

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 08-01-2006 and ending 07-31-2007

- 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: American Legion Post No 1. Number and street (or P O box if mail is not delivered to street address): PO Box 6098. City or town, state or country, and ZIP + 4: Titusville, FL 32782

D Employer identification number: 59-0937826. E Telephone number: (321) 269-9959. F Accounting method: [X] Cash [] 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).

G Web site: N/A

J Organization type (check only one): [X] 501(c) (19) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization is not a 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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 633,936

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. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. I Group Exemption Number. M Check [X] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and 4 columns. Rows 1-12 are Revenue, 13-17 are Expenses, 18-21 are Net Assets. Includes sub-rows for detailed revenue and expense categories.

Part III 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	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	43,025	43,025		
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	4,811	4,811		
30 Professional fundraising fees	30				
31 Accounting fees	31	3,012		3,012	
32 Legal fees	32				
33 Supplies	33	9,168	7,035	2,133	
34 Telephone	34	767		767	
35 Postage and shipping	35	3,660	2,790	870	
36 Occupancy	36				
37 Equipment rental and maintenance	37	2,910		2,910	
38 Printing and publications	38	3,991	3,991		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	12,426		12,426	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	217,787	110,286	107,501	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 \$ _____, (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? Service to veterans 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 Veterans service organization (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	110,286
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	110,286

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		20,354	45	29,601	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b		47c		
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b		48c		
	49 Grants receivable			49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b		51c		
	52 Inventories for sale or use		9,707	52	13,003	
	53 Prepaid expenses and deferred charges			53		
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		546,035	54b	527,492	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b		55c			
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	392,631				
b Less accumulated depreciation (attach schedule)	57b	243,775	64,427	57c 	148,856	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			1	58		
59 Total assets (must equal line 74) Add lines 45 through 58		640,524	59		718,952	
Liabilities	60 Accounts payable and accrued expenses		608	60	3,108	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)		14,785	64a	35,196	
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		2,054	65 		2,473
66 Total liabilities Add lines 60 through 65		17,447	66		-29,615	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			67		
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> 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		623,077	72	748,567	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		623,077	73		748,567
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		640,524	74		718,952

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	343,290
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	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	343,290
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	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	343,290

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

a	Total expenses and losses per audited financial statements	a	217,787
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	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	217,787
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	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	217,787

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
Brady Withrow PO Box 6098 Titusville, FL 327826098	Treasurer 0	0		
Ferrial White PO Box 6098 Titusville, FL 327826098	Commander 0	0		

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

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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). 75c: 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 the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions. 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 81a, 81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 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. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: 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? 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of Brady Withrow Telephone no (321) 269-9959
PO Box 6098 Titusville FL
Located at Titusville, FL ZIP + 4 327826098
91b 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)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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** _____

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 Steak Shootout					625
b Post Party Income					595
c Boosters					1,687
d Bingo					12,223
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					22,624
95 Interest on savings and temporary cash investments					12,019
96 Dividends and interest from securities					26,183
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					800
98 Net rental income or (loss) from personal property					
99 Other investment income					131
100 Gain or (loss) from sales of assets other than inventory					63,775
101 Net income or (loss) from special events					6,674
102 Gross profit or (loss) from sales of inventory					119,096
103 Other revenue a Vending Machines					7,906
b Sales Tax Collec Allow					345
c Reimbursed Expenses					38,120
d Miscellaneous					350
e _____					
104 Subtotal (add columns (B), (D), and (E))					313,153
105 Total (add line 104, columns (B), (D), and (E))					313,153

Note: Line 105 plus line 1e, 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)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	Nature of business
	%	
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums, directly or indirectly, for the organization's exempt purposes (other than by providing funds for such purposes)? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, for the organization's exempt purposes (other than by providing funds for such purposes)? Yes No

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

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

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	2007-11-27 Date
Brady Withrow Treasurer 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 W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	S&S Business Services Inc 2910 Garden Street Titusville, FL 32796		EIN Phone no

Additional Data

Software ID: 06000146
Software Version: 2006v3.1
EIN: 59-0937826
Name: American Legion Post No 1

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Utilities	43a	27,017		27,017	
b Small Tools & Equipment	43b	213		213	
c Security System	43c	2,829		2,829	
d Property & Sales Taxes	43d	16,077	15,526	551	
e Post Party	43e	53		53	
f Pool Table Payout	43f	87	87		
g Pest Control	43g	1,087		1,087	
h Over/ Short	43h	5,029	5,029		
i Office Expense	43i	1,685	706	979	
j Music & Entertainment	43j	13,464	13,464		
k Miscellaneous	43k	31		31	
l Licenses & Permits	43l	1,282		1,282	
m Liab,Bond & W/C Ins	43m	8,829	2,542	6,287	
n Labor	43n	14,455	6,855	7,600	
o Karaoke Contest	43o	1,350	1,350		
p Juke Box Payout	43p	317	317		
q Gifts & Certificates	43q	180	180		
r Games Payouts	43r	46	46		
s Finance & Investm Charges	43s	940		940	
t Dues To Dept/Nat'l	43t	15,041		15,041	
u Dues & Subscriptions	43u	71		71	
v contributions	43v	325		325	
w Children & Youth	43w	387	387		
x Building Repairs	43x	17,145		17,145	
y Bingo Payouts	43y	539	539		
z Bank Service Charges	43z	606	606		
aa Automobile Expense	43aa	3,932		3,932	
ab ATM Payout Expenses	43ab	590	590		
ac Advertsing	43ac	410	410		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Electrical Sign	2004-10	Purchase	2006-08		1,389	1,389		660	660

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Gross Sales Price: 213,123

Basis: 150,000

Sales Expenses: 8

Total (net): 63,115

TY 2006 Land etc. Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	104,206		104,206
Improvements	39,350	17,060	22,290
Buildings	120,813	168,518	47,705
Machinery and Equipment	51,923	20,153	31,770
Furniture and Fixtures	76,339	38,044	38,295

TY 2006 Other Changes in Net Assets Schedule**Name:** American Legion Post No 1**EIN:** 59-0937826**Software ID:** 06000146**Software Version:** 2006v3.1

Description	Amount
Penalty Not Allowed	-13

TY 2006 Other Investment Income Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
LT Cap Gains Nuveen	131

TY 2006 Other Liabilities Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Description	Beginning of Year Amount	End of Year Amount
Sales Taxes Payable		1,070
	904	
Payroll Taxes	1,150	1,403

TY 2006 Sales Of Inventory Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
	258,755	139,659	119,096

TY 2006 Special Events Schedule

Name: American Legion Post No 1

EIN: 59-0937826

Software ID: 06000146

Software Version: 2006v3.1

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Fundraisers	6,924		6,924	250	6,674