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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
AMERICAN LEGION AUXILIARY
POST 114 HENRY MEIDRUM

Number and street (or P O box, if mail is not delivered to street address)
PO BOX 1005

Room/suite

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

D Employer identification number

43-1300535

E Telephone number

F Group Exemption
Number 

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

I Website: NONE

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

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 104.447

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	248
	3	Membership dues and assessments		3	2,094
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	97,022	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
	c	Less direct expenses from gaming and fundraising events	6c	32,987	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe in Schedule O)		8	5,083	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	71,460	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	58,760
	11	Benefits paid to or for members		11	1,245
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	325
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	12,477
	17	Total expenses. Add lines 10 through 16		17	72,807
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,347
	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	11,377
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	10,030

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	11,377	22	10,030
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	11,377	25	10,030
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	11,377	27	10,030

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
THE AMERICAN LEGION AUXILIARY -UNIT 114 IS A LOCAL MEMBERSHIP ORGANIZATION OF WOMEN WHOSE RELATIVES SERVED IN THE AMERICAN ARMED FORCES DURING CERTAIN WARTIME PERIODS THE AUXILIARY KEEPS ITS MEMBERS APPRISED OF STORIES FOR SOLDIERS, VETERANS, FAMILIES & YOUTH THE AUXILIARY SUPPORTS VARIOUS PROJECTS WHICH DIRECTLY OR INDIRECTLY BENEFIT VETERANS AND/OR THEIR DESCENDANTS THEY EDUCATE CHILDREN FOR LEADERSHIP THROUGH SUPPORTING GIRLS NATION, THE SPIRIT OF YOUTH FUND, AND BY ORGANIZING LOCAL SCHOLARSHIP PROGRAMS THEY HELP THEIR MEMBERS THROUGH FINANCIAL HARDSHIPS BY PROVIDING FINANCIAL ASSISTANCE TO AUXILIARY MEMBERS WHO HAVE EXHAUSTED ALL OTHER PERSONAL AND COMMUNITY RESOURCES ACTIVITES SUPPORTED INCLUDE THE FOLLOWING POPPY SALES YOUTH BASEBALL PROGRAMS BLOOD DRIVES GIRLS NATION OTHER COMMUNITY ACTIVITIES

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	SOCIAL AND RECREATIONAL ACTIVITIES THE AMERICAN LEGION AUXILIARY -UNIT 114 SPONSORS VARIOUS YOUTH ACTIVITIES, SUCH AS GIRLS NATION AND YOUTH BASEBALL IN ADDITION, IT PROVIDES FOR DONATIONS TO VARIOUS CHARITIES DESCRIBED IN IRC 501(C)(3) WHICH BENEFIT THE MEMBERS AND/OR THEIR DESCENDANTS (Grants \$ 43,685) If this amount includes foreign grants, check here ☐	28a	50,387
29	SCHOLARSHIP PROGRAMS THE AMERICAN LEGION AUXILIARY-UNIT 114 ESTABLISHES AND SUPPORTS SHCOLARSHIP OPPORTUNITIES FOR STUDENTS AND ALERTS ELIGIBLE STUDENTS TO EXISTING SCHOLARSHIP RESOURCES (Grants \$ 15,075) If this amount includes foreign grants, check here ☐	29a	15,075
30	VETERANS AND MILITARY FAMILY PROGRAMS THE AMERICAN LEGION AUXILIARY -UNIT 114 ADMINISTERS THE POPPY PROGRAM, WHICH PROVIDES CONTRIBUTIONS TO ASSIST VETERANS (Grants \$) If this amount includes foreign grants, check here ☐	30a	1,568
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	67,030

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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 . . ☐ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>VICKI WILSON</u> Telephone no ☐ <u>(573) 471-3205</u> PO BOX 1005 Located at ☐ <u>SIKESTON, MO</u> ZIP + 4 ☐ <u>63801</u>		
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	No
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	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes☐ No

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		2011-05-10 Date		
	TAMMY CUMMINS PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MICHAEL G CONWAY CPA	Date 2011-05-11	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CONWAY & CO LLC 217 TANNER ST SIKESTON, MO 63801			EIN
					Phone no (573) 471-2080

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMERICAN LEGION AUXILIARY
POST 114 HENRY MELDRUM

Employer identification number

43-1300535

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

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

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

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

3

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1	Gross revenue	97,022		97,022
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses	32,987		32,987
	6	Volunteer labor	☒ 100 000 % ☐ Yes 100 000 % ☐ No	☐ Yes % ☒ No	☐ Yes % ☒ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			32,987
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			64,035

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableMO

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If "No," Explain

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

☐ Yes ☒ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☒ No

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?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name VICKI WILSON

Address PO BOX 1005
SIKESTON,MO 63801

15a

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

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☒ Yes ☐ No

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 \$ 64,035

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
REQUIRED DISTRIBUTIONS PER STATE LAW	SCHEDULE G PAGE 3 PART III LINE 17B	MISSOURI 64035

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMERICAN LEGION AUXILIARY POST 114 HENRY MELDRUM	Employer identification number 43-1300535
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS REVENUE 5,083 TOTAL 5,083

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	NONE SCHOLARSHIPS 15,075 0 0

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	PAID TO OTHER CHARITIES DETAILS AVAILABLE UPON REQUEST SIKESTON, MO 63801 12,349 0 0 AMERICAN LEGION POST 114 333 S KINGSHIGHWAY SIKESTON, MO 63801 31,336 0 0

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 1,324 TRAVEL 416 TAXES 200 BANQUETS & DINNERS 4,880 FLOWERS, PROMOTIONS 1,552 MEMBERSHIP DUES 2,782 POPPY SUPPLIES 323 ACCOUNTING & LEGAL 1,000 TOTAL 12,477

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE AMERICAN LEGION AUXILIARY -UNIT 114 IS A LOCAL MEMBERSHIP ORGANIZATION OF WOMEN WHOSE RELATIVES SERVED IN THE AMERICAN ARMED FORCES DURING CERTAIN WARTIME PERIODS THE AUXILIARY KEEPS ITS MEMBERS APPRISED OF STORIES FOR SOLDIERS, VETERANS, FAMILIES & YOUTH THE AUXILIARY SUPPORTS VARIOUS PROJECTS WHICH DIRECTLY OR INDIRECTLY BENEFIT VETERANS AND/OR THEIR DESCENDANTS THEY EDUCATE CHILDREN FOR LEADERSHIP THROUGH SUPPORTING GIRLS NATION, THE SPIRIT OF YOUTH FUND, AND BY ORGANIZING LOCAL SCHOLARSHIP PROGRAMS THEY HELP THEIR MEMBERS THROUGH FINANCIAL HARDSHIPS BY PROVIDING FINANCIAL ASSISTANCE TO AUXILIARY MEMBERS WHO HAVE EXHAUSTED ALL OTHER PERSONAL AND COMMUNITY RESOURCES ACTIVITES SUPPORTED INCLUDE THE FOLLOWING POPPY SALES YOUTH BASEBALL PROGRAMS BLOOD DRIVES GIRLS NATION OTHER COMMUNITY ACTIVITIES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	SOCIAL AND RECREATIONAL ACTIVITIES THE AMERICAN LEGION AUXILIARY -UNIT 114 SPONSORS VARIOUS YOUTH ACTIVITIES, SUCH AS GIRLS NATION AND YOUTH BASEBALL IN ADDITION, IT PROVIDES FOR DONATIONS TO VARIOUS CHARITIES DESCRIBED IN IRC 501(C)(3) WHICH BENEFIT THE MEMBERS AND/OR THEIR DESCENDANTS

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT	FORM 990-EZ, PART III, LINE 29	SCHOLARSHIP PROGRAMS THE AMERICAN LEGION AUXILIARY-UNIT 114 ESTABLISHES AND SUPPORTS SHCOLARSHIP OPPORTUNITIES FOR STUDENTS AND ALERTS ELIGIBLE STUDENTS TO EXISTING SCHOLARSHIP RESOURCES

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT	FORM 990-EZ, PART III, LINE 30	VETERANS AND MILITARY FAMILY PROGRAMS THE AMERICAN LEGION AUXILIARY -UNIT 114 ADMINISTERS THE POPPY PROGRAM, WHICH PROVIDES CONTRIBUTIONS TO ASSIST VETERANS

TY 2010 Compensation Explanation

Name: AMERICAN LEGION AUXILIARY
POST 114 HENRY MELDRUM

EIN: 43-1300535

Person Name	Explanation
BARBARA LOONEY	
MARY ROACH	
ANNI CUMMINS	
LISA HICKS	
VICKI WILSON	
ANGELA ADAMS	
ANNE QUICK	
TAMMY CUMMINS	

Additional Data

Software ID:
Software Version:
EIN: 43-1300535
Name: AMERICAN LEGION AUXILIARY
POST 114 HENRY MELDRUM

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BARBARA LOONEY  313 EDMONDSON SIKESTON, MO 63801	PRESIDENT 2 00	0		
MARY ROACH  PO BOX 1005 SIKESTON, MO 63801	1ST VICE PRE 2 00	0		
ANNI CUMMINS  PO BOX 1005 SIKESTON, MO 63801	2ND VICE PRE 2 00	0		
LISA HICKS  205 ANDREA ST SIKESTON, MO 63801	SECRETARY 2 00	0		
VICKI WILSON  PO BOX 1154 SIKESTON, MO 63801	TREASURER 2 00	0		
ANGELA ADAMS  PO BOX 1005 SIKESTON, MO 63801	SGT @ ARMS 2 00	0		
ANNE QUICK  PO BOX 1005 SIKESTON, MO 63801	HISTORIAN 2 00	0		
TAMMY CUMMINS  PO BOX 1005 SIKESTON, MO 63801	CHAPLAIN 2 00	0		