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## Short Form

## 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)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

American Legion Auxiliary

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

Room/suite

P. O. Box 1093

City or town, state or country, and ZIP + 4

Hattiesburg

MS

39403

D Employer identification number

90-0450801

E Telephone number

(601) 544-0804

F Group Exemption

Number . . . ►

● 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) ►

I Website: ►

J Organization type (check only one) - ☒ 501(c) ( 19 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 32,498

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	25,900
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	761
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a	Gross sales of inventory, less returns and allowances	7a	5,837
b	Less: cost of goods sold	7b	435
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	5,402
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	32,063
10	Grants and similar amounts paid (attach schedule)	10	23,953
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	2,900
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	66
16	Other expenses (describe ► STM130)	16	2,853
17	Total expenses. Add lines 10 through 16	17	29,772
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	2,291
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	18,204
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,495

## Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,204	20,495
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	18,204	20,495
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,204	20,495

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

EEA

Form 990-EZ (2007)

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DEC 17 2011  
TFR BRANCH  
CSDEN

STM122

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**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions)What is the organization's primary exempt purpose? **Veterans service organization**

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, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)**28 U. S. Military Veterans Organizations and Programs**(Grants \$ ) If this amount includes foreign grants, check here ☐**28a** **29,772****29**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses.** Add lines 28a through 31a**32** **29,772****Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of 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	(E) Expense account and other allowances
See 990_OFOV				

**Part V Other Information** (Note the statement requirement in General Instruction V)

	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>N/A</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>X</b>
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	<b>37a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>N/A</b>	
<b>38 a</b> 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 unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	

**Part V Other Information** (Note the statement requirement in General Instruction V ) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ \_\_\_\_\_, section 4912 ▶ \_\_\_\_\_, section 4955 ▶ \_\_\_\_\_

**b** 501(c)(3) and (4) organizations. 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 an explanation . . . . .

	Yes	No
<b>40b</b>	N/A	

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ \_\_\_\_\_**d** 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? . . . . .

<b>40e</b>	N/A	
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**41** List the states with which a copy of this return is filed ▶ **MS****42 a** The books are in care of ▶ **% Joseph D Kersh** Telephone no ▶ **601-544-1205**Located at ▶ **298 Green Street** **Hattiesburg** **MS** ZIP + 4 ▶ **39401****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)? . . . . .

	Yes	No
<b>42b</b>		X

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .

<b>42c</b>		X
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If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**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****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

*Christina L Ghent* / *Sherry Estrella*

Signature of officer

Date

**11-30-11**

Type or print name and title

*Christina L Ghent - President* / *Sherry Estrella - Secretary***Paid Preparer's Use Only**

Preparer's signature

Date  
**11-26-2011**Check if self-employed ☐

Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4

**CHARLES H. JUNEK III, JD, CPA, PC****702 SOUTHEAST CIRCLE****HATTIESBURG****MS 39402**

EIN ▶ \_\_\_\_\_

Phone no ▶ **6012680137**

EEA

Form 990-EZ (2007)



# Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

American Legion Auxiliary

90-0450801

## FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

Statement #122

Activity	Amount	Relationship
Various local charities & veterans	23,953	
Grantee		
Address		
298 Green Street		
Hattiesburg MS 39401		
TOTAL	23,953	

## FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

PG 01  
Statement #130

Description	Amount
Dues and assessments	1,283
Prizes and awards	104
Convention Expenses	418
Installation	189
Bank charges and supplies	73
Supplies	351
Flowers	174
Newsletters	20
Meeting Expenses	191
Miscellaneous	50
TOTAL	2,853

990

## Overflow Statement

2007  
Page 1

Name(s) as shown on return

FEIN

American Legion Auxiliary

90-0450801

Miscellaneous Sales

Description	Amount
Poppies	\$ 5,837
Total:	\$ 5,837

Cost of Goods Sold

Description	Amount
Poppies	\$ 435
Total:	\$ 435

Salaries & Wages

Description	Amount
Officers	\$ 500
Bookkeeper	2,400
Total:	\$ 2,900

Printing, Pubs, & Postage

Description	Amount
Postage	\$ 66
Total:	\$ 66

**Power of Attorney  
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

**For IRS Use Only**

Received by

Name

Telephone

Function

Date

**Part I Power of Attorney**

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address

American Legion Auxiliary  
P. O. Box 1093  
Hattiesburg, MS 39403

Social security number(s)

Employer identification  
number

90-0450801

Daytime telephone number

(601) 544-0804

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

**2 Representative(s) must sign and date this form on page 2, Part II**

Name and address

CHARLES H. JUNEK III, JD, CPA  
702 SOUTHEAST CIRCLE  
HATTIESBURG, MS 39402

CAF No. 650532298

Telephone No. (601) 268-0137

Fax No. (601) 268-0137

Check if new Address ☐

Telephone No ☐

Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐

Telephone No ☐

Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐

Telephone No ☐

Fax No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Non-profit	990EZ, 990, 990T	6/30/11; 6/30/10
Non-profit	990EZ, 990, 990T	6/30/09; 6/30/08
Non-profit	990EZ, 990, 990T	6/30/07; 6/30/06

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for Line 4. Specific uses not recorded on CAF ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 103(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

IRS negotiations and settlements

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE**

**OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below

Name of representative to receive refund check(s) ►



- 7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2
- a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b If you do not want any notices or communications sent to your representative(s), check this box ☐
- 8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐  
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer
- IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Christina L Ghent / Sherry Estrella  
Signature

11-30-11

Date

President/Secretary  
Title (if applicable)

Christina L Ghent / Sherry Estrella  
Print Name PIN Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

**Part II Declaration of Representative**

**Caution:** Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c Enrolled Agent - enrolled as an agent under the requirements of Treasury Department Circular No. 230
  - d Officer - a bona fide officer of the taxpayer's organization
  - e Full-Time Employee - a full-time employee of the taxpayer
  - f Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 103(d) of Treasury Department Circular No. 230)
  - h Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 107(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 2 of the instructions

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions

Designation - Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
B	Mississippi		11/26/11