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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

0806

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

Open to Public
Inspection

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 527K 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"/>	6	
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		23
24 Other assets (describe ►)	24	
25 Total assets	18,204	20,495
26 Total liabilities (describe ►)	26	
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.

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Form 990-EZ (2007)

G74

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions)			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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.			

28 U. S. Military Veterans Organizations and Programs

(Grants \$) If this amount includes foreign grants, check here	• • • • • ► <input type="checkbox"/>	28a	29,772
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 (attach schedule)	• • • • •			
(Grants \$) If this amount includes foreign grants, check here	• • • • • ► <input type="checkbox"/>	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)

See 990 OFOV	(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

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

		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
34	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	34	X
35	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	35a	X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35b	N/A
b	If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	37a	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ►	37b	N/A
b	Did the organization file Form 1120-POL for this year?	38a	X
38 a	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?	38b	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	39a	
39	501(c)(7) organizations Enter:	39b	
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		

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

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?

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)?

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 ?
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 |

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

Please Sign Here*Christina L Ghent / Sherry Estrella* | 11-30-11
Signature of officer Date*Christina L Ghent - President / Sherry Estrella - Secretary*

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
	CHARLES H. JUNEK III, JD, CPA, PC 702 SOUTHEAST CIRCLE HATTIESBURG	11-26-2011		EIN ►
	Firm's name (or yours if self-employed), address, and ZIP + 4	MS 39402	Phone no ►	6012680137

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Form 990-EZ (2007)

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Federal Supporting Statements**2007 PG 01**

Name(s) as shown on return

FEIN

American Legion Auxiliary90-0450801**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

Statement #122

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

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**PG 01
Statement #130

<u>Description</u>	<u>Amount</u>
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	<u>2,853</u>

990

Overflow Statement

2007
Page 1

Name(s) as shown on return

American Legion Auxiliary

FEIN

90-0450801

Miscellaneous Sales

Description	Amount
Poppies	\$ 5,837
Total:	<u>\$ 5,837</u>

Cost of Goods Sold

Description	Amount
Poppies	\$ 435
Total:	<u>\$ 435</u>

Salaries & Wages

Description	Amount
Officers	\$ 500
Bookkeeper	2,400
Total:	<u>\$ 2,900</u>

Printing, Pubs, & Postage

Description	Amount
Postage	\$ 66
Total:	<u>\$ 66</u>

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 _____

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 <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address	CAF No _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address	CAF No _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>

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 10 3(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 Ghents / Sherry Estrella
Signature

11-30-11

President/Secretary
Title (if applicable)

Christina L Ghents / 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