

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 06-01-2014, and ending 05-31-2015

B Check if applicable

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

C Name of organization: THE AMERICAN LEGION AUXILIARY DEPARTMENT OF DELAWARE
Number and street (or P O box, if mail is not delivered to street address): 62 WESLEY DRIVE
City or town, state or province, country, and ZIP or foreign postal code: HOCKESSIN, DE 19707

D Employer identification number

51-0272425

E Telephone number

(302) 235-0878

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify) \_\_\_\_\_

I Website: N/A

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 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 Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other \_\_\_\_\_

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. Total: \$ 94,393

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 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 24,876, 68,249, 94,393, 1,268, 85,093, 9,300, 140,191, 0, 149,491.

**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
<b>22</b> Cash, savings, and investments . . . . .	141,280	<b>22</b> 151,682
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	141,280	<b>25</b> 151,682
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	1,089	<b>26</b> 2,191
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	140,191	<b>27</b> 149,491

**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?

PROMOTE AMERICANISM & SUPPORT THE AMERICAN LEGION 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, optional for others)

<b>28</b> PROMOTE AMERICANISM & SUPPORT THE AMERICAN LEGION ORGANIZATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	76,787
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	76,787

**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
ARNITA COLEMAN PRESIDENT	23 00	0	0	0
ALETA KRAUSS VICE PRESIDENT	20 00	0	0	0
TINA WASHINGTON SECRETARY	35 00	0	0	0
LISAMARIE MCCARLEY TREASURER	35 00	0	0	0
JUDI WHITMAN CHAPLAIN	23 00	0	0	0
MAUREEN MURRAY HISTORIAN	20 00	0	0	0
JACQUELINE ROONEY SERGEANT AT ARMS	20 00	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 columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed DE
42a The organization's books are in care of LISAMARIE MCCARLEY Telephone no (302) 235-0878
Located at 62 WESLEY DRIVE HOCKESSIN, DE ZIP + 4 19707

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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

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

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. If there is none, enter "None"

Table with 5 columns: (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

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

LISAMARIE MCCARLEY TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name E LEE MCCABE CPA CVA

Preparer's signature

Firm's name PKS & COMPANY PA

Firm's address 12216 OCEAN GATEWAY UNIT 800

OCEAN CITY, MD 21842

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

**TY 2014 Transfers Personal Benefits  
Contracts Declaration**

**Name:** THE AMERICAN LEGION AUXILIARY  
DEPARTMENT OF DELAWARE

**EIN:** 51-0272425

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Name of the organization  
THE AMERICAN LEGION AUXILIARY  
DEPARTMENT OF DELAWARE

Employer identification number

51-0272425

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 1,335 DESCRIPTION DONATIONS AMOUNT 1,150 DESCRIPTION VA & R AMOUNT 1,739 DESCRIPTION INSURANCE AMOUNT 193 DESCRIPTION CONFERENCE S & CONVENTIONS AMOUNT 13,476 DESCRIPTION PROJECT EXPENSES GIRLS STATE AMOUNT 18,254 DESCRIPTION PROJECT EXPENSES PRESIDENT PROJECT AMOUNT 500 DESCRIPTION MEMBERSHIPS & DUES AMOUNT 38,018 DESCRIPTION TAXES & LICENSES AMOUNT 50 DESCRIPTION CONSULTING FEES AMOUNT 4,775 DESCRIPTION DIGNITARY EXPENSES AMOUNT 686 DESCRIPTION OFFICER & CHAIRMAN EXPENSES AMOUNT 3,662 DESCRIPTION MISCELLANEOUS AMOUNT 36 TOTAL TO FORM 990-EZ, LINE 16 83,874
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCRUED INTEREST BEG OF YEAR AMOUNT 1,089 END OF YEAR AMOUNT 2,191