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Form **990-EZ****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)

OMB No 1545-1150

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ 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.

|  |   |
|--|---|
| <b>A</b> For the 2008 calendar year, or tax year beginning <u>07/01</u> , 2008, and ending <u>06/30</u> , 2009   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>AMERICAN LEGION 67 HARRY S FOSTER</b><br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>900 KECOUGHTAN ROAD</b><br>City or town, state or county, and ZIP + 4<br><b>HAMPTON, VA 23661</b> |
| <b>D</b> Employer identification number<br><b>54-6072332</b>   | <b>E</b> Telephone number<br><b>757-245-5943</b>  |
| <b>F</b> Group Exemption Number . . . ▶ <b>0925</b>  |   |

• 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: ▶

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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. ▶ \$ **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     |        |
|          | 5b  | Less: cost or other basis and sales expenses . . . . .  | 5b     |        |
|          | 5c  | 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"/> . . . . . |        |        |
|          | 6a  | Gross revenue (not including \$ of contributions reported on line 1) . . . . .  | 6a     | 22233  |
|          | 6b  | Less: direct expenses other than fundraising expenses . . . . .   | 6b     | 14503  |
| 6c       | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . | 6c  | 7730   |        |
| 7a       | Gross sales of inventory, less returns and allowances . . . . .                                   | 7a  | 58760  |        |
| 7b       | Less: cost of goods sold . . . . .  | 7b  | 36391  |        |
| 7c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .          | 7c  | 22369  |        |
| 8        | Other revenue (describe ▶ ) . . . . .   | 8   |        |        |
| 9        | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                                  | 9   | 113236 |        |
| Expenses | 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     |        |
|          | 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 . . . . .   | 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                  | 25067        |
| 23 Land and buildings . . . . .  | 96080                 | 96080        |
| 24 Other assets (describe ▶ ) . . . . .  |                       |              |
| 25 Total assets . . . . .  | 102937                | 121147       |
| 26 Total liabilities (describe ▶ ) . . . . .   | 0                     | 0            |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 102937                | 121147       |

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

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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? TO PROMOTE COMMUNITY ACTIVITIES

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 TO PROMOTE COMMUNITY ACTIVITIES AND EVENTS**(Grants \$ ) If this amount includes foreign grants, check here ☐**28a** 95026**29**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31 Other program services** (attach schedule) . . . . .(Grants \$ ) If this amount includes foreign grants, check here ☐**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<br>10 BRENTWOOD DRIVE       | COMMANDER<br>20  | 0   |   |  |
| LINDA FANNING<br>36 DIGGS DRIVE          | FIRST VICE CMDR<br>20                                    | 0   |   |  |
| GLORIA PRINGLE<br>1411 ANTOINETTE CIRCLE | SECOND VICE CMDR<br>10                                   | 0   |   |  |
| PENNY L HOUSE<br>18 PRINCE GEORGE DRIVE  | ADJUTANT<br>18   | 0   |   | 1200                                     |
| EARL L PIERCE<br>741 DRESDEN DRIVE       | FINANCE OFFICER<br>28                                    | 0   |   | 1200                                     |
| WILLIAM M JONES<br>110 BRIARWOOD DRIVE   | CHAPLIN<br>16  | 0   |   |  |
| JAMES T DAVIS<br>111 WARD DRIVE          | SERGEANT AT ARMS<br>16                                   | 0   |   |  |
| RONALD FANNING<br>36 DIGGS DRIVE         | SERVICE OFFICER<br>16                                    | 0   |   |  |
| RANDOLPH L DREW<br>2924 SZETELA CT       | HISTORIAN<br>8   | 0   |   |  |
| ANTHONY PARKER<br>308 GAINES MILL LN     | EXECUTIVE BOARD<br>12                                    | 0   |   |  |
| CARLON BROWN<br>2509 VICTORIA BLVD       | EXECUTIVE BOARD<br>9                                     | 0   |   |  |
| WILLIE DOZIER<br>1204 MICOTT DRIVE       | EXECUTIVE BOARD<br>9                                     | 0   |   |  |
| JOSEPH G PORCH JR<br>6003 OLD AVE        | EXECUTIVE BOARD<br>12                                    | 0   |   |  |
|  |  |   |   |  |
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Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

