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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2006

Open to Public
Inspection

A For the 2006 calendar year, or tax year beginning

07-01-2006, and ending

06-30-2007

B Check if applicable

- Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization

AMERICAN LEGION AUXILIARY

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

P. O. BOX 1093

Room/suite

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

HATTIESBURG MS 39402

D Employer identification number

90-0450801

E Telephone number

(601) 544-1205

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 ► \$ 28,643

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See page 47 of the instructions)	
1	Contributions, gifts, grants, and similar amounts received	1	25,000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3,643
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	STATUTE UNIT RECEIVED
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	MAY 17 2012
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	ACCOUNTS MANAGEMENT
b	Less direct expenses other than fundraising expenses	6c	OGDEN
c	Net income or (loss) from special events and activities (line 6a less line 6b)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	8	
8	Other revenue (describe ►)	9	28,643
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	20,428
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	119
15	Printing, publications, postage, and shipping	16	5,667
16	Other expenses (describe ► STM130)	17	26,214
17	Total expenses (add lines 10 through 16)	18	2,429
18	Excess or (deficit) for the year (line 9 less line 17)	19	15,775
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	18,204
21	Net assets or fund balances at end of year (combine lines 18 through 20)		

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 51 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,77522
23	Land and buildings	23
24	Other assets (describe ►)	24
25	Total assets	15,77525
26	Total liabilities (describe ►)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,77527
		18,204

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?

	Yes	No
40b	N/A	
40e	N/A	

41 List the states with which a copy of this return is filed ► MS

42 a The books are in care of ► § Adjutant 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 ► _____

	Yes	No
42b	X	
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

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 R Shub*

5-5-12

Signature of officer

Date

Type or print name and title

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
<i>CHARLES H. JUNEK III, JD, CPA, PC</i>	05-04-2012	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
702 SOUTHEAST CIRCLE HATTIESBURG MS 39402			601-268-0137

EEA

Form 990-EZ (2006)

Department of the Treasury
Internal Revenue Service
Name of the organization

AMERICAN LEGION AUXILIARY

Employer identification number
90-0450801

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000 ►				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services · · · · · ►		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services · · · · · ►		

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**2006 PG 01**

Name(s) as shown on return

AMERICAN LEGION AUXILIARY

FEIN

90-0450801**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

Statement #122

Activity	Amount	Relationship
Various local charities and veterans	20,428	
Grantee		
Address		
TOTAL	<u>20,428</u>	

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

Description	Amount
Flowers	218
Accounting	2,400
Dues and Assessments	721
Supplies	691
Conferences	<u>1,637</u>
TOTAL	<u>5,667</u>