2,684	2,501	183	
14 Information technology				
15 Royalties				
16 Occupancy	74,731	39,606	1,107	34,018
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,844	6,508	608	3,728
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,555	1,534	144	877
23 Insurance	589	539	50	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PROGRAM SUPPLIES - OSB	105,934	105,934		
b PROGRAM SUPPLIES - OTHER	50,881	50,881		
c BANK & CREDIT CARD FEES	3,055			3,055
d Supplies	2,436			2,436
e Advertising	1,983			1,983
f All other expenses	5,352	1,110	55	4,187
25 Total functional expenses. Add lines 1 through 24f	366,378	302,409	2,759	61,210
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	249,279	2	277,538
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,102	4	14,303
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	210,859	8	225,041
	9 Prepaid expenses and deferred charges	10,982	9	10,407
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	60,296		
	b Less accumulated depreciation	37,747	10c	22,549
	11 Investments—publicly traded securities	41,800	11	40,000
	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	266	15	266
	16 Total assets. Add lines 1 through 15 (must equal line 34)	545,873	16	590,104
Liabilities	17 Accounts payable and accrued expenses	11,983	17	8,208
	18 Grants payable		18	
	19 Deferred revenue	10,420	19	10,560
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	22,403	26	18,768
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	523,470	27	571,336
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	523,470	33	571,336
	34 Total liabilities and net assets/fund balances	545,873	34	590,104

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ASSISTANCE LEAGUE OF MID-MISSOURI

Employer identification number  
43-1618493

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	69,714	67,227	65,020	59,838	369,769	631,568
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	268,434	284,302	308,869	320,682	32,113	1,214,400
3 Gross receipts from activities that are not an unrelated trade or business under section 513					348,898	348,898
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total. Add lines 1 through 5</b>	<b>338,148</b>	<b>351,529</b>	<b>373,889</b>	<b>380,520</b>	<b>750,780</b>	<b>2,194,866</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>						
<b>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year</b>						
<b>c Add lines 7a and 7b</b>						
<b>8 Public support (Subtract line 7c from line 6 )</b>						<b>2,194,866</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9 Amounts from line 6</b>	<b>338,148</b>	<b>351,529</b>	<b>373,889</b>	<b>380,520</b>	<b>750,780</b>	<b>2,194,866</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</b>						
	3,983	8,220	8,464	4,510	1,061	26,238
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						
<b>c Add lines 10a and 10b</b>	<b>3,983</b>	<b>8,220</b>	<b>8,464</b>	<b>4,510</b>	<b>1,061</b>	<b>26,238</b>
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>					0	
<b>12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )</b>		892	398	647		1,937
<b>13 Total support. (Add lines 9, 10c, 11, and 12 )</b>	<b>342,131</b>	<b>360,641</b>	<b>382,751</b>	<b>385,677</b>	<b>751,841</b>	<b>2,223,041</b>
<b>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.73 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.32 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 %
<b>19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization</b>		
<b>b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization</b>		
<b>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</b>		



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

\$ 1,937

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

ASSISTANCE LEAGUE OF MID-MISSOURI

43-1618493

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► — — — —

4 Number of states where property subject to conservation easement is located ► — — — —

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

► — — — —

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ — — — —

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1  
(ii) Assets included in Form 990, Part X

► \$ — — — —  
► \$ — — — —

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1  
b Assets included in Form 990, Part X

► \$ — — — —  
► \$ — — — —

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

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	60,296		37,747	22,549

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 22,549

**Part VII Investments—Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
_____		
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )**

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV )	8
9	Total adjustments (net) Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV Supplemental Information (continued)**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Department of the Treasury  
Internal Revenue Service**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2009

**Open To Public  
Inspection**

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**Name of the organization**

## ASSISTANCE LEAGUE OF MID-MISSOURI

**Employer identification number**  
43-1618493

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a**  Mail solicitations
- b**  Internet and 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

