

**Short Form
Return of Organization Exempt From Income Tax**

2009

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 8/01, 2009, and ending 7/31, 2010

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	AMERICAN LEGION AUXILIARY 600 ELLIS BOULEVARD JEFFERSON CITY, MO 65101	43-1531636
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(573) 636-9133
<input type="checkbox"/> Termination		F Group Exemption Number
<input type="checkbox"/> Amended return		▶ 0964
<input type="checkbox"/> Application pending		

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 494,737.

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

	1 Contributions, gifts, grants, and similar amounts received		272,079.
	2 Program service revenue including government fees and contracts		44,455.
	3 Membership dues and similar amounts		169,683.
	4 Investment income		8,520.
	5a Gross amount from sales other than inventory		
	b Less cost or other basis and sales expenses		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including contributions reported on line 1)		
	b Less: direct expenses other than fundraising expenses		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a Gross sales of inventory, less returns and allowances		
	b Less cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ▶ _____)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		494,737.
	10 Grants and similar amounts paid (attach schedule) <u>SEE STATEMENT 1</u>		75,796.
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		47,579.
	13 Professional fees and other payments to independent contractors		3,600.
	14 Occupancy, rent, utilities, and maintenance		4,584.
	15 Printing, publications, postage, and shipping		32,009.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)		342,760.
	17 Total expenses. Add lines 10 through 16		506,328.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-11,591.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		578,422.
	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>		3,269.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		570,100.

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

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	481,844.	474,635.
23	Land and buildings	94,684.	90,757.
24	Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	4,999.	5,825.
25	Total assets	581,527.	571,217.
26	Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	3,105.	1,117.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	578,422.	570,100.

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

Form 990-EZ (2009)

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INTERNAL REVENUE SERVICE
W&I-FIELD ASSISTANCE
JEFFERSON CITY, MO 65109

OCT 14 2010

37304

Part V Other Information (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 7**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b	Did the organization file Form 1120-POL for this year?	37 b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39 a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ ALLISON HUMPHREY Telephone no ▶ (573) 636-9133
 Located at ▶ 600 ELLIS BOULEVARD JEFFERSON CITY MO ZIP + 4 ▶ 65101

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
49b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Allison R. Humphrey Date *9-30-10*
 Signature of officer

Allison R. Humphrey Department Secretary
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature <i>Kevin J. Tochtrop CMA</i>	Date <i>9/23/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00544252
Firm's name (or yours if self-employed), address, and ZIP + 4 TOCHTROP & ASSOCIATES P.C. 2 WAINWRIGHT ST STE 200 WASHINGTON, MO 63090-4501	EIN ▶ 43-1677501	Phone no ▶ (636) 239-6400	

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

AMERICAN LEGION AUXILIARY

43-1531636

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

NAME:	AMERICAN LEGION AUXILIARY NATL		
ADDRESS:	777 NORTH MERIDIAN ST 3RD FLR		
	INDIANAPOLIS, IN 46204		
PURPOSE OF PAYMENT:	REMITTING NATIONAL DUES		
AMOUNT:		\$	75,796.
PAYMENTS TO AFFILIATES		\$	75,796.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	25,645.
DEPRECIATION		5,041.
GIRLS STATE EXPENSES		216,997.
INSURANCE		2,854.
LEGION PROGRAMS		73,317.
MISCELLANEOUS		894.
OFFICE EXPENSES		4,796.
PRESIDENT'S EXPENSES		8,669.
SCHOLARSHIPS		2,000.
TELEPHONE		2,547.
TOTAL	\$	<u>342,760.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS		\$	3,269.
TOTAL	\$	<u>3,269.</u>	

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 4,999.	\$ 5,825.
TOTAL	<u>\$ 4,999.</u>	<u>\$ 5,825.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAX LIABILITIES	\$ 1,284.	\$ 1,117.
SALARIES PAYABLE	1,821.	0.
TOTAL	\$ <u>3,105.</u>	\$ <u>1,117.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE THE PUBLIC AND PROMOTE VETERAN AWARENESS, ASSISTANCE, AND WELLNESS.

STATEMENT 7
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO