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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning

07-01, 2008, and ending

06-30, 2009

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 27,870

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

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received	1	24,000
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	745
	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 (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
E x p e n s e s	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	3,125
	b Less: cost of goods sold	7b	140
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ►)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	27,730
	10 Grants and similar amounts paid (attach schedule)	10	20,675
	11 Benefits paid to or for members	11	
A n s e t t s	12 Salaries, other compensation, and employee benefits	12	2,200
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	84
	16 Other expenses (describe ► STM130)	16	2,772
	17 Total expenses. Add lines 10 through 16	17	25,731
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,999
	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	20,495
	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	22,494

Part II: Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

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

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

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

28a

20,675

20,675

29

11. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 11)

1100 J. Neurosci., November 1, 2006 • 26(44):1092–1100

30d

100

51

31a

32 Total program service expenses (add lines 28a through 31a) ► 32 20,675

20,675

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
Chellie Boone P. O. Box 1093 Hattiesburg MS, 39403	1st Vice Presid 0	0	0	0
Mary Hudson P. O. Box 1093 Hattiesburg MS, 39403	President 0	0	0	0
Sue Evans P. O. Box 1093 Hattiesburg MS, 39403	Secretary 0	0	0	0
Sherry Estrella P. O. Box 1093 Hattiesburg MS, 39403	Historian 0	0	0	0
Evelyn Montague P. O. Box 1093 Hattiesburg MS, 39403	Chaplain 0	0	0	0
Karen Bowers P. O. Box 1093 Hattiesburg MS, 39403	Sergeant Arms 0	0	0	0
Wanda Thomas P. O. Box 1093 Hattiesburg MS, 39403	2nd Vice Pres 0	0	0	0
Sue Evans P. O. Box 1093 Hattiesburg MS, 39403	Secretary 0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40 a 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) 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," complete Schedule L, Part I	40b	
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? If "Yes," complete Form 8886-T	40e	X
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)?	42b	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, Report of Foreign Bank and Financial Accounts.		
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. ► _____	42c	X
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

 b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

Total number of other independent contractors each receiving over \$100,000 - - - ►

Sign Here	<p>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</p> <p><i>Christina L Ghent /Sherry Estrella</i> 11-30-11</p> <p>Signature of officer Date</p> <p><i>Christina L Ghent- President /Sherry Estrella - Secretary</i></p> <p>Type or print name and title</p>			
	Preparer's signature	Date	Check if self- employed	Preparer's Identifying No. (See inst.)
Paid Preparer's Use Only	<p><i>CHARLES H. JUNEK III, JD, CPA,</i></p> <p>702 SOUTHEAST CIRCLE</p> <p>HATTIESBURG, MS 39402</p>	11-26-2011	<input type="checkbox"/>	EIN <input type="checkbox"/>
			Phone no <input type="checkbox"/>	601-268-0137

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

Federal Supporting Statements**2008**

Name(s) as shown on return

FEIN

**Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule**

Statement #122

Activity	Various local charities & veterans	Amount	Relationship
Grantee		<u>20,675</u>	
Address	298 Green Street Hattiesburg	MS 39401	
		Total	<u>20,675</u>

**Form 990EZ, Part I, Line 16
Other Expenses Schedule 2**

Description	Amount
Dues and assessments	1,248
Prizes and awards	331
Convention Expenses	566
Installation	374
Supplies	26
Flowers	77
Miscellaneous	150
Total	<u>2,772</u>

990

Overflow Statement

2008
Page 1

Name(s) as shown on return

American Legion Auxiliary

FEIN

90-0450801

Miscellaneous Sales

Description	Amount
Poppies	\$ 3,125
Total:	<u>\$ 3,125</u>

Cost of Goods Sold

Description	Amount
Poppies	\$ 140
Total:	<u>\$ 140</u>

Salaries & Wages

Description	Amount
Bookkeeper	\$ 2,200
Total:	<u>\$ 2,200</u>

Printing, Pubs, & Postage

Description	Amount
Postage	\$ 84
Total:	<u>\$ 84</u>