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  COMEDY NIGHT (event type)	(b) Event #2  DONOR LETTER AP (event type)	(c) Other events  None (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross receipts	13,903	13,728		27,631
<b>2</b> Less Charitable contributions		13,728		13,728
<b>3</b> Gross revenue (line 1 minus line 2)	13,903			13,903
<b>Direct Expenses</b>				
<b>4</b> Cash prizes				
<b>5</b> Noncash prizes				
<b>6</b> Rent/facility costs				
<b>7</b> Food and beverages				
<b>8</b> Entertainment				
<b>9</b> Other direct expenses		1,401		1,401
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				► (1,401)
<b>11</b> Net income summary Combine line 3, column (d), and line 10				► (12,502)

**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))
<b>Revenue</b>				
<b>1</b> Gross revenue				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes				
<b>3</b> Noncash prizes				
<b>4</b> Rent/facility costs				
<b>5</b> Other direct expenses				
<b>6</b> Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				► ( )
<b>8</b> Net gaming income summary Combine line 1, column d, and line 7				► ( )

**9** Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain

Yes	No
9a	

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

10a	
11	

**11** Does the organization operate gaming activities with nonmembers?

**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	
----	--

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- 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 of the third party

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?
- 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 ► \$

	Yes	No
13a	%	
13b	%	

15a		

17a		

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Department of the Treasury  
Internal Revenue Service

Complete if the

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

► Attach to Form 990.

ASSISTANCE LEAGUE OF MID-MISSOURI

## **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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II G

Form 990, Part IV, line 21, for Part IV and Schedule I-1 (Form	
1	(a) Name and address of organization or government
COLUMBIA COLLEGE	
11001 ROGERS ST.	
COLUMBIA	
COLUMBIA PUBLIC SCHOOL DISTRICT	
1818 W. WORLEY ST.	
COLUMBIA	
MO 65201	
MO 65203	

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

כ. ארגון חברתי ורשות מקומית כשותפות

## Schedule I (Form 990) 2004

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds ASSISTING WOMEN'S ACHIEVEMENT SCHOLARSHIP PROGRAM: THIS PROGRAM PROVIDES SCHOLARSHIP MONEY TO LOCAL INSTITUTIONS, INCLUDING COLUMBIA COLLEGE AND COLUMBIA PUBLIC SCHOOLS. THE RECIPIENTS ARE SELECTED BY THE INDIVIDUAL INSTITUTION; THE ASSOCIATION OF MID-MISSOURI DOES NOT MONITOR THE USE OF THESE FUNDS ON BEHALF OF THE INSTITUTION.

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

ASSISTANCE LEAGUE OF MID-MISSOURI

Employer identification number  
43-1618493

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X		341,600	THRIFT STORE RETAIL VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (				
26 Other ► (				
27 Other ► (				
28 Other ► (				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be  
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

	Yes	No
30a		X
31	X	
32a		X

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ASSISTANCE LEAGUE OF MID-MISSOURI

Employer Identification number  
43-1618493

## Amended Return Explanation

ORGANIZATION'S RETURN IS BEING AMENDED TO PROVIDE MORE DETAILED INFORMATION, INCLUDING AN UPDATE WEB ADDRESS, MORE SPECIFIC PROGRAM INFORMATION AND A MORE ACCURATE ESTIMATE OF VOLUNTEER NUMBERS AND HOURS WORKED BY BOARD MEMBERS.

## Form 990, Part III, Line 4d - All Other Achievements

WOMEN'S SHELTER PROJECT PROVIDES ASSISTANCE AND SUPPORT TO THE LOCAL WOMEN'S SHELTER, INCLUDING EQUIPMENT, FURNISHINGS AND SUPPLIES.

KABOODLE KITS PROJECT PROVIDES PERSONAL HYGIENE KITS TO MOTHERS & CHILDREN RESIDING IN THE LOCAL WOMEN'S SHELTER.

BOOKBAGS PROJECT: VOLUNTEERS READ BOOKS & LEAD ACTIVITIES AT TWO PUBLICLY FUNDED NURSERY SCHOOLS, SENDING HOME BAGS WITH STORY BOOKS & ACTIVITIES FOR FAMILIES' USE.

