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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2012 calendar year, or tax year beginning 07-01, 2012, and ending 06-30, 2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: American Legion Auxiliary. D Employer identification number: 90-0450801. E Telephone number: (601) 544-0804. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) if the organization is not required to attach Schedule B

I Website: (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(19) (insert no) [] 4947(a)(1) org [] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 24,532

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Total revenue: 24,532. Total expenses: 12,068. Net assets at end of year: 17,900.

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2012)

SCANNED SEP 30 2013

Expenses

Net Assets

Handwritten signature/initials: 24 95

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,436	22	17,900
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	5,436	25	17,900
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,436	27	17,900

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Veterans service organization

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 U. S. Military Veterans Organizations and Programs			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		5,057
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		5,057

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Christina Ghents President	2	0	0	0
Mariga Bekafigo Historian	1	0	0	0
Regenner Oswald Chaplain	0	0	0	0
Sue Evans Sergeant at Arms	1	0	0	0
Pat Oldenburg 2nd Vice President	2	0	0	0
Kathy Williams 1st Vice President	2	0	0	0
Faith Herrington Secretary/Treasurer	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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

Table with 3 columns: (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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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: Christina L. Ghents, Signature of officer, Date 9-10-13, Christina L. Ghents, President, Type or print name and title

Paid Preparer Use Only: Pprint/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no

May the IRS discuss this return with the preparer shown above? See Instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

American Legion Auxiliary

90-0450801

01. List of grants and similar amounts paid (Part I, line 10)

<u>Activity</u>	<u>Various local charities & veterans</u>
<u>Street</u>	<u>298 Green Street</u>
<u>City, State, Zip</u>	<u>Hattiesburg MS 39401</u>
<u>Relationship</u>	<u>None</u>
<u>Amount</u>	<u>5,057</u>

02. Description of other expenses (Part I, line 16)

<u>Description</u>	<u>Amount</u>
<u>Dues and assessments</u>	<u>626</u>
<u>Meetings Expense</u>	<u>324</u>
<u>Conventions</u>	<u>26</u>

Name(s) as shown on return

FEIN

American Legion Auxiliary

90-0450801

Program Service Income

<u>Description</u>	<u>Amount</u>
Girls State	\$ 3,222
Total:	\$ 3,222

Professional Fees

<u>Description</u>	<u>Amount</u>
Bookkeeping	\$ 400
Accountant Fees	60
Legal Fees	5,575
Total:	\$ 6,035