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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder 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

2010

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning

7/1/2010

, and ending

6/30/2011

B Check if applicable	C Name of organization American Legion 558 Malta Bend Memorial			D Employer identification number	
<input type="checkbox"/> Address change	Doing Business As			43-6051555	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
<input type="checkbox"/> Initial return	372 W Kay				
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4				
<input type="checkbox"/> Amended return	Marshall	Mo	65340	G Gross receipts \$ 248,490	
<input type="checkbox"/> Application pending	F Name and address of principal officer James Brown 372 W Kay, Marshall, MO 65340			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 19 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
J Website: ► n/a				H(c) Group exemption number ► 0925	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation 1952	M State of legal domicile MO

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. To uphold & defend the Constitution, promote peace & good will, to preserve the memories of the 2 World Wars, to cement the comradeship born of service, & consecrate the efforts of its members to mutual helpfulness & service to their country				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	240		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	240		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	8		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34.	7b	0		
			990EZ last year		Current Year
Expenses	8 Contributions and grants (Part VIII, line 1h)		5,732		
	9 Program service revenue (Part VIII, line 2g)		0		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,216		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,970		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0		43,918
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				14,206
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <i>RECEIVED</i>	0	0		
	17 Other expenses (Part IX, column (A), lines 15-1d, 11f-24f)				22,281
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		0		36,487
	19 Revenue less expenses Subtract line 18 from line 12		0		7,431
	20 Total assets (Part X, line 16)		Beginning of Current Year		End of Year
21 Total liabilities (Part X, line 26)		236,385	243,816		
22 Net assets or fund balances Subtract line 21 from line 20		0	0		
		236,385	243,816		

## 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

*X James A. Brown*  
Signature of officer

*X 08-15-11*  
Date

Type or print name and title

Paid Preparer's Use Only	Print/Type preparer's name Lois Schroeder	Preparer's signature Lois Schroeder	Date 8/10/2011	Check <input type="checkbox"/> if self-employed	PTIN 000057402
	Firm's name ► Lois Fischer Inc	Firm's EIN ►			
	Firm's address ► 5 N Miami Avenue, Marshall, MO 65340	Phone no (660) 886-8000			

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

Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

12 Form 990 (2010)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission:

To uphold & defend the Constitution, promote peace & good will, to preserve the memories of the 2 World Wars, to cement the comradeship born of service, & consecrate the efforts of its members to mutual helpfulness & service to their country

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 \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0)

The American Legion Post #558 continues to exhibit its commitment to public charitable support. Through Veterans Affairs & Rehabilitation, veterans are assisted by Department Service Officers to inquire and file claims with the VA, as well as assisting the homeless veterans and those veterans that are in need. Through Americanism and Children & Youth, the commitment to the states youth is evidenced via the Oratorical scholarship program, scholarships for youth, and our commitment to youth programs like the Boys Scouts, State Youth in Government Day, Junior Sports Shooting, and Boys State

4b (Code ..... ) (Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0.)

4c (Code ..... ) (Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0.)

4d Other program services (Describe in Schedule O)

(Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0)

4e Total program service expenses ► 0

**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? (see instructions)
- 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b 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
- c 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
- d Did the organization report an amount for other assets 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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, Parts I and IV
- 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, Parts II and IV
- 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, Parts III and IV
- 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 (see instructions)
- 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
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3	X	
4	N/A	
5	N/A	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b	N/A	

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

		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	21	X
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	22	X
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	23	X
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	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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?	24c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A
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	25b	N/A
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	26	X
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	27	X
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	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
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	33	X
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	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	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," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N/A
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	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

 Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3
b 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	X
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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	N/A
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A
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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
<b>8 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	N/A
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	9a	N/A
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
<b>10 Section 501(c)(7) organizations.</b> Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
<b>11 Section 501(c)(12) organizations.</b> Enter		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A
c Enter the amount of reserves on hand	13c	N/A
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/A

**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.

Check if Schedule O contains a response to any question in this Part VI.

**Section A. Governing Body and Management**

- 1a Enter the number of voting members of the governing body at the end of the tax year. 

1a	240
1b	240
- 1b Enter the number of voting members included in line 1a, above, who are independent.
- 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?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- 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.

	Yes	No
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
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?
- 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?
- 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- b 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.
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 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?
- a The organization's CEO, Executive Director, or top management official
- 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?
- 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?

