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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

- 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning		, 2009, and ending		, 20
B Check if applicable:				
<input type="checkbox"/>	Address change	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	
<input type="checkbox"/>	Name change		AMERICAN LEGION 67 HARRY S FOSTER	
<input type="checkbox"/>	Initial return		Number and street (or P O box, if mail is not delivered to street address)	
<input type="checkbox"/>	Termination		900 KECOUGHTAN ROAD	
<input type="checkbox"/>	Amended return		City or town, state or county, and ZIP + 4	
<input type="checkbox"/>	Application pending		HAMPTON, VA 23661	
			D Employer identification number	54-6072332
			E Telephone number	757-245-5943
			F Group Exemption Number	Number . . . 19

• 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 Tax-exempt status (check only one) ☒ 501(c)(19) (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 451248

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	4166
	2	Program service revenue including government fees and contracts	2	48791
	3	Membership dues and assessments	3	25068
	4	Investment income	4	19
	5a	Gross amount from sale of assets other than inventory	5a	49908
	b	Less: cost or other basis and sales expenses	5b	24107
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	25801
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	323296
	b	Less: direct expenses other than fundraising expenses	6b	311686
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11610
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	115455
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	22205
13		Professional fees and other payments to independent contractors	13	5205
14		Occupancy, rent, utilities, and maintenance	14	26180
15		Printing, publications, postage, and shipping	15	1260
16		Other expenses (describe ► SEE ATTACHED)	16	41207
17		Total expenses. Add lines 10 through 16	17	99702
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15753
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	121147
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	136900

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	25067	40820
23	Land and buildings	96080	96080
24	Other assets (describe ►)		
25	Total assets	121147	136900
26	Total liabilities (describe ►)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	121147	136900

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)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts, optional for others)
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, and 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	99702
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	99702

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 HAMPTON, VA 23669	COMMANDER 20	0		
LINDA FANNING 36 DIGGS DRIVE HAMPTON, VA 23666	FIRST VICE CMDR 20	0		
GLORIA PRINGLE 1411 ANTOINETTE CIRCLE HAMPTON, VA 23663	SECOND VICE CMDR 10	0		
PENNY L HOUSE 18 PRINCE GEORGE DRIVE HAMPTON, VA 23669	ADJUTANT 18	0		1200
EARL L PIERCE 741 DRESDEN DRIVE NEWPORT NEWS, VA 23601	FINANCE OFFICER 28	0		1200
WILLIAM M JONES 110 BRIARWOOD DRIVE HAMPTON, VA 23666	CHAPLIN 16	0		
JAMES T DAVIS 111 WARD DRIVE HAMPTON, VA 23669	SERGEANT AT ARMS 16	0		
RONALD FANNING 36 DIGGS DRIVE HAMPTON, VA 23666	SERVICE OFFICER 16	0		
RANDOLPH L DREW 2924 SZETELA CT HAMPTON, VA 23666	HISTORIAN 8	0		
ANTHONY PARKER 308 GAINES MILL LANE HAMPTON, VA 23669	EXECUTIVE BOARD 12	0		
CARLON BROWN 2509 VICTORIA BLVD HAMPTON, VA 23661	EXECUTIVE BOARD 9	0		
WILLIE DOZIER 1204 MICOTT DRIVE HAMPTON, VA 23666	EXECUTIVE BOARD 9	0		
JOSEPH G PORCH JR 6003 OLD AVE NEWPORT NEWS, VA 23605	EXECUTIVE BOARD 12	0		

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo 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:		
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	4695
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. 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. ▶ VA		
42a The organization's books are in care of ▶ EARL L PIERCE Telephone no. ▶ (757) 719-6319		
Located at ▶ 900 KECOUGHTAN ROAD 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.?	42c	X
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 ▶ <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 of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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** ☐ Yes ☐ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☐ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 50 Complete this table for the organization's 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."

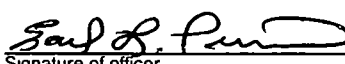

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **f** _____

- 51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 **d** _____

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		6/01/2011 Date	
	EARL PIERCE - FINANCIAL OFFICER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	 05/31/11			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

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

2009

Open to Public Inspection

54-6072332

AMERICAN LEGION 67 HARRY S FOSTER

Part Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

Schedule G (Form 990 or 990-EZ) 2009

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine lines 3 and 10 in column (d)				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue	304684	14094		318778
Direct Expenses				
2 Cash prizes	247499	14553		262052
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(262052)
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				56726

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: VA		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11 X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

Schedule G (Form 990 or 990-EZ) 2009

Page **3****13** Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	4.421 %
b An outside facility	13b	95.579 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LINDA L FANNING

Address ▶ 36 DIGGS DRIVE HAMPTON, VA 23666

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	X
------------	---

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ LINDA L FANNING

Gaming manager compensation ▶ \$

Description of services provided ▶ MANAGING BINGO OPERATIONS

☒ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	X
------------	---

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$

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>
FUND RAISER	BETHEL HIGH SCHOOL	BETHEL ROAD	6045
	NONE	HAMPTON, VA 23666	

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	173
BANK SERVICE CHARGES	10
BUSINESS LICENSES	6,211
OPERATION SUPPLIES	8,920
DUES	6,376
INSURANCE	588
TELEPHONE	3,268
TAXES	10,435
CONFERENCE EXPENSES	3,645
REFRESHMENTS	1,581
<u>Total Part I - Other Expenses:</u>	<u>41,207</u>

• 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>
VAVS BINGO DAY OF CARING	VA HOSPITAL NONE	136 EMANCIPATION DRIVE HAMPTON, VA 23666	1520
WELCOME HOME OLF OEF	IRAQ FREEDOM NONE	WELCOME HOME HAMPTON, VA 23661	600
SCHOOL SUPPLIES FISHING TRIP	HS FOSTER SQDN 67 SISTER ORGANIZATION	900 KECOUGHTAN ROAD HAMPTON, VA 23661	475
FOOD FOR GIFT BASKETS	COMMISSARY LANGLEY AFB NONE	LANGLEY AFB HAMPTON, VA 23665	75
DONATION GENERAL FUND	MIRACLE TEMPLE NONE	617 32ND ST NEWPORT NEWS, VA 23607	350
THANKSGIVING BASKETS	AUXILIARY UNIT 67 SISTER ORGANIZATION	900 KECOUGHTAN ROAD HAMPTON, VA 23661	200
ORATORICAL CONTEST ROTC MEDALS	BETHEL HIGH SCHOOL NONE	HAMPTON HAMPTON, VA 23666	375
DONATION	SICKLE CELL NONE	HAMPTON HAMPTON, VA 23661	50

 ***** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	173
BANK SERVICE CHARGES	10
BUSINESS LICENSES	6,211
OPERATION SUPPLIES	8,920
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