|            |   | Yes | No |
|------------|---|-----|----|
| <b>33</b>  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .  |     | X  |
| <b>34</b>  | 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 . . . . .  |     | X  |
| <b>35</b>  | 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.                                |     |    |
| <b>a</b>   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .  |     | X  |
| <b>b</b>   | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .  |     |    |
| <b>36</b>  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .  |     | X  |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>  |     |    |
| <b>b</b>   | Did the organization file Form 1120-POL for this year? . . . . .  |     | X  |
| <b>38a</b> | 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? . . . . .   |     | X  |
| <b>b</b>   | If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>   |     |    |
| <b>39</b>  | Section 501(c)(7) organizations. Enter.   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 8125   |     |    |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  |     |    |
| <b>b</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 . . . . . <b>40b</b> |     |    |
| <b>c</b>   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶  |     |    |
| <b>d</b>   | Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶  |     |    |
| <b>e</b>   | 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 . . . . . <b>40e</b>   |     | X  |
| <b>41</b>  | List the states with which a copy of this return is filed. ▶  |     |    |
| <b>42a</b> | The books are in care of ▶ <u>EARL L PIERCE</u> Telephone no. ▶ <u>(757) 719-6319</u><br>Located at ▶ <u>900 KECOUGHTAN ROAD</u> ZIP + 4 ▶ <u>23661</u>   |     |    |
| <b>b</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)? . . . . . <b>42b</b>             |     | X  |
|            | If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>c</b>   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . <b>42c</b>   |     | X  |
|            | If "Yes," enter the name of the foreign country: ▶  |     |    |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                 |     |    |
| <b>44</b>  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>  |     | X  |
| <b>45</b>  | 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 . . . . . <b>45</b>   |     | X  |

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**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 |
|--|------------|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .   | <b>49b</b> |    |

**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."

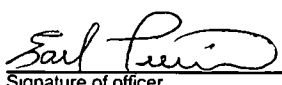
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| 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.

Signature of officer:  Date: 12-21-2009

EARL PIERCE FINANCIAL OFFICER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 12/20/09 Check if self-employed: ☐

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

Preparer's Identifying Number (See instructions): P00124035  
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/<br/>Relationship</u>      | <u>Grantee Address</u>  | <u>Amount</u> |
|---|--|-------------------------|---------------|
| TWO PRESCRIPTIONS                       | JUNIOR TAYLOR                              | 3108 CHESTNUT AVE APT B | 20            |
|   | NONE                                       | HAMPTON, VA 23666       |               |
| BAND FUNDRAISER                         | NEWPORT NEWS POLICE PIPES AND DRUMS        | 6022 JEFFERSON AVENUE   | 100           |
|   | NONE                                       | HAMPTON, VA 23605       |               |
| FUNERAL                                 | HAWKINS FAMILY                             | 2242 TODDS LANE APT 3D  | 150           |
|   | MEMBER                                     | HAMPTON, VA 23666       |               |
| 2009 SESSION OF THE AMERICAN BOYS STATE | THE AMERICAN LEGION BOYS STATE OF VIRGINIA | 1200 SHOREVIEW ROAD     | 225           |
|   | AFFILIATE                                  | TRIANGLE, VA 221721515  |               |
| TRANSPORTATION TO BOYS STATE WEEK       | THE AMERICAN LEGION BOYS STATE OF VIRGINIA | 1200 SHOREVIEW ROAD     | 150           |
|   | AFFILIATE                                  | TRIANGLE, VA 221721515  |               |
| MEDICAL CENTER                          | VETERANS ADMINISTRATION HOSPITAL           | 100 EMANCIPATION DRIVE  | 990           |
|   | NONE                                       | HAMPTON, VA 23661       |               |
| COUNTY FAIR                             | VETERANS AFFAIR MEDICAL CENTER             | 100 EMANCIPATION DRIVE  | 250           |
|   | NONE                                       | HAMPTON, VA 23661       |               |

-----  
 \*\*\*\*\* 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         |
| <u>Total Part I - Other Expenses:</u> | <u>24,620</u> |

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

|   |   |   |
|---|---|---|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>AMERICAN LEGION 67 HARRY S FOSTER</b>   | Employer Identification Number<br><b>54-6072332</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>900 KECOUGHATAN ROAD</b>               | For IRS use only                                    |
|   | City, town or post office, state and ZIP code. For a foreign address, see instructions.<br><b>HAMPTON, VA 23661</b> |   |

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.

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

|  |           |    |
|--|-----------|----|
| <b>8a</b> 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.   | <b>8a</b> | \$ |
| <b>b</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. | <b>8b</b> | \$ |
| <b>c Balance Due.</b> 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.              | <b>8c</b> | \$ |

**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 *Saul Pineda* Title Finance Officer Date 12-21-2009

**Notice to Applicant (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ 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.
- ☐ 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.
- ☐ 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) |