	Yes	No
10a		X
10b		NA
11a		X
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		NA

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► None required
- 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 ► James Brown 660-886-8257  
372 W Kay, Marshall, MO 65340

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

Check if Schedule O contains a response to any question in this Part VII

**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

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 employee			
(1) Gene Cassell commander	0.3	X		X			X	0	0
(2) Scottie Campbell 1st Vice commander	0.1	X		X			X	0	0
(3) Pete McCorkle 2nd vice commander	0.1	X		X			X	0	0
(4) James Brown Adjutant	1.	X		X			X	0	0
(5) James Brown Finance Officer	1	X		X			X	0	0
(6) Lloyd Bentley Service Officer	0.5	X		X			X	0	0
(7) Gene Cassell Historian	1	X		X			X	0	0
(8) Roland Wood Chaplain	0.3	X		X			X	0	0
(9) Gerald Miller Sgt at Arms	0.1	X		X			X	0	0
(10) Harrell Boedeker members at large	0.1	X		X			X	0	0
(11) Jim Clarkson members at large	0.1	X		X			X	0	0
(12) Bernard Venne members at large	0.1	X		X			X	0	0
(13) .....									
(14) .....									
(15) .....									
(16) .....									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Former Officer Individual trustee or director	Institutional trustee	Key employee			
(17).....							
(18).....							
(19).....							
(20).....							
(21).....							
(22).....							
(23).....							
(24).....							
(25).....							
(26).....							
(27).....							
(28).....							
1b Sub-total					► 0	0	
c Total from continuation sheets to Part VII, Section A					► 0	0	
d Total (add lines 1b and 1c)					► 0	0	
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					► 3	X	
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					► 4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					► 5	X	
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	(A) Name and business address			(B) Description of services		(C) Compensation	
None						0	
						0	
						0	
						0	
						0	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization				► 0			

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns <b>b</b> Membership dues <b>c</b> Fundraising events <b>d</b> Related organizations <b>e</b> Government grants (contributions) <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>g</b> Noncash contributions included in lines 1a-1f. <b>h</b> <b>Total.</b> Add lines 1a-1f	<b>1a</b> 0 <b>1b</b> 4,151 <b>1c</b> 0 <b>1d</b> 0 <b>1e</b> 0 <b>1f</b> 1,581 <b>g</b> \$ 0 <b>h</b> ► 5,732			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b>		0		
	<b>b</b>		0		
	<b>c</b>		0		
	<b>d</b>		0		
	<b>e</b>		0		
	<b>f</b> All other program service revenue		0		
	<b>g</b> <b>Total.</b> Add lines 2a-2f	►	0		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	►	3,216	3,216	3,216
	<b>4</b> Income from investment of tax-exempt bond proceeds	►	0		
	<b>5</b> Royalties	►	0		
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss)	►	0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>b</b> Less cost or other basis and sales expenses	0	0		
	<b>c</b> Gain or (loss)	0	0		
	<b>d</b> Net gain or (loss)	►	0		
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0		
	<b>b</b> Less direct expenses	b	0		
	<b>c</b> Net income or (loss) from fundraising events	►	0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	a	237,151		
	<b>b</b> Less direct expenses	b	202,676		
	<b>c</b> Net income or (loss) from gaming activities	►	34,475	34,475	34,475
	<b>10a</b> Gross sales of inventory, less returns and allowances	a	2,391		
	<b>b</b> Less cost of goods sold	b	1,896		
	<b>c</b> Net income or (loss) from sales of inventory	►	495	495	495
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11a</b>		0		
	<b>b</b>		0		
	<b>c</b>		0		
	<b>d</b> All other revenue		0		
	<b>e</b> <b>Total.</b> Add lines 11a-11d	►	0		
	<b>12</b> <b>Total revenue.</b> See instructions	►	43,918	38,186	0
					38,186

**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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	14,206			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	450			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	3,809			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	11,394			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1,550			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a Dues to National office	3,910			
b Program expenses (flags, etc)	462			
c Membership supper	706			
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	36,487	0	0	0
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	4,348	1	2,591
	2 Savings and temporary cash investments	103,379	2	107,804
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	133,206	
	b Less accumulated depreciation	10b	0	133,206
	11 Investments—publicly traded securities		0	11
	12 Investments—other securities See Part IV, line 11		0	12
	13 Investments—program-related See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets See Part IV, line 11		246	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		236,385	16
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
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	236,385	27	243,816
	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	236,385	33	243,816
	34 Total liabilities and net assets/fund balances	236,385	34	243,816

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,918
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,487
3	Revenue less expenses. Subtract line 2 from line 1	3	7,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	236,385
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	243,816

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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?	2c	N/A
	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 separate basis, consolidated basis, or both		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	X
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	3b	N/A

**Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant Activities**

Part I Line 1 - Briefly describe the organization's mission or most significant activities      Limit to 320 characters.

To uphold &amp; defend the Constitution; promote peace &amp; good will, to preserve the memories of the 2 World Wars, to cement the comradeship born of service, &amp; consecrate the efforts of its members to mutual helpfulness &amp; service to their country

Part III Line 1 - Briefly describe the organization's mission      Limit to 375 characters.

To uphold &amp; defend the Constitution, promote peace &amp; good will, to preserve the memories of the 2 World Wars; to cement the comradeship born of service, &amp; consecrate the efforts of its members to mutual helpfulness &amp; service to their country

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	4,151
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above	1,058 25 498	
Other contributions total		6	1,581
7	Total	7	5,732
			0

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Name of the organization

**Employer identification number**

American Legion 558 Malta Bend Memorial

43-6051555

Form 990 Part VI Line 11b The American Legion reviewed the completed 990 form at it's monthly

meeting. A copy is made available to any of its members that want to study it for a longer period of time

Form 990 Section VI Line 12c Every officer is required to sign a "conflict of interest"

statement each calendar year. The Financial Governance Committee will determine what course of action must be taken to resolve any conflict it believes may exist.

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

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

American Legion 558 Malta Bend Memorial

Employer identification number

43-6051555

**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).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? ►	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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	0

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

b If "Yes," explain the arrangement in Part XIV  Yes  No

**Part V Endowment Funds.** Complete if the 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
1a					
1b					
1c					
1d					
1e					
1f					
1g	0	0	0	0	

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?

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

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

**Part VI 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	1,500	0		1,500
b	Buildings	28,701	0	0	28,701
c	Leasehold improvements	0	0	0	0
d	Equipment	103,005	0	0	103,005
e	Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))					► 133,206

**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
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12)</b>	<b>0</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13)</b>	<b>0</b>	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15)</b>	<b>0</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25)</b>	<b>0</b>

2. FIN 48 (ASC 740) 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 (ASC 740).

**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	43,918
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,487
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,431
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	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	7,431

**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	0
3	Subtract line 2e from line 1	3	0
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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0

**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	0
3	Subtract line 2e from line 1	3	0
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0

**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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

American Legion 558 Malta Bend Memorial

**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**

Employer identification number

43-6051555

**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 <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> 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

(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
1		Yes	No	0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
		0	0	0	0
Revenue	1 Gross receipts	0	0	0	0
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				► ( 0 )
	11 Net income summary Combine line 3, column (d), and line 10				► 0

**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))
		237,151			237,151
Revenue	1 Gross revenue	237,151			237,151
Direct Expenses	2 Cash prizes	188,792			188,792
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses	13,884			13,884
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► ( 202,676 )
	8 Net gaming income summary. Combine line 1, column d, and line 7				► 34,475

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

- a Is the organization licensed to operate gaming activities in each of these states?  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	99.99%
b An outside facility	13b	0.01%

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

Name ► James Brown

Address ► 372 W Kay Marshall, MO 65340

- 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 ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0.  
c If "Yes," enter name and address of the third party

Yes  No

Name ►

Address ►

- ## 16 Gaming manager information

Name ► James Brown

Gaming manager compensation ► \$ .....

► orders supplies, prepares bingo reports, enlists volunteers

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

► Attach to Form 990.

American Legion 558 Malta Bend Memorial

OMB No 1545-0047  
**2010**  
**Open to Public  
Inspection**

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**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 Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II

►  
M/A  
can be duplicated if additional space is needed

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1) .....			0	0			
(2) .....			0	0			
(3) .....			0	0			
(4) .....			0	0			
(5) .....			0	0			
(6) .....			0	0			
(7) .....			0	0			
(8) .....			0	0			
(9) .....			0	0			
(10) .....			0	0			
(11) .....			0	0			
(12) .....			0	0			

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

►  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(HTA)

**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

**Part III** can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarship for college	10	5,000	0	FMV	
2 4-6 Shooting (purchase air rifles)	50	1,200	0	FMV	
3 Malta Bend R-V (steam table)	100	1,308	0	FMV	
4 Boys & Girls State	2	775	0	FMV	
5 Memorials for Legion members	10	380	0	FMV	
6 National Fire Safety (fire up program fire alarm(s))	50	100	0	FMV	
7 Flags (church & school)	300	771	0	FMV	

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

## Continuation Sheet for Schedule I (Form 990)

Name of the organization  
American Legion 558 Malta Bend Memorial

Page 1 of 1  
Employer identification number  
43-6051555

### **Part III Continuation of Grants and Other Assistance to Individuals in the United States**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8 Veteran's Day balloons	240	275	0	FMV	
9 Marshall school safe program	500	100	0	FMV	
10 Malta Bend R-V tournament	100	100	0	FMV	
11 Missouri Valley College - Hospitality service	38	190	0	FMV	
12 Donations to non-profit organizations	0	4,007	0	FMV	
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0			
21	0	0			
22	0	0			
23	0	0			
24	0	0			
25	0	0			
26	0	0			

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

**2010**

**Open to Public  
Inspection**

American Legion 558 Malta Bend Memorial

Employer identification number

43-6051555

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment from the organization or a related organization?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

*N/A*

- 5 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?

- b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization?

- b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(HTA)

Schedule J (Form 990) 2010

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Retirement and other deferred compensation	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 Gene Cassell	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
2 Scottie Campbell	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
3 Pete McCorkle	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
4 James Brown	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
5 James Brown	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
6 Lloyd Bentley	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
7 Gene Cassell	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
8 Roland Wood	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
9 Gerald Miller	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
10 Harrell Boedeker	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
11 Jim Clarkson	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
12 Bernard Venne	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
13	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
14	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
15	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0
16	(i) 0	(ii) 0	(iii) 0	(D) 0	(E) 0	(F) 0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 6a, 6b, 7, and 8 Also complete this part for any additional information

Part 1 Line 1 The American Legion Dept of Missouri employee performance is defined in the personnel policy manual All employee compensation & bonuses are recommended each year by the Dept Finance Commission to the Dept Executive Committee for their approval The Dept Adjutant and the Dept Service Officer will provide a report form on which the increase for the year & bonus, if any, for each of their respective employees is recommended

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

American Legion 558 Malta Bend Memorial

Employer identification number

43-6051555

**Part I**

**Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

**Part II**

**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No
(1)			0			0	0		
(2)			0			0	0		
(3)			0			0	0		
(4)			0			0	0		
(5)			0			0	0		
(6)			0			0	0		
(7)			0			0	0		
(8)			0			0	0		
(9)			0			0	0		
(10)			0			0	0		
<b>Total</b>			► \$ 0						

**Part III**

**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
(HTA)

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Mrs Gene Cassell	wife of officer	124	printing letterhead		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**Part VIII, Line 10 (990) - Gross Sales of Inventory**

	Category	Gross Sales	Cost of Goods Sold	Net
1	Sell of pop at bingo games	2,391	1,896	495
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/Adjustments	Beginning Balance	Ending Balance
1 Land	X					X		1,500	0	0		1,500	1,500
2 Building		X					X	24,000	0			24,000	24,000
3 Handicap Bathroom addition		X					X	4,701	0			0	4,701
4 Equipment							X	103,005	0			102,912	103,005
5								0	0			0	0
6								0	0			0	0
7								0	0			0	0
8								0	0			0	0
9								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

**Part X, Line 15 (990) - Other Assets**

	Description	Beginning	246	215
1	bad checks receivable	246	215	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Part III (Sch G (990/990EZ)) - Gaming Information**

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
- The organization's facility 99 99%
  - An outside facility 0 01%

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

Name James Brown	Entity is a business <input type="checkbox"/>
---------------------	---

Address 372 W Kay
----------------------

City, Town, or Post Office Marshall	State MO	Zip Code 65340	Foreign Country
--	-------------	-------------------	-----------------

- 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. Provide the name and address of a third party from whom the organization receives gaming revenue

Name	Entity is a business <input type="checkbox"/>
------	---

Address
---------

City, Town, or Post Office	State	Zip Code	Foreign Country
----------------------------	-------	----------	-----------------

16. Gaming Manager Status

Name James Brown	Entity is a business <input type="checkbox"/>
---------------------	---

Gaming manager compensation \$	Description of services provided Orders supplies, prepares bingo reports, enlists volunteers
-----------------------------------	---

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_