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Form 990-EZ

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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning	7/1/2009	, and ending	6/30/2010
B Check if applicable	D Employer identification number		
Address change	43-6051555		
Name change	E Telephone number		
Initial return	660-886-8257		
Terminated	F Group Exemption		
Amended return	Number ► 0925		
Application pending			

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

I Website: ►

J Tax-exempt status (check only one) — 501(c) (19) ◀ (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 219,175

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,038
	2 Program service revenue including government fees and contracts	2	1,835
	3 Membership dues and assessments	3	4,325
	4 Investment income	4	3,356
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	206,849
	b Less: direct expenses other than fundraising expenses	6b	175,811
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	31,038
	7a Gross sales of inventory, less returns and allowances	7a	1,772
	b Less: cost of goods sold	7b	1,406
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	366
	8 Other revenue (describe ►)	8	0
	9 Total revenue. Add lines 1 through 8 ►)	9	41,958
Expenses	10 Grants and similar amounts paid (attach schedule)	10	12,235
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	450
	14 Occupancy, rent, utilities, and maintenance	14	11,167
	15 Printing, publications, postage, and shipping	15	415
	16 Other expenses (describe ► See Attached Statement)	16	15,146
	17 Total expenses. Add lines 10 through 16	17	39,413
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,545
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	233,840
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	236,385

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		116,256	22 107,727
23 Land and buildings		117,264	23 128,412
24 Other assets (describe ► NSF checks)		320	24 246
25 Total assets		233,840	25 236,385
26 Total liabilities (describe ►)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		233,840	27 236,385

Part III: Statement of Program Service Accomplishments (See the instructions for Part III.)				Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>promote americanism</u>				
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, and other relevant information for each program title				
28 The purpose of the Legion (members 246) is to uphold and defend the Constitution of the United States; to promote peace and good will among the peoples of the United States and all the nations of the Earth, to preserve the memories and incidents of the 2 World Wars and the other great hostilities (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>				28a 0
29 fought to uphold democracy; to cement the ties and comradeship born of service; and to consecrate the efforts of its members to mutual helpfulness and service to their country. Through Veterans Affairs & Rehabilitation, veterans are assisted to inquire and file claims as well as (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>				29a 0
30 assisting the homeless and those veterans that are in need Through Americanism, the commitment to the states youth is evidenced via the Oratorical scholarship program, scholarships for youth, and our commitment to youth programs like the Boy Scouts, State Youth in Govt, Junior shoot, Boys state. (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>				30a 0
31 Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>				31a 0
32 Total program service expenses. (add lines 28a through 31a)				32 0
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
Ray Pritchard 200 Linn St Malta Bend MO 65339	Title commander Hr/WK .25	0	0	0
Wade Clemons 200 Linn St Malta Bend MO 65339	Title 1st Vice commander Hr/WK .00	0	0	0
John Campbell 200 Linn St Malta Bend MO 65339	Title 2nd Vice commander Hr/WK .00	0	0	0
Jim Brown 200 Linn St Malta Bend MO 65339	Title Adjutant Hr/WK 1.00	0	0	0
Jim Brown 200 Linn St Malta Bend MO 65339	Title Finance Officer Hr/WK 1.00	0	0	0
Lloyd Bentley 200 Linn St Malta Bend MO 65339	Title Service Officer Hr/WK 50	0	0	0
Gene Cassell 200 Linn St Malta Bend MO 65339	Title Historian Hr/WK 1.00	0	0	0
Roland Wood 200 Linn St Malta Bend MO 65339	Title Chaplain Hr/WK .25	0	0	0
Gerald Miller 200 Linn St Malta Bend MO 65339	Title Sgt at Arms Hr/WK .00	0	0	0
Harrell Boedeker 200 Linn St Malta Bend MO 65339	Title Members at large Hr/WK .00	0	0	0
Jim Clarkson 200 Linn St Malta Bend MO 65339	Title Members at large Hr/WK .00	0	0	0
Bernard Venne 200 Linn St Malta Bend MO 65339	Title members at large Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38 a 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 outstanding at the end of the period covered by this return?	38b 0	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40b	N/A
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► <u>None required</u>	40e	X
42 a The organization's books are in care of ► James Brown Telephone no. ► 660-886-8257 Located at ► 372 W Kay City Marshall ST MO ZIP + 4 ► 65340		
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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and 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
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	<input checked="" type="checkbox"/> <i>James A. Brown</i> <input checked="" type="checkbox"/> 08-03-2010 Signature of officer Date <input checked="" type="checkbox"/> <i>JAMES A. BROWN Adjtant</i> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <input checked="" type="checkbox"/> <i>Lois Schroeder</i>	Date 7/27/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <i>P00057402</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input checked="" type="checkbox"/> <i>Lois Fischer Inc</i> <i>5 N Miami Ave, Marshall, MO 65340</i>		EIN <input type="checkbox"/> 43 1867214	Phone no <input type="checkbox"/> (660) 886-8000

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

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Schools	Malta Bend School		Linn St	Malta Bend	MO	653339	
2	Schools	Malta Bend School		Linn St	Malta Bend	MO	653339	
3	School	Marshall High School		Miami St	Marshall	MO	65340	
4	4-H	Saline County		Saline County	Marshall	MO	65340	
5	Scholarships	Corrie Wilson		Saline County	Malta Bend	MO	65339	
6	Scholarships	Ashley Thomas		Saline County	Malta Bend	MO	65339	
7	Scholarships	Colton Orendorff		Saline County	Malta Bend	MO	65339	
8	Scholarships	Brian M Prichard		Saline County	Malta Bend	MO	65339	
9	Boys & Girls State	Boys State & Girls State		Jefferson City	Jefferson City	MO		
10	Donations - non profit	various organizations		various	various			

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
2,346	none	cash	sound system for the school	2,346	actual cash spent	0	actual cash	5/20/2010
739	none	cash	self defense program	739	actual cash spent	0	actual cash	2/1/2010
100	none	cash	Safe program	100	actual cash spent	0	actual cash	4/21/2010
1,000	none	cash	Shooting program	1,000	actual cash spent	0	actual cash	3/25/2010
500	none	cash	college scholarship	500	actual cash spent	0	actual cash	7/1/2009
500	none	cash	college scholarship	500	actual cash spent	0	actual cash	8/3/2009
500	none	cash	college scholarship	500	actual cash spent	0	actual cash	12/7/2009
500	none	cash	college scholarship	500	actual cash spent	0	actual cash	12/28/2009
1,375	none	cash	boys & girls state	1,375	actual cash spent	0	actual cash	3/25/2010
4,675	none	cash	non profit organizations	4,675	actual cash spent	0	actual cash	6/30/2010

Part I, Line 16 (990-EZ) - Other Expenses

15,146

1 Travel	1
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4 0
5 Conferences, conventions, and meetings	5
6 Depreciation	6 0
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10
11 Telephone	11
12 Unrelated business income taxes	12 0
13 Repairs	13 5,698
14 Maintenance on hall	14 4,345
15 Dues to National office	15 4,102
16 Bank Charges	16 10
17 Veterans' Day balloons	17 100
18 Program expenses - caps, flags, gavel bell, oratory medals, etc	18 891
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29

Part II, Line 24 (990-EZ) - Other Assets

	Description	320	246
1	NSF checks	320	246
2			
3			
4			
5			
6			
7			
8			
9			
10			
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12			
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