

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 107

A For the 2017 calendar year, or tax year beginning

August 1, 2017, and ending

July 31, 2018

B Check if applicable

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

C Name of organization 

American Legion Auxiliary Rhododendron Girls State, Inc.

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

55-0751494

1251 Doolin Run Rd.

E Telephone number

304-455-5007

City or town, state or province, country, and ZIP or foreign postal code

New Martinsville West Virginia 26155-7808

F Group Exemption

Number  0964G Accounting Method:  Cash  Accrual  Other (specify) ►I Website: ► [www.wvgirlsstate.org](http://www.wvgirlsstate.org)J Tax-exempt status (check only one) --  501(c)(3)  501(c)(19) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other Non Profit Organization

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, column (B) below) are \$500,000 or more, file Form 990 Instead of Form 990-EZ ► \$

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 . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	13,590
	2 Program service revenue including government fees and contracts . . . . .	2	82,500
	3 Membership dues and assessments . . . . .	3	0
	4 Investment income . . . . .	4	324
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6 Gaming and fundraising events . . . . .		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b Less: cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	d Other revenue (describe in Schedule O) . . . . .	8	13,724
	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,138
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	2,391
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .	12	0
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .	13	0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	60,119
	15 Printing, publications, postage, and shipping . . . . .	15	13,946
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .	16	8,615
	<b>Total expenses.</b> Add lines 10 through 16 ►	17	84,333
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	25,805
	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	104,012
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ►	21	129,817

For Paperwork Reduction Act Notice, see the separate instructions.

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**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	104,102	22 129,817
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	104,102	25 129,817
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,102	27 129,817

**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? Citizenship/Americanism Training for Youth

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, optional for others.)

**28 Awards-\$991.00; Girls Nation-\$400.00; Community Services-\$1,000.00**

<input checked="" type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	2,391
29 Supplies-\$841.36; Candles-\$79.96; Country Store-\$5825.58; T-Shirts-\$1568.64; Equipment Rental-\$800.00 Printing-\$193.19; Postage-\$51.26; Starter Money-\$3849.00; Moving of Storage-\$387.40; Storage Rental-\$350.00			
<input checked="" type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	13,946
30 Meals-\$213.37; Lodging & Board-\$59,906.00			
<input checked="" type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	60,119
31 Other program services (describe in Schedule O)			
<input checked="" type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	7,877
<b>32 Total program service expenses</b> (add lines 28a through 31a)	► <input type="checkbox"/>	32	84,333

**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 (Forms 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
Michelle Sirbaugh, Director 85 Key Acres Drive, Berkeley Springs WV 25411				93
Rosemary Thomas, Assistant Director 200 Boundary Ave., Elkins WV 26241				0
Irene Weber, Office Manager 355 Harrison Ave., Berkeley Springs WV 25411				82
Paulette Anderson, Banker 1251 Doolin Run Rd., New Martinsville WV 26155				63
Lynda Lancaster, Staff PO Box 1037, Ranson WV 25438				145
Susan Brown, Staff 2172 Grandview Rd., Moundsville WV 26041				91
Debbie Fox, Staff 874 Longview Ave., Berkeley Springs, WV 25411				88
Ann Buchanan, Registrar 105 Cheyenne Trail, Ona WV 25505				95
Nancy Farley, Staff 107 Woodmont Way, Fairmont WV 26554				40
Connie Frederick-Williams, Staff 2457 Hazelgreen Rd., Harrisville WV 26362				44

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**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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
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	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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 tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	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 ►		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ► West Virginia		
42a	The organization's books are in care of ► Paulette R. Anderson	Telephone no. ► 304-455-5007	
	Located at ► 1251 Doolin Run Rd. New Martinsville WV	ZIP + 4 ► 25155-7808	
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: ►	42b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	0	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

		Yes	No
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	46	<input checked="" type="checkbox"/> <input type="checkbox"/>

**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

Yes No

		Yes	No
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	47	<input checked="" 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	48	<input checked="" type="checkbox"/> <input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
<b>NONE</b>		

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 must attach a completed Schedule A ►  Yes  No

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 <input checked="" type="checkbox"/>	<i>Paulette R. Anderson</i>		Date
	Signature of officer	Paulette R. Anderson Department Secretary/Treasurer	
	Type or print name and title		<i>Feb. 20, 2019</i>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**55-0751494**

**Part 1: #8 Revenue**

**Country Store-\$9,692.75**

**Refunds-\$175.97**

**Starter Money-\$3,854.50**

**Part 1: #10 (Recorded Under Part III Line #28)**

**Part 1: #16**

**Directors and Officers Insurance-\$953.35**

**Liability Insurance-\$610.55**

**License/Permits-\$26.00**

**Meetings-\$6,027.13**

**Refunds-\$250.00**

**Part III #31 (Refer to Part 1 #16)**

**Part V-35b Amount Donated for Programs Services:**

**Veterans Programs: \$14,317**

**Registration for Workshop/Conventions: \$6,148**

**Bonding: \$275**

**Refunds: \$384**

**Department Fundraisers: \$286**

**Junior Account: \$90**

**Newsletter Subscription: \$360**

**Part V: #35a Line 2 under 1: Registration for Girls State Week**

**Part 44d: Rhododendron Girls State is a Citizenship and Americanism Program for youth under age of 17 years. No Tanning Service Offered**