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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2009

Open to Public  
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<b>A For the 2009 calendar year, or tax year beginning</b>		<b>January 1</b>	<b>, 2009, and ending</b>	<b>December 31</b>	<b>, 20 09</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>American Legion Auxiliary, Rhododendron Girls State, Inc</b> Number and street (or P O box, if mail is not delivered to street address)      Room/suite <b>RR1 Box 144A</b> City or town, state or country, and ZIP + 4      Proctor WV 26055-9616		<b>55-0751494</b> <b>E Telephone number</b> <b>304-455-3449</b> <b>F Group Exemption Number</b> ► <b>0964</b>	

• 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) ►

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

**I Website:** ► [www.wvaux.org](http://www.wvaux.org)

**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 ► \$ **90,349.40****

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

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets 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 \$ _____ of 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 ► <b>Report on Schedule O</b> ) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► . . . . .	<b>Expenses</b> 10 Grants and similar amounts paid (attach schedule) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe ► <b>Report on Schedule O</b> ) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 ► . . . . .	<b>Net Assets</b> 18 <b>Excess or (deficit) for the year</b> (Subtract line 17 from line 9) . . . . . 19 <b>Net assets or fund balances at beginning of year</b> (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . 20 Other changes in net assets or fund balances (attach explanation) . . . . . 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ► . . . . .	<b>1</b> <b>13,512.56</b> <b>2</b> <b>64,425.00</b> <b>3</b> <b>0</b> <b>4</b> <b>993.94</b> <b>5c</b> <b>0</b> <b>6c</b> <b>0</b> <b>7c</b> <b>0</b> <b>8</b> <b>11,417.90</b> <b>9</b> <b>90,349.40</b> <b>10</b> <b>2,067.93</b> <b>11</b> <b>3,122.82</b> <b>12</b> <b>0</b> <b>13</b> <b>2,466.25</b> <b>14</b> <b>63,844.29</b> <b>15</b> <b>4,362.96</b> <b>16</b> <b>20,591.47</b> <b>17</b> <b>96,455.72</b> <b>18</b> <b>(6,106.32)</b> <b>19</b> <b>87,143.85</b> <b>20</b> <b>0</b> <b>21</b> <b>81,037.53</b>
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**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 . . . . .	31,093.78	22 24,987.46
23 Land and buildings . . . . .	23	
24 Other assets (describe ► <b>CD's &amp; Scholarship Acct</b> ) . . . . .	56,050.07	24 56,050.07
25 <b>Total assets</b> . . . . .	25	
26 <b>Total liabilities</b> (describe ► . . . . .	26	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	87,143.85	27 81,037.53

SCANNED JUL 17 2010 Revenue

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)					Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? <b>Citizenship &amp; Americanism Training for Youth</b>					
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, and other relevant information for each program title.					
28	Scholarship --- \$500.00 and Awards, class awards for students for week --- \$2,067.93 Set-Up of Program – Supplies , Storaga Rental, Eq Rental, Liability Ins, Staff, Starter Money, Office Supplies T-Shirts (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				28a 22,659.40
29	Material needed for 375 students for the week – manuals, supplies for classes, and Girls Nation Registrat  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				29a 4,362.96
30	Cost of 5 days for 375 students plus 40 staff – Lodging and Meals  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				30a 63,844.29
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				31a 2,466.25
32	Total program service expenses (add lines 28a through 31a) . . . ►				32 93,332.90
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)					
	(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
Irene Weber	355 Harrison Ave, Berkeley Springs, WV 25411	Director			222.50
Janice Gamerdinger	513 Florida Ave, Chester WV 26034	Finance Officer			423.00
Ann Buchanan	105 Cheyenne Trail, Ona WV 25545	Registrar			527.32
Rachel Bennett	RR4 Box 28B, Fayetteville WV 25840	Member of Bd of Inc			121.00
Patricia Moore	825 George Washington Hwy, Thornton WV 26440	Dept Pres 8/09 - 12/09			74.00
Roxie Nicholson	P O Box 14, Shinnston WV 25431	Dept Pres 1/09 - 7/09			150.50
Lynda Lancaster	103 East 10th Ave, Ranson WV 25438	District Representative			222.50
Mary Bess	44 Orchard Drive, Elkview WV 25071	District Representative			210.00
Mary Rose Yoho	RR1 Box 144A, Proctor WV 26055	Treasurer			263.00
Katena Karnes	721 10th Ave, Huntington WV 25701	District Representative			209.00
Tallulah Simpson	512 Washington Dr Apt 13, Bridgeport WV 26330	District Representative			172.00
Betty Rea	1117 Main Street, Follansbee WV 26037	Member of Bd Inc			233.00
Susan Hall	P O Box 95, New Haven WV 25265	District Representative			92.50
Peggy Swartz	P O Box 124, Gary WV 24836	District Representative			142.50
Sandy Graham	P O Box 503, Elkins WV 26241	District Representative			60.00
		TOTAL			3122.82

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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.	35a	✓
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?	35b	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	36	✓
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	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	✓
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
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		
41 List the states with which a copy of this return is filed. ► <b>West Virginia</b>		
42a The organization's books are in care of ► <b>Mary Rose Yoho, Dept Sec/Treasurer</b> Telephone no. ► <b>304-455-3449</b> Located at ► <b>RR1 Box 144A, Proctor WV</b> ZIP + 4 ► <b>26055-9616</b>		
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)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	✓
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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

**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.

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 . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	48	✓
b	If "Yes," was the related organization a section 527 organization? . . . . .	49a	✓
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."	49b	✓

(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 & deferred compensation	(e) Expense account and other allowances
"NONE"				

f Total number of other employees paid over \$100,000 . . . . ► 0

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
<b>"NONE"</b>		

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

Sign Here	<p>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.</p> <p>► <i>Mary Rose Yoho, Dept Secy/Treas.</i>   <i>5/15/10</i></p> <p>Signature of officer   Date</p> <p>► <b>Mary Rose Yoho, Department Secretary/Treasurer</b></p> <p>Type or print name and title</p>				
	<b>Paid Preparer's Use Only</b>	Preparer's signature <p>►</p>	Date <p>►</p>	Check if self- employed <p>► <input type="checkbox"/></p>	Preparer's identifying number (See instructions) <p>►</p>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <p>►</p>	EIN <p>►</p>	Phone no <p>►</p>		

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**American Legion Auxiliary, Rhododendron Girls State, Inc**

Employer identification number

**55 : 0751494**

**Part 1 -- #8 --- Items Girls State purchases for the students to purchase throughout week so they don't leave campus**

**Soft Drinks, snacks, campaign supplies, souveingr T-Shirts, Pictures ordered by students,**

**starter money**

**Part 1 -- #16 --- other things needed for set up of week for students**

**Store Supplies , Eq rental , Liability Insurance, office supplies, refunds for registration, storage rental**

**Part IV -- Officers --- There is no salaries paid by Girls State. All Exe. Board members and Board of Inc. members receive**

**travel for mileage and per diem but only when a travel sheet has been turned in.**

**Rhododendron Girls State Inc has Constitution & Bylaws approved by Executive Board and Board of Inc.**

**Copy of 990 is on file in Office and copy to all finance committee & In House Auditor and available on request**

**American Legion Auxiliary, Rhododendron Girls State, Inc -- finance report is done quarterly and mailed to all 73 Units**

**of the organization. The In-House auditor of the American Legion Auxiliary also audits the Girls State accounts**

**The outside Auditor also audits the Girls State accounts quarterly. This auditor is given the Finance Committee**

**of the American Legion Auxiliary for review.**