Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , and ending

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: Alabama State Employee Association

Number and street (or P O box if mail is not delivered to street address): 110 North Jackson Street | Room/suite:

City or town: Montgomery | State or country: AL | ZIP + 4: 36104

D Employer identification number: 63-0256542

E Telephone number: (334) 834-6965

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶ www.asea.org

J Organization type (check only one) ▶ [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] 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.**

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,794,647

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a 0		
	b	Indirect public support	1b 0		
	c	Government contributions (grants)	1c 0		
	d	**Total** (add lines 1a through 1c) (cash $ 0 noncash $ 0)		1d	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	0
	3	Membership dues and assessments		3	1,489,928
	4	Interest on savings and temporary cash investments		4	10,057
	5	Dividends and interest from securities		5	0
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	0
	7	Other investment income (describe ▶)		7	0
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 0 / 8a (B) Other 0		
	b	Less: cost or other basis and sales expenses	0 / 8b 0		
	c	Gain or (loss) (attach schedule)	0 / 8c 0		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	0
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1a)	9a 0		
	b	Less: direct expenses other than fundraising expenses	9b 0		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	0
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	0
	11	Other revenue (from Part VII, line 103)		11	1,294,662
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,794,647
Expenses	13	Program services (from line 44, column (B))		13	2,152,793
	14	Management and general (from line 44, column (C))		14	613,353
	15	Fundraising (from line 44, column (D))		15	0
	16	Payments to affiliates (attach schedule)		16	0
	17	**Total expenses** (add lines 16 and 44, column (A))		17	2,766,146
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	28,501
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	578,212
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	606,713

SCANNED SEP 12 2006

RECEIVED AUG 21 2006 OGDEN, UT IRS-OSC

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

24

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶ ☐	22	0	0		-
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0			
25 Compensation of officers, directors, etc.	25	163,168	81,584	81,584	
26 Other salaries and wages	26	926,828	600,145	326,683	
27 Pension plan contributions	27	0			
28 Other employee benefits	28	294,092	188,219	105,873	
29 Payroll taxes	29	89,401	89,401		
30 Professional fundraising fees	30	0			
31 Accounting fees	31	12,779	12,779		
32 Legal fees	32	36,729	36,729		
33 Supplies	33	68,218		68,218	
34 Telephone	34	74,308	74,308		
35 Postage and shipping	35	57,969	57,969		
36 Occupancy	36	0			
37 Equipment rental and maintenance	37	16,073	16,073		
38 Printing and publications	38	167,312	167,312		
39 Travel	39	40,264	40,264		
40 Conferences, conventions, and meetings	40	44,913	44,913		
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	17,883	17,883		
43 Other expenses not covered above (itemize):					
a See attached statement	43a	756,209	725,214	30,995	0
b	43b	0	0	0	0
c	43c	0	0	0	0
d	43d	0	0	0	0
e	43e	0	0	0	0
f	43f	0	0	0	0
g	43g	0	0	0	0
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	2,766,146	2,152,793	613,353	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 0 , **(ii)** the amount allocated to Program services $ _____ ; **(iii)** the amount allocated to Management and general $ _____ , and **(iv)** the amount allocated to Fundraising $ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Provide Benefits to State Employees All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	0

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*

				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		486,898	45	383,335
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 80,681			
	b	Less: allowance for doubtful accounts	47b 30,348	17,961	47c	50,333
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less. allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		4,728	52	3,443
	53	Prepaid expenses and deferred charges		26,237	53	31,158
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV		0	54	0
	55 a	Investments—land, buildings, and equipment: basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a 872,665			
	b	Less: accumulated depreciation (attach schedule)	57b 600,896	248,461	57c	271,769
	58	Other assets (describe ▶ See attached statement)		1,000	58	109,867
	59	**Total assets** (must equal line 74) Add lines 45 through 58		785,285	59	849,905
Liabilities	60	Accounts payable and accrued expenses		200,043	60	235,963
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe ▶ ASEA Chapter Rebate Escrow)		7,030	65	7,229
	66	**Total liabilities.** Add lines 60 through 65		207,073	66	243,192
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		578,212	67	606,713
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		578,212	73	606,713
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73.		785,285	74	849,905

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,794,647
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4	0		
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	2,794,647
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines d1 and d2			d	0
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	2,794,647

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,766,145
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4	0		
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	2,766,145
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2	0		
	Add lines d1 and d2			d	0
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	2,766,145

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See 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 plans	(E) Expense account and other allowances
Name E J. McArthur Str 110 N. Jackson St. City Montgomery ST AL ZIP 36104	Title Executive Directo Hr/WK 40	81,584	0	0
Name Randy Hebson Str 482 South Sanders I City Birmingham ST AL ZIP 35226	Title President Hr/WK 5	0	0	0
Name Dianna McLain Str 105 13th Avenue City Birmingham ST AL ZIP 35215	Title Secretary Hr/WK 1	0	0	0
Name Steve Walkley Str 6418 Applewood Co City Montgomery ST AL ZIP 36117	Title Treasurer Hr/WK 2	0	0	0
Name Ulysses Lavendar Str 5108 Briar Cliff Dr City Northport ST AL ZIP 35476	Title VP Hr/WK 1	0	0	0
Name Wanda Peppers Str 73 McClung Ave. City Phil Campbell ST AL ZIP 35581	Title Board Member Hr/WK <1	0	0	0
Name Rosemary Lang Str 273 Rabbit Run Rd City Rainsville ST AL ZIP 35986	Title Board Member Hr/WK <1	0	0	0
Name James Luncford Str 646 Howell St City Florence ST AL ZIP 35630	Title Board Member Hr/WK <1	0	0	0
Name Jo Anne Brown Str 15932 Cedar Cove L City Cottondale ST AL ZIP 35453	Title Board Member Hr/WK <1	0	0	0
Name See Schedule Str City ST ZIP	Title Hr/WK	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 25			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	X	
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a	X	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		
If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A				
b *501(c)(3) and 501(c)(4) orgs.* 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 a statement explaining each transaction		89b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ N/A			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ N/A			
90 a List the states with which a copy of this return is filed ▶				
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b 25			
91 a The books are in care of ▶ Name Lisa Smoke Telephone no. ▶ (334) 834-6965 Located at ▶ 110 N. Jackson St. City ST ZIP + 4 ▶ 36104				
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 ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.		91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		91c		X
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92 N/A			

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			01		1,489,928
95 Interest on savings and temporary cash investments			14	10,057	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Ad Sales	541800	29,819			
b Convention Registration			07	41,306	
c Advertising Fees	541800	15,000			
d Miscellaneous Income			01	70,503	28,034
e PEBCO Endorsement Fee	524298	1,110,000			
104 Subtotal (add columns (B), (D), and (E))		1,154,819		121,866	1,517,962
105 **Total** (add line 104, columns (B), (D), and (E))				▶	2,794,647

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94/103d	Provides Association with ability to provide a wide range of services to the employees of the State of Alabama, including educational and insurance benefits.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Public Employees Benefit Corporation 110 North Jackso	100.00%	Provides benefits to Stat	1,595,315	261,024
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

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 — Date 8-15-06

▶ Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 8/9/2006	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst. W) P00454415
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Richard, Harris, Ingram and Bozeman, P.C. 7029 Halcyon Park Drive, Montgomery, AL 36117		EIN ▶ 63-1019880	Phone no ▶ 334-277-8135

Alabama State Employess Association
Part 5 Page 5

(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 comp	(E) expense acct. and other allow
Troy Lewis 5719 21st Avenue Tuscaloosa, AL 35405	Board Member <1	0	0	0
Louise Liveoak 55 Smith Rd. Jemison, AL 35085-9503	Board Member <1	0	0	0
Jimmy Patrick P. O. Box 417 Harpersville, AL 35078	Board Member <1	0	0	0
Robert S. Miller P.O. Box 1265 Ashland, AL 36251	Board Member <1	0	0	0
Mary Bowens P.O. Box 0067 Troy, AL 36081	Board Member <1	0	0	0
Diane Williams 2671 Watson Rd. Emelle, AL 35459	Board Member <1	0	0	0
Larry Sanders 6709 Woolrich Drive N. Andalusia, AL 36618	Board Member <1	0	0	0
Patricia Lee Mobile, AL 36619-9004	Board Member <1	0	0	0
James Brewer 407 Thornton Place Mobile, AL 36609	Board Member <1	0	0	0
Tom Sanford Montgomery, AL 36108	Board Member <1	0	0	0
Alice Thornton 424 Easy Street Wetumpka, AL 36092	Board Member <1	0	0	0

Alabama State Employess Association
Part 5 Page 5

(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 comp	(E) expense acct and other allow
Deborah Holifield 260 Grier Rd. Wetumpka, AL 36092	Board Member <1	0	0	0
Vernetta Patrick P.O. Box 210882 Montgomery, AL 36121-0882	Board Member <1	0	0	0
Donna Mulcahy 3324 Wiley Rd. Montgomery, AL 36106	Board Member <1	0	0	0
Cherryl Criswell 365 West Pleasant Grove Rd. Montgomery, AL 36105-6204	Board Member <1	0	0	0
Robert Wagstaff P.O . Box 5103 Montgomery, AL 36103	Board Member <1	0	0	0
Paige Hebson 482 South Sanders Road Hoover, AL 35226	Board Member <1	0	0	0

Alabama State Employees Association
Federal ID # 63-0256542
2005

Form 990 Part II Line 43

	Total	Program	Management
Advertising expense	10,671	10,671	
Board and committee expenses	76,235	76,235	
Car operating expense	105,591	105,591	
Computer expenses	34,661	34,661	
Contributions	805	805	
Insurance	43,679	43,679	
Labor	15,383	15,383	
Legislative expense	89,998	89,998	
Membership expenses	29,231	29,231	
Membership promotions	122,814	122,814	
Miscellaneous	39,633	39,633	
Public relations	60,224	60,224	
Chapter Rebate expense	84,108	84,108	
Subscription and dues	3,769		3,769
Taxes	27,226		27,226
Utilities	12,181	12,181	
	756,209	725,214	30,995

Form 990 Part V- A

Name	Organization Name	EIN	Compensation	Contributions to Employee Benefits plans	Expense and other allowances
E.J. McArthur	Public Employees Benefits Corp.	63-1272444	81,584	0	0

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	Alabama State Employee Association	63-0256542
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	110 North Jackson Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Montgomery, AL 36104	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ Lisa Smoke

Telephone No. ▶ (334) 834-6965 FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2005 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
(HTA)