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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		July 1	, 2009, and ending	June 30	, 2010
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization American Legion Hampton Roads Post 31 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 1744 City or town, state or country, and ZIP + 4 Hampton, VA 23669-0744		D Employer identification number 54 6072547 E Telephone number 757 722-3721 F Group Exemption Number ► 0925	

• 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
I Website: ► N/A		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (19) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 ► \$ 52492		

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	6091
	2 Program service revenue including government fees and contracts	2	11312
	3 Membership dues and assessments	3	2011
	4 Investment income	4	55
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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	6a	31012
	b Less: direct expenses other than fundraising expenses	6b	9325
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	21687
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe) ► _____)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	41156
	Expenses	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	1091
12 Salaries, other compensation, and employee benefits		12	0
13 Professional fees and other payments to independent contractors		13	3330
14 Occupancy, rent, utilities, and maintenance		14	14340
15 Printing, publications, postage, and shipping		15	3405
16 Other expenses (describe ► Corporation, Ice Machine, Electronic Msg Sign, See Attach:)		16	20826
17 Total expenses. Add lines 10 through 16 ►		17	59423
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-18267
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	152860
20 Other changes in net assets or fund balances (attach explanation)		20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	136604

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.)				
Net Assets	(A) Beginning of year	(B) End of year		
	22 Cash, savings, and investments	103362	22	78462
	23 Land and buildings	49498	23	49498
	24 Other assets (describe ► Electronic Display Sign, Ice Machine)	0	24	17944
	25 Total assets	152860	25	136604
	26 Total liabilities (describe ► _____)	0	26	0
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152860	27	136604

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Veterans, Youth, and Community Services**

What is the organization's primary exempt purpose: Healthcare, Health, and Community Services
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.

Expenses

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

28

(Grants \$)

1) If this amount includes foreign grants, check here

28a

29

**-----
(Grants \$)**

If this amount includes foreign grants, check here

29a

30

(Grants \$)

.) If this amount includes foreign grants, check here

309

31

Other program services (attach schedule) _____ If this amount includes foreign grants, check here 312

312

32

Total program service expenses (add lines 2a through 3ta) **32**

32
nstrn

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
Floyd Brown, 241 Watkins Drive	Commander 26	0	0	0
Hampton, VA. 23669				
Harry K. Butts, 235 Lee Street	1st Vice Cmdr 16	0	0	0
Hampton, VA. 23669				
Mark Hayes, 227 Little Farms Avenue	2nd Vice Cmdr 15	0	0	0
Hampton, Va. 23663				
Willie T. Copeland, 18 Diamond Hill Road	Finance Officer 22	0	0	0
Hampton, Va. 23666				
William Barnes, 47 Santa Barbara Drive	Adjutant 12	0	0	0
Hampton, Va. 23666				
	</			

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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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	✓
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 significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	N/A	
b Did the organization file Form 1120-POL for this year?	37b	✓
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 outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
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	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