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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

C Name of organization
AMERICAN LEGION 67 HARRY S FOSTER
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
900 KECOUGHTAN ROAD
 City or town, state or county, and ZIP + 4
HAMPTON, VA 23661

D Employer identification number
54-6072332

E Telephone number
757-245-5943

F Group Exemption Number . . . ▶ **925**

• 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 ☐ 527**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. ▶ \$ **94900****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	5654
2	Program service revenue including government fees and contracts	2	25076
3	Membership dues and assessments	3	20325
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 checked="" type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	18855
b	Less: direct expenses other than fundraising expenses	6b	12705
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	6150
7a	Gross sales of inventory, less returns and allowances	7a	24990
b	Less: cost of goods sold	7b	13008
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	11982
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	69187
10	Grants and similar amounts paid (attach schedule)	10	2069
11	Benefits paid to or for members	11	5289
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	9962
14	Occupancy, rent, utilities, and maintenance	14	32045
15	Printing, publications, postage, and shipping	15	4664
16	Other expenses (describe ▶ MEETINGS, TAXES, ADVERTG, LICENSE)	16	14780
17	Total expenses. Add lines 10 through 16	17	68809
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	378
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	102559
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	102937

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 year
22 Cash, savings, and investments	6479	6857
23 Land and buildings	96080	96080
24 Other assets (describe ▶ _____)		
25 Total assets	102559	102937
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102559	102937

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

Form 990-EZ (2007)

9-4-11

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? TO PROMOTE COMMUNITY ACTIVITY		
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	TO PROMOTE COMMUNITY ACTIVITIES AND EVENTS	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	68809
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 68809

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
RONALD FANNING HAMPTON VA 23666	COMMANDER 20	- 0 -	- 0 -	- 0 -
JOSEPH G PORCH JR NEWPORT NEWS VA 23605	FIRST VICE 18	- 0 -	- 0 -	- 0 -
GLORIA PRINGLE HAMPTON VA 23663	SECOND VIC 10	- 0 -	- 0 -	- 0 -
SEE ATTACHED				

Part V Other Information (Note the attachment 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		
a	Did the organization have unrelated business gross income of \$1,000 or more or 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 this year? (If "Yes," attach a statement) . .	36	X
37a	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
38a	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," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 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
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?

40e		X
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41 List the states with which a copy of this return is filed. ▶ VIRGINIA**42a** The books are in care of ▶ EARL L. PIERCE Telephone no. ▶ (757) 719-6319Located at ▶ 900 KECOUGHTAN ROAD HAMPTON ZIP + 4 ▶ 23661-0000**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
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**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		
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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 ▶ 43Please
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 Earl L. PierceDate Dec. 14, 2009Type or print name and title EARL L. PIERCEPaid
Preparer's
Use OnlyPreparer's
signatureWilliam V. Hoar II

Date

12/10/09Check if
self-
employed ☐

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

P00124035Firm's name (or yours
if self-employed),
address, and ZIP + 4QUALITY TAX SERVICE INC

EIN

54-184696070 W MERCURY BLVD STE 101 HAMPTON, VA 23669

Phone no

(757) 722-4800

Harry S Foster American Legion Post 67 Inc
 900 Kecoughtan Road
 Hampton Va 2361-2741
 FEIN 54-6072332

Name	Title	Avg Hrs/Wk	Compensation	Benefits	Expense Acct
<u>Address</u>					
Linda Fanning	Adjutant				
Hampton Va	18		0	0	1200
Earl L Pierce	Finance Officer				
Nepwort News Va	28		0	0	1200
Robert M Hennigan	Chaplin				
Hampton Va	8		0	0	0
Bennie J Hicks	Sgt at Arms				
Nepwort News Va	16		0	0	0
Haywood L Higgs	Service Officer				
Chesapeake Va	11		0	0	0
Randolph L Drew	Historian				
Hampton Va	8		0	0	0
Anthony Parker	Executive Board				
Hampton Va	12		0	0	0
Carlton Brown	Executive Board				
Hampton Va	9		0	0	0
Willie Dozier	Executive Board				
Hampton Va	9		0	0	0
Louis A Sanders	Executive Board				
Hampton Va	9		0	0	0