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P. RIDDLE 043826461  
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Plm 5-7-12

REVENUE

EXPENSES

ASSETS

LIABILITIES

# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury  
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning

07-01, 2005, and ending

06-30 20 06

B Check if applicable

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

Please use IRS label or print or type. See Specific Instructions.

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) (1) 9 (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)

1	Contributions, gifts, grants, and similar amounts received	1	24000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3521
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	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	
7b	Less cost of goods sold	7b	
7c	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	
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

### 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
19254	15775
19254	15775
19254	15775

22	Cash, savings, and investments	22	19254
23	Land and buildings	23	
24	Other assets (describe ▶)	24	
25	Total assets	25	19254
26	Total liabilities (describe ▶)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	15775

3 nlf

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions )

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.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

**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
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> 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		X
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	N/A	
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> <b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <input type="checkbox"/> <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> <b>39b</b>		
<b>40 a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
<b>b</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		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

**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)?

	Yes	No
42b		X
42c		X

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

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.

Signature of officer

Type or print name and title

*Christina L Ghents* | **5-5-12**  
**Christina L Ghents** Auxiliary President

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check if  
self-  
employed

Preparer's SSN or PTIN (See Gen. Inst. W)

05-04-2012

EIN

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

**CHARLES H. JUNEK III, JD, CPA, PC**  
**702 SOUTHEAST CIRCLE**  
**HATTIESBURG MS**

Phone no ▶ **601-268-0137**

EEA

Form 990-EZ (2005)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

**Supplementary Information – (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

**AMERICAN LEGION AUXILIARY**

Employer identification number

**90-0450801**

**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")

(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 ▶

**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")

(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 professional services . . . . . ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

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

Name as shown on Return

AMERICAN LEGION AUXILIARY

Employer identification number

90-0450801

GRANTS AND CHARITABLE CONTRIBUTIONSDescriptionAmount

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	
AMERICAN LEGION AUXILIARY			90-0450801	
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
KATHY WILLIAMS	PRESIDENT			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
CHELLIE BOONE	1ST VICE PRES			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
WANDA THAMES	SECRETARY			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
MELISSA NEWCOMER	TREASURER			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
MARY HUDSON	HISTORIAN			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
CHERYL TIBBETT	CHAPLAIN			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0
KAREN BOWERS	SERGEANT AT ARM			
P.O. BOX 1093, HATTIESBURG, MS 1		0	0	0