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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

Open to Public
Inspection

► 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 67 HARRY S FOSTER

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

900 KECOUGHTAN ROAD

D Employer identification number
54-6072332E Telephone number
757-245-5943

F Group Exemption

Number . . . ► 0925

City or town, state or county, and ZIP + 4
HAMPTON, VA 23661

• 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. ► \$ 164130

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	7132
	2 Program service revenue including government fees and contracts	2	54697
	3 Membership dues and assessments	3	21308
	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 checked="" type="checkbox"/>	6c	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22233
	b Less. direct expenses other than fundraising expenses	6b	14503
Expenses	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	7730
	7a Gross sales of inventory, less returns and allowances	7a	58760
	b Less: cost of goods sold	7b	36391
	c Gross profit or (loss) from sales of inventory. (Subtract line 7b from line 7a)		
	8 Other revenue (describe ►)	8	22369
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► RECHARGE	9	113236
	10 Grants and similar amounts paid (attach schedule)	10	1885
	11 Benefits paid to or for members	11	7671
	12 Salaries, other compensation, and employee benefits	12	17933
	13 Professional fees and other payments to independent contractors	13	
Net Assets	14 Occupancy, rent, utilities, and maintenance	14	38134
	15 Printing, publications, postage, and shipping	15	4783
	16 Other expenses (describe ►)	16	24620
	17 Total expenses. Add lines 10 through 16 ► DEC 28 2009	17	95026
	18 Excess or (deficit) for the year. (Subtract line 17 from line 9)	18	18210
	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	102937
	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	121147

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 year
22 Cash, savings, and investments	6857	22 25067
23 Land and buildings	96080	23 96080
24 Other assets (describe ►)		24
25 Total assets	102937	25 121147
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102937	27 121147

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

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Form 990-EZ (2008)

Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)				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? <u>TO PROMOTE COMMUNITY ACTIVITIES</u>				
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
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
				95026

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
JOHN E GREEN 10 BRENTWOOD DRIVE	COMMANDER 20	0		
LINDA FANNING 36 DIGGS DRIVE	FIRST VICE CMDR 20	0		
GLORIA PRINGLE 1411 ANTOINETTE CIRCLE	SECOND VICE CMDR 10	0		
PENNY L HOUSE 18 PRINCE GEORGE DRIVE	ADJUTANT 18	0		1200
EARL L PIERCE 741 DRESDEN DRIVE	FINANCE OFFICER 28	0		1200
WILLIAM M JONES 110 BRIARWOOD DRIVE	CHAPLIN 16	0		
JAMES T DAVIS 111 WARD DRIVE	SERGEANT AT ARMS 16	0		
RONALD FANNING 36 DIGGS DRIVE	SERVICE OFFICER 16	0		
RANDOLPH L DREW 2924 SZETELA CT	HISTORIAN 8	0		
ANTHONY PARKER 308 GAINES MILL LN	EXECUTIVE BOARD 12	0		
CARLON BROWN 2509 VICTORIA BLVD	EXECUTIVE BOARD 9	0		
WILLIE DOZIER 1204 MICOTT DRIVE	EXECUTIVE BOARD 9	0		
JOSEPH G PORCH JR 6003 OLD AVE	EXECUTIVE BOARD 12	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, 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 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
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," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	8125
40a 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. ► _____		
42a The books are in care of ► EARL L PIERCE Located at ► 900 KECOUGHTAN ROAD	Telephone no. ► (757) 719-6319 ZIP + 4 ► 23661	
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 ► <input type="checkbox"/> 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 within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

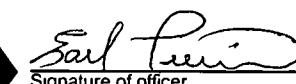
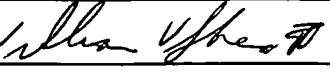
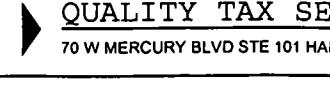
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
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
NONE				
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 is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

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		
		12-21-2009	Date
Signature of officer			
EARL PIERCE FINANCIAL OFFICER			
Paid Preparer's Use Only	Preparer's signature 	Date 12/20/09	Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00124035
	Firm's name (or yours if self-employed), address, and ZIP + 4 	► QUALITY TAX SERVICE INC 70 W MERCURY BLVD STE 101 HAMPTON, VA 23669	EIN ► 54-1846960 Phone no ► (757) 722-4800

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SUPPORTING STATEMENTS FOR ORGANIZATION

AMERICAN LEGION 67 HARRY S FOSTER
54-6072332
900 KECOUGHTAN ROAD
HAMPTON, VA 23661

**** SCHEDULE of Part I - Grants and Similiar Amounts Paid

<u>Activity</u>	<u>Grantee Name/ Relationship</u>	<u>Grantee Address</u>	<u>Amount</u>
TWO PRESCRIPTIONS	JUNIOR TAYLOR NONE	3108 CHESTNUT AVE APT B HAMPTON, VA 23666	20
BAND FUNDRAISER	NEWPORT NEWS POLICE PIPES AND DRUMS NONE	6022 JEFFERSON AVENUE HAMPTON, VA 23605	100
FUNERAL	HAWKINS FAMILY MEMBER	2242 TODDS LANE APT 3D HAMPTON, VA 23666	150
2009 SESSION OF THE AMERICAN BOYS STATE	THE AMERICAN LEGION BOYS STATE OF VIRGINIA AFFILIATE	221721515 TRIANGLE, VA 221721515	225
TRANSPORTATION TO BOYS STATE WEEK	THE AMERICAN LEGION BOYS STATE OF VIRGINIA AFFILIATE	221721515 TRIANGLE, VA 221721515	150
MEDICAL CENTER	VETERANS ADMINISTRATION HOSPITAL NONE	100 EMANCIPATION DRIVE HAMPTON, VA 23661	990
COUNTY FAIR	VETERANS AFFAIR MEDICAL CENTER NONE	100 EMANCIPATION DRIVE HAMPTON, VA 23661	250

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	115
BUSINESS LICENSES	4,725
INSURANCE	111
REFRESHMENTS	2,173
TAXES	10,597
CONVENTION MEETINGS	6,899
 Total Part I - Other Expenses:	 24,620

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. Must File Original and One Copy.

Type or print	Name of Exempt Organization <i>AMERICAN LEGION 67 HARRY S FOSTER</i>	Employer Identification Number <i>54-6072332</i>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <i>906 KELLOGG ROAD</i>	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address, see instructions. <i>HAMPTON, VA 23661</i>	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Telephone No ► () - FAX No. ► () -
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until , 20
- 5 For calendar year 2008 , or other tax year beginning , 20 , and ending , 20
- 6 If this tax year is less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► *Earl D. R.*

Title ► *Finance Officer*

Date ► *12-21-2009*
Notice to Applicant (To Be Completed by the IRS)

<input type="checkbox"/> We have approved this application. Please attach this form to the organization's return.
<input type="checkbox"/> We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
<input type="checkbox"/> We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
<input type="checkbox"/> We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

By _____

Director _____

Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name _____
	Number and street (include suite, room, or apt. no.) or a P.O. box number _____
	City or town, province or state, and country (including postal or ZIP code) _____