ASSAULT SURVIVAL KITS (ASK) PROJECT: THESE KITS ARE PROVIDED TO LOCAL HOSPITAL EMERGENCY ROOMS FOR ASSAULT VICTIMS. THE KITS CONTAIN HYGIENE ITEMS & NEW CLOTHING TO WEAR HOME FROM THE EMERGENCY ROOM.

BUNDLES FOR BABIES ARE LAYETTE KITS ASSEMBLED TO PROVIDE "HOME FROM THE HOSPITAL" NECESSITIES FOR NEWBORNS IN NEED.

PARENT PACKS PROJECT PROVIDES CANVAS BAGS CONTAINING BOOKS ON PREGNANCY, FETAL DEVELOPMENT, CHILDBIRTH AND BABY NAMES, AN EXERCISE VIDEO AND PRENATAL BROCHURES TO EXPECTANT PARENTS.

OPERATION SHARE DISTRIBUTES ITEMS DONATED TO UPSCALE RESALE TO OTHER LOCAL

Name of the organization

ASSISTANCE LEAGUE OF MID-MISSOURI

Employer identification number

43-1618493

CHARITABLE INSTITUTIONS.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

THE ENTITY IS ORGANIZED WITH VOTING AND NON-VOTING MEMBERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

OFFICERS/BOARD OF DIRECTORS ARE ELECTED BY MEMBERSHIP.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

DECISIONS SUBJECT TO APPROVAL OF MEMBERS INCLUDE ELECTION OF

OFFICERS/GOVERNING BOARD AND ANY CHANGES TO BUDGET OR BYLAWS.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters

THE ASSISTANCE LEAGUE OF MID-MISSOURI IS A CHARTERED CHAPTER OF THE

NATIONAL ASSISTANCE LEAGUE. THIS CHAPTER IS GOVERNED BY ESTABLISHED BYLAWS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

PRIOR TO FILING, THE 990 IS FIRST SENT TO THE FINANCE COMMITTEE FOR REVIEW

AND APPROVAL AND THEN TO THE BOARD FOR REVIEW AND APPROVAL. ONCE THE 990 IS

APPROVED BY THE BOARD, IT IS FILED WITH THE IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Computer Equipment	4/03/96	2,829			2,829	3	MO S/L	2,829	0
2	Office Equipment	4/29/97	996			996	5	MO S/L	996	0
3	Laptop Computer	1/29/04	1,645			1,645	3	MO S/L	1,645	0
4	HP Monitor	6/25/97	399			399	3	MO S/L	399	0
5	HP Computer	6/25/97	1,899			1,899	3	MO S/L	1,899	0
6	HP Scanner	6/25/97	800			800	3	MO S/L	800	0
7	Microsoft Office	6/26/97	169			169	3	MO S/L	169	0
8	Pagemaker Software	6/26/97	170			170	3	MO S/L	170	0
9	Refrigerator & Mirowave	4/17/98	268			268	3	MO S/L	268	0
10	Office Furniture	4/30/98	1,068			1,068	5	MO S/L	1,068	0
11	QuickBooksPro	9/08/98	180			180	3	MO S/L	180	0
12	Laminator	10/16/98	1,965			1,965	5	MO S/L	1,965	0
13	Resale Shop Fixtures	4/15/99	5,369			5,369	7	MO S/L	5,369	0
14	Resale Shop Fixtures	11/15/99	667			667	7	MO S/L	667	0
15	Air Cleaner	12/27/99	476			476	5	MO S/L	476	0
16	Resale Shop Fixtures/Furniture	11/15/00	4,141			4,141	7	MO S/L	4,141	0
17	Office Furnishings	11/15/00	3,378			3,378	7	MO S/L	3,378	0
18	Resale Shop Fixtures	11/01/01	349			349	7	MO S/L	349	0
19	Laptop	5/28/02	1,706			1,706	5	MO S/L	1,706	0
20	Computer	5/28/02	1,751			1,751	5	MO S/L	1,751	0
21	Software	5/28/02	200			200	5	MO S/L	200	0
22	Computer with Zip Drive	7/19/02	2,000			2,000	3	MO S/L	2,000	0
23	Office Shelves	8/20/02	150			150	5	MO S/L	150	0
24	Resale Shop Shelves	9/17/02	265			265	5	MO S/L	265	0
25	XL15 Classic Air Cleaner	9/30/02	486			486	5	MO S/L	486	0
26	Copier	1/09/03	700			700	5	MO S/L	700	0
27	Portable PA System	10/25/07	345			345	5	MO S/L	109	69
28	Book Shelves for Shop	3/20/08	1,401			1,401	7	MO S/L	234	200
29	Mail Boxes	7/15/07	600			600	7	MO S/L	164	86
30	Marquee Signs	3/18/08	424			424	3	MO S/L	165	141
31	Glass Display Shelf	5/05/08	406			406	7	MO S/L	63	58
32	Storage Space Leasehold Improvements	2/02/09	11,868			11,868	15	MO S/L	264	791
33	Storage Space-Rolling Ladder	12/15/08	866			866	7	MO S/L	62	124
34	Storage Racks	2/04/09	970			970	7	MO S/L	46	139
35	Conference table, arm chairs, stacking chair	4/27/09	4,870			4,870	7	MO S/L	58	696
36	SHELVING (OSB)	5/22/10	898			898	7	MO S/L	0	0
37	LAPTOP & SOFTWARE	7/23/09	890			890	5	MO S/L	0	148
38	LIGHT FIXTURES	7/08/09	650			650	7	MO S/L	0	85
39	SHELVING	4/12/10	800			800	7	MO S/L	0	19
40	SHELVING	5/31/10	1,282			1,282	7	MO S/L	0	0
<b>Total Other Depreciation</b>			<u>60,296</u>			<u>60,296</u>			<u>35,191</u>	<u>2,556</u>
<b>Total ACRS and Other Depreciation</b>			<u>60,296</u>			<u>60,296</u>			<u>35,191</u>	<u>2,556</u>
<b>Grand Totals</b>			<u>60,296</u>			<u>60,296</u>			<u>35,191</u>	<u>2,556</u>
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>60,296</u>			<u>60,296</u>			<u>35,191</u>	<u>2,556</u>

