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MAY 21 2012

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceP RIDDLE 043828461
STATUTE CLEAREDShort Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2005

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

- For organizations with gross receipts less than \$100,000 and total assets less
than \$250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning

07-01, 2005, and ending

06-30 2006

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

C Name of organization

AMERICAN LEGION AUXILIARY

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

P. O. BOX 1093

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

HATTIESBURG, MS 39402

D Employer identification number

90-0450801

E Telephone number

(601) 544-1205

F Group Exemption

Number

- 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: ►

J Organization type (check only one) - 501(c) (19) (insert no) 4947(a)(1) or 527

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

K Check ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ 27521

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received	24000	1
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3521	3
	4 Investment income	5c	4
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		
	6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 1) of contributions	6a	
Expenses	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ►	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	27521
	10 Grants and similar amounts paid (attach schedule)	10	25653
	11 Benefits paid to or for members	11	
Changes	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2402
	14 Occupancy, rent, utilities, and maintenance	14	502
	15 Printing, publications, postage, and shipping	15	37
	16 Other expenses (describe ► FLOWERS)	16	2406
	17 Total expenses (add lines 10 through 16)	17	31000
	18 Excess or (deficit) for the year (line 9 less line 17)	18	(3479)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19254
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	15775

STATUTE UNIT
RECEIVED

MAY 17 2012

ACCOUNTING
MANAGEMENT
OGDEN

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

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1925422	15775
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	1925425	15775
26 Total liabilities (describe ►)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1925427	15775

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

EEA

Form 990-EZ (2005)

3/18

Part III	Statement of Program Service Accomplishments (See page 42 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? VETERANS ORGANIZATION		
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		

28 SUPPORTING VETERANS AND YOUNG AMERICANS

(Grants \$) If this amount includes foreign grants, check here	28a	31000
29			
(Grants \$) If this amount includes foreign grants, check here	29a	
30			
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (attach schedule)			
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)		32	31000

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 42 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached statement				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	N/A
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14) (Continued)

41 List the states with which a copy of this return is filed. ►

42 a The books are in care of ► ADJUTANT Telephone no ► 601-544-1205
Located at ► 298 GREEN ST., HATTIESBURG, MS ZIP + 4 ►

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22-1

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►

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

	Yes	No
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please 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.		
	<i>Christina L Ghents</i> <i>5-5-12</i>		
Signature of officer	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
<i>Christina L Ghents</i>	<i>5-5-12</i>	<input type="checkbox"/>	
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed
	<i>CHARLES H. JUNEK III, JD, CPA, PC</i>	<i>05-04-2012</i>	<input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►		
<i>702 SOUTHEAST CIRCLE</i>	<i>601-268-0137</i>		
<i>HATTIESBURG MS</i>	Phone no ►		

EEA

Form 990-EZ (2005)

2005

**Department of the Treasury
Internal Revenue Service**

Name of the organization

AMERICAN LEGION AUXILIARY

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ►				

Total number of other employees paid over \$50,000

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(See page 2 of the instructions - List each one (whether individuals or firms) - If there are none, enter "None")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for		

Total number of others receiving over \$50,000 for professional services

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

COMPENSATION OF THE FIVE HIGH-LEVEL AND INDEPENDENT CONTRACTORS TO DATE
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

Total number of other contractors receiving over
\$50,000 for other services

Form 990

Overflow Statement

2005

Page 1

Name as shown on Return

AMERICAN LEGION AUXILIARY

Employer identification number

90-0450801

GRANTS AND CHARITABLE CONTRIBUTIONS

Description	Amount
VARIOUS LOCAL CHARITIES AND VETERANS ORGANIZATIONS	\$ 25,653
Total:	<u>\$ 25,653</u>

Statement Summary**2005****Form 990-EZ - Part IV****List of Officers, Directors, Trustees, and Key Employees**

Name(s) shown on return

Identifying Number

90-0450801**AMERICAN LEGION AUXILIARY**

(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
KATHY WILLIAMS P.O. BOX 1093, HATTIESBURG, MS 1	PRESIDENT	0	0	0
CHELLIE BOONE P.O. BOX 1093, HATTIESBURG, MS 1	1ST VICE PRES	0	0	0
WANDA THAMES P.O. BOX 1093, HATTIESBURG, MS 1	SECRETARY	0	0	0
MELISSA NEWCOMER P.O. BOX 1093, HATTIESBURG, MS 1	TREASURER	0	0	0
MARY HUDSON P.O. BOX 1093, HATTIESBURG, MS 1	HISTORIAN	0	0	0
CHERYL TIBBETT P.O. BOX 1093, HATTIESBURG, MS 1	CHAPLAIN	0	0	0
KAREN BOWERS P.O. BOX 1093, HATTIESBURG, MS 1	SERGEANTATARM	0	0	0