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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 08/01/10, and ending 07/31/11

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

AMERICAN LEGION - DEPT OF MISSOURI

Doing Business As

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

P.O. BOX 179

Room/suite

City or town, state or country, and ZIP + 4

JEFFERSON CITY MO 65102-0179

D Employer identification number

44-0356165

E Telephone number

573-893-2353

G Gross receipts \$ 997,765

F Name and address of principal officer

SHIRLEY JANES

P.O. BOX 179

JEFFERSON CITY MO 65102

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (19) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MISSOURILEGION.ORG

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1919

M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	TO PROVIDE VETERANS WITH AN OPPORTUNITY TO BE IN CONTACT WITH OTHER VETERANS AND TO KEEP THEM ABREAST OF TOPICS RELEVANT TO VETERANS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	44000
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	186,165
	b Net unrelated business taxable income from Form 990-T, line 34	7b	175,204
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	157,674	166,265
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581,123	695,870
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,911	9,719
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,002	96,610
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	870,710	968,464
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,066	3,800
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)		509,105	518,838
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		322,984	414,952
19 Revenue less expenses Subtract line 18 from line 12		835,155	937,590
20 Total assets (Part X, line 16)		35,555	30,874
21 Total liabilities (Part X, line 26)			
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		1,171,865	1,260,863
		348,281	406,405

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

SHIRLEY JANES

FINANCE OFFICER

Type or print name and title

Date

2/25/2012

Paid Preparer Use Only

Print/Type preparer's name

JAMES R. MCGINNIS

Preparer's signature

Date

Check ☐ if PTIN

self-employed P00529082

Firm's name ▶ Gerding, Korte & Chitwood, PC, CPA's

Firm's EIN ▶ 43-1260512

20 South Fifth Street

Firm's address ▶ Columbia, MO 65201

Phone no 573-449-1599

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

DAA

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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 PROVIDE VETERANS WITH AN OPPORTUNITY TO BE IN CONTACT
WITH OTHER VETERANS AND TO KEEP THEM ABREAST OF TOPICS
RELEVANT TO VETERANS.

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 \$ including grants of \$) (Revenue \$)
PROGRAMS PROVIDE OPPORTUNITIES FOR VETERANS TO BE IN
CONTACT WITH ONE ANOTHER AND TO STAY ABREAST OF TOPICS
AFFECTING VETERANS AND BENEFITS AVAILABLE TO THEM.

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		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	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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	X	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
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)		

Part IV Checklist of Required Schedules (continued)

	Yes	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		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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
5a	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		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6b	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?		X
7a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7b	Organizations that may receive deductible contributions under section 170(c).		
7c	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?		
7d	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7e	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7f	d If "Yes," indicate the number of Forms 8282 filed during the year		
7g	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7h	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
8	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
9a	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
9b	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9c	9 Sponsoring organizations maintaining donor advised funds.		
10a	a Did the organization make any taxable distributions under section 4966?		
10b	b Did the organization make a distribution to a donor, donor advisor, or related person?		
11a	10 Section 501(c)(7) organizations. Enter		
11b	a Initiation fees and capital contributions included on Part VIII, line 12		
12a	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
13a	11 Section 501(c)(12) organizations. Enter		
13b	a Gross income from members or shareholders		
13c	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
14a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
14b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
15a	13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
15b	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
16a	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		
16b	c Enter the amount of reserves on hand		
17a	14a Did the organization receive any payments for indoor tanning services during the tax year?		X
17b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	30
b Enter the number of voting members included in line 1a, above, who are independent	1b	30
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► AM. LEGION - DEPT OF MO 3341 AMERICAN AVE.
 JEFFERSON CITY MO 65102

573-893-2353

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 organizations 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	Former			
(1) CHARLES GOODIN MEMBER	1.00	X						0	0	0
(2) LYNN DORRELL COMMANDER	1.00	X						0	0	0
(3) THOMAS GOODIN VICE CMDR	1.00	X						0	0	0
(4) THOMAS DOUGLAS VICE CMDR	1.00	X						0	0	0
(5) GARY PACE DISTRICT 5 CMDR	1.00	X						0	0	0
(6) CARROLL CHANCELLOR DISTRICT 6 CMDR	1.00	X						0	0	0
(7) RICHARD HEIGERT MEMBER	1.00	X						0	0	0
(8) JOHN MIDKIFF DISTRICT 10 CMDR	1.00	X						0	0	0
(9) ELIZABETH GONZALES DISTRICT 11/12 CMDR	1.00	X						0	0	0
(10) ROGER DAVIS JUDGE ADV.	1.00	X						0	0	0
(11) SHIRLEY JANES FINANCE OFFICER	10.00	X						0	0	0
(12) KENNETH KIEFFER CHAPLAIN	1.00	X						0	0	0
(13) PAUL BENNETT HISTORIAN	1.00	X						0	0	0
(14) CARY KELLETT SGT. AT ARMS	1.00	X						0	0	0
(15) JOE FRANK PAST CMDR	1.00	X						0	0	0
(16) IRL L. CHANDLER DISTRICT 1 CMDR	1.00	X						0	0	0

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RALPH THOMAS DISTRICT 2 CMDR	1.00	X						0	0	0
(18) JOHN F. KOPP DISTRICT 3 CMDR	1.00	X						0	0	0
(19) JO KING DISTRICT 4 CMDR	1.00	X						0	0	0
(20) GEORGE SCARBOROUGH ZONE 2 VICE CMDR	1.00	X						0	0	0
(21) KENNETH GOTH SR. VICE COMMANDER	1.00	X						0	0	0
(22) GEORGE HILL DISTRICT 7 CMDR	1.00	X						0	0	0
(23) DAVID BEXTEN DISTRICT 8 CMDR	1.00	X						0	0	0
(24) DANIEL TURNER DISTRICT 9 CMDR	1.00	X						0	0	0
(25) DENNIS CHARLAND DISTRICT 16 CMDR	1.00	X						0	0	0
(26) DONALD BUATTE DISTRICT 13 CMDR	1.00	X						0	0	0
(27) DENNIS WOELTJE DISTRICT 14 CMDR	1.00	X						0	0	0
(28) WILLIAM L. MUNDEN, JR DISTRICT 15 CMDR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								52,059		20,082
d Total (add lines 1b and 1c)								52,059		20,082

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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

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 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) FRANK GROSSPIETCSCH ZONE 3 VICE CMDR	1.00	X						0	0	0
(18) MICHAEL DUNN DISTRICT 17 CMDR	1.00	X						0	0	0
(19) WADE F. PROSSER ADJUTANT	40.00			X				52,059	0	20,082
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								52,059		20,082
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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

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 ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	165,835			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	430			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		166,265			
Program Service Revenue	2a MEMBERSHIP DUES	Busn. Code	473,460	473,460		
	b INSURANCE COMMISSIONS	524298	186,165		186,165	
	c BASEBALL FEES		20,163	20,163		
	d CADET PATROL FEES		16,082	16,082		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		695,870			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,719		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a	51,494			
b Less direct expenses		b	29,301			
c Net income or (loss) from gaming activities			22,193	22,193		
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS REVENUE		30,964			30,964	
b MAILING LABELS		20,416	20,416			
c CALENDAR		12,037	12,037			
d All other revenue		11,000			11,000	
e Total. Add lines 11a-11d		74,417				
12 Total revenue. See instructions		968,464	564,351	186,165	51,683	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,800			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	343,345			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,104			
9 Other employee benefits	135,314			
10 Payroll taxes	33,075			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,170			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	49,212			
14 Information technology				
15 Royalties				
16 Occupancy	14,446			
17 Travel	89,519			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,779			
23 Insurance	7,738			
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 COMMISSIONS AND PROGRAMS	87,321			
b INCOME TAXES	54,978			
c MISSOURI LEGIONNAIRE	47,825			
d CONTRIBUTIONS	19,895			
e MISCELLANEOUS EXPENSE	9,069			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	937,590	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	411,406	1	227,000
	2 Savings and temporary cash investments	582,115	2	884,966
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,667	4	27,980
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,712	9	11,935
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 353,586		
	b Less accumulated depreciation	10b 244,604	10c	108,982
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,171,865	16	1,260,863	
Liabilities	17 Accounts payable and accrued expenses		17	6,849
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	348,281	25	399,556
	26 Total liabilities. Add lines 17 through 25	348,281	26	406,405
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	816,137	27	849,156
	28 Temporarily restricted net assets	7,447	28	5,302
	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	823,584	33	854,458
	34 Total liabilities and net assets/fund balances	1,171,865	34	1,260,863

Part XI Reconciliation of Net AssetsCheck 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	968,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	937,590
3	Revenue less expenses Subtract line 2 from line 1	3	30,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	823,584
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	854,458

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN LEGION - DEPT OF MISSOURI

44-0356165

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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	

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

☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		15,000		15,000
b Buildings		228,213	171,967	56,246
c Leasehold improvements				
d Equipment		43,817	36,353	7,464
e Other		66,556	36,284	30,272
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				108,982

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

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED DUES	269,390
(3) OTHER ACCRUED LIABILITIES	89,054
(4) NATIONAL DUES PAYABLE	31,529
(5) ACCRUED COMPENSATED ABSENCES	9,583
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	399,556

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	968,464
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	937,590
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,874
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	54,978
9	Total adjustments (net) Add lines 4 through 8	9	54,978
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	85,852

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	988,627
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	988,627
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	-20,163
c	Add lines 4a and 4b	4c	-20,163
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	968,464

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

1	Total expenses and losses per audited financial statements	1	902,775
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	20,163
e	Add lines 2a through 2d	2e	20,163
3	Subtract line 2e from line 1	3	882,612
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	54,978
c	Add lines 4a and 4b	4c	54,978
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	937,590

Part XIV Supplemental Information

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

Part XI, Line 8 - Reconciliation of Changes - Other

DIRECT EXPENSES NETTED AGAINST REVENUE	\$	20,163
DIRECT EXPENSES NETTED AGAINST REVENUE	\$	-20,163
INCOME TAX EXPENSE	\$	54,978

Part XII, Line 4b - Revenue Amounts Included on Return - Other

DIRECT EXPENSES NETTED AGAINST REVENUE	\$	-20,163
--	----	---------

Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

DIRECT EXPENSES NETTED AGAINST REVENUE \$ 20,163

Part XIII, Line 4b - Expense Amounts Included on Return - Other

INCOME TAX EXPENSE \$ 54,978

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 - DEPT OF MISSOURI

Employer identification number

44-0356165

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

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	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash 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 line 3, column (d), and line 10					

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))
1 Gross revenue			51,494	51,494
2 Cash prizes			6,000	6,000
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses			23,301	23,301
6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				29,301
8 Net gaming income summary Combine line 1, column d, and line 7				22,193

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?

9a ☐ Yes ☒ No

b If "No," explain

MISSOURI DOES NOT REQUIRE A LICENSE FOR GAMING ACTIVITY.

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

10a ☐ 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► AM. LEGION - DEPT OF MO
3341 AMERICAN AVE.

Address ► JEFFERSON CITY MO 65102

- 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 of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ 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 ► \$

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

44-0356165

AMERICAN LEGION - DEPT OF MISSOURI

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

PROGRAMS PROVIDE OPPORTUNITIES FOR VETERANS TO BE IN
CONTACT WITH ONE ANOTHER AND TO STAY ABREAST OF TOPICS
AFFECTING VETERANS AND BENEFITS AVAILABLE TO THEM.

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

The organization has members.

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

THE DEPARTMENT EXECUTIVE COMMITTEE IS SELECTED BY THE DEPARTMENT'S
MEMBERSHIP.

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

THE GOVERNING BODY WILL PROVIDED A COPY OF THE 990 FOR REVIEW.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EVERY MEMBER OF THE DEPARTMENT EXECUTIVE COMMITTEE AS WELL AS THE
INDEPENDENT OFFICERS ARE 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.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

ALL EMPLOYEE COMPENSATION AND BONUSES ARE RECOMMENDED EACH YEAR BY THE
DEPARTMENT FINANCE COMMISSION TO THE DEPARTMENT EXECUTIVE COMMITTEE FOR

Name of the organization

AMERICAN LEGION - DEPT OF MISSOURI

Employer identification number

44-0356165

THEIR APPROVAL.

Form 990, Part VI, Line 15b - Compensation Process for Officers

ALL EMPLOYEE COMPENSATION AND BONUSES ARE RECOMMENDED EACH YEAR BY THE DEPARTMENT FINANCE COMMISSION TO THE DEPARTMENT EXECUTIVE COMMITTEE FOR THEIR APPROVAL.

THE DEPARTMENT ADJUTANT AND DEPARTMENT SERVICE OFFICER WILL PROVIDE A REPORT ON WHICH THE INCREASE FOR THE YEAR AND BONUS, IF ANY, FOR EACH OF THEIR RESPECTIVE EMPLOYEES IS RECOMMENDED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

[illegible]

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	BUILDING	1/01/74	135,303				135,303	39 MO S/L	126,629	3,469
2	PARKING LOT	4/22/03	16,461				16,461	20 MO S/L	5,967	823
3	COPIER	2/26/01	2,230				2,230	5 MO S/L	2,230	0
4	COPIER	8/31/98	334				334	5 MO S/L	334	0
6	FOLDING MACHINE	9/29/03	1,480				1,480	5 MO S/L	1,480	0
7	COMPAQ PRESARIO	8/31/96	2,942				2,942	5 MO S/L	2,942	0
8	INK JET PRINTER	8/16/99	59				59	5 MO S/L	59	0
9	KEYBOARD	8/31/99	105				105	5 MO S/L	105	0
10	264 PANELS	8/31/99	451				451	5 MO S/L	451	0
11	HP PRINTER	8/21/01	233				233	5 MO S/L	233	0
12	GATEWAY COMPUTER	1/16/02	658				658	5 MO S/L	658	0
13	SERVICE OFFICER LAPTOP	5/20/03	1,670				1,670	5 MO S/L	1,670	0
14	SERVICE OFFICER PRINTER	2/28/03	333				333	5 MO S/L	333	0
15	SERVICE OFFICER PRINTER	2/28/03	430				430	5 MO S/L	430	0
16	DIGITAL CAMERA	3/21/01	339				339	3 MO S/L	339	0
21	TAPE BACKUP AND MEMORY	1/09/00	1,113				1,113	5 MO S/L	1,113	0
22	COMPUTER - DORIS JACKSON	12/14/99	385				385	5 MO S/L	385	0
24	CURB, HANDICAPPED RAMP, CONCRE	8/15/03	7,216				7,216	15 MO S/L	3,367	481
25	IRRIGATION SYSTEM	10/23/03	3,380				3,380	10 MO S/L	2,282	338
26	2 HARD DRIVES	9/29/03	1,120				1,120	3 MO S/L	1,120	0
27	LAPTOP FOR FINANCE OFFICER	3/08/04	2,210				2,210	3 MO S/L	2,210	0
28	2 DELL COMPUTERS	4/30/04	1,598				1,598	3 MO S/L	1,598	0
29	DELL COMPUTER	5/31/04	872				872	3 MO S/L	872	0
30	DELL COMPUTER	5/31/04	872				872	3 MO S/L	872	0
31	DELL COMPUTER	5/31/04	872				872	3 MO S/L	872	0
32	DELL COMPUTER	6/09/04	1,237				1,237	3 MO S/L	1,237	0
33	LAND	1/01/74	15,000				15,000	0 -- Land	0	0
34	AC/FURNANCE	10/12/04	7,175				7,175	10 MO S/L	4,185	718
35	ACCOUSTICAL TILE	11/09/04	6,780				6,780	10 MO S/L	3,899	678
36	PAINTING	12/09/04	1,960				1,960	10 MO S/L	1,111	196
37	CEILING LIGHTS	2/11/05	5,676				5,676	10 MO S/L	3,122	567
38	CARPETING/TILE	7/30/05	8,869				8,869	10 MO S/L	4,435	886
39	HP LASER PRINTER	12/20/04	400				400	5 MO S/L	400	0
40	HP LASER 1320 PRINTER	12/20/04	400				400	5 MO S/L	400	0
41	DELL WORKSTATION	10/28/04	715				715	3 MO S/L	715	0
42	Laptop Computer	5/14/06	503				503	5 MO S/L	427	76
43	IBM TC M51 Intel	9/13/05	1,101				1,101	5 MO S/L	1,082	19
44	IBM TC M51 Intel	9/13/05	1,101				1,101	5 MO S/L	1,082	19
45	IBM TC M51 Intel	9/13/05	1,101				1,101	5 MO S/L	1,082	19
47	HP LASER PRINTER	10/02/06	500				500	5 MO S/L	383	100
48	PRINTER	3/21/07	520				520	5 MO S/L	347	104
50	NEW ROOF	10/10/07	31,500				31,500	15 MO S/L	5,950	2,100
51	DECK	12/17/07	861				861	10 MO S/L	222	86
52	OFFICE DESK	3/09/08	1,314				1,314	5 MO S/L	635	263
53	CREDENZA	3/09/08	1,536				1,536	5 MO S/L	742	307
54	COMPUTER MONITOR	7/25/08	190				190	5 MO S/L	76	38
55	EPSON POWERLITE PROJECTOR	7/30/08	750				750	5 MO S/L	300	150
56	GARAGE REPAIRS	5/13/09	3,033				3,033	15 MO S/L	253	202
57	DESK, BRIDGE, CREDENZA	10/15/08	1,775				1,775	5 MO S/L	651	355
58	PROJECTOR SCREEN	8/21/08	200				200	3 MO S/L	128	66
59	19 INCH DELL MONITOR	11/30/08	180				180	3 MO S/L	100	60
60	DELL INSPIRON LAPTOP COMPUTER	12/05/08	334				334	3 MO S/L	185	112
61	2 DELL OPTIPLEX 755 MINITOWER CC	12/05/08	2,016				2,016	3 MO S/L	1,120	672
62	DELL COMPUTER	6/03/09	900				900	3 MO S/L	350	300
63	WIDESCREEN MONITOR	6/03/09	170				170	3 MO S/L	66	57
64	LASER FAX MACHINE	6/09/09	250				250	3 MO S/L	97	84
65	CANON PIXMA IP100 PHOTO PRINTER	6/26/09	250				250	3 MO S/L	90	84
67	2008 DODGE VAN SE	8/15/08	37,807				37,807	5 MO S/L	17,223	7,561
69	COMPUTER EQUIPMENT	7/31/09	2,150				2,150	5 MO S/L	430	430
70	2009 DODGE CARAVAN	8/03/09	28,749				28,749	5 MO S/L	5,750	5,750
71	SHREDDER (STL)	6/26/10	999				999	5 MO S/L	0	200
72	OFFICE DESK	6/01/10	1,127				1,127	5 MO S/L	0	225
73	4 DRAWER FILE CABINET	1/04/11	472				472	7 MO S/L	0	39
74	EPSON PROJECTOR	10/26/10	521				521	5 MO S/L	0	78
75	LAPTOP FOR FINANCE OFFICER	3/05/11	801				801	5 MO S/L	0	67
Total Other Depreciation			353,589				353,589		216,826	27,779
Total ACRS and Other Depreciation			353,589				353,589		216,826	27,779

Federal Asset Report
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per</u> <u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		353,589				353,589			216,826	27,779
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		353,589				353,589			216,826	27,779

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 9,719		14			
Total	<u>\$ 9,719</u>					

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

AMERICAN LEGION - DEPT OF MISSOURI

Identifying number

44-0356165

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	27,779

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

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	27,779
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

There are no amounts for Page 2