**Federal Statements****Taxable Interest on Investments**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
EARNINGS ON INVESTMENTS	\$ 1,061			14	
Total	\$ 1,061				

## Federal Statements

## Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PUBLIC RELATIONS	\$ 1,588			\$ 1,588
Telephone	665			665
MISCELLANEOUS	596			
PUBLIC RELATIONS - LINKS	529			529
PROGRAM SUPPLIES - LINKS	504			301
Printing and Publications	301			222
MISCELLANEOUS	222			217
D&O INSURANCE	217			217
Supplies	128			128
Printing and Publications	101			101
MISCELLANEOUS	73			73
PUBLIC RELATIONS	72			72
PUBLIC RELATIONS	72			72
D&O INSURANCE	72			72
BANK & CREDIT CARD FEES	65			65
Supplies	17			17
PUBLIC RELATIONS	17			17
Printing and Publications	16			16
Printing and Publications	14			14
D&O INSURANCE	14			14
D&O INSURANCE	10			10
MISCELLANEOUS	10			10
MISCELLANEOUS	9			9
MISCELLANEOUS	9			9
BANK & CREDIT CARD FEES	8			8
Telephone	6			6
Supplies	4			4
Printing and Publications	3			3
MISCELLANEOUS	2			2
D&O INSURANCE	2			2
Telephone	1			1
HISTORICAL / SCRAPBOOK	1			1
BANK FEES	1			1
HISTORICAL / SCRAPBOOK	1			1
BANK FEES	1			1
Telephone	1			1
Total	\$ 5,352	\$ 1,110	\$ 55	\$ 4,187

Form 4562

Department of the Treasury  
Internal Revenue Service  
(99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

ASSISTANCE LEAGUE OF MID-MISSOURI

Identifying number  
43-1618493

Business or activity to which this form relates

## Indirect Depreciation

## 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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2008 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 2010 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 instr.)

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	2,556

## 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 2009	17	0
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 ►		<input type="checkbox"/>

## Section B—Assets Placed in Service During 2009 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 2009 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 instructions	22	2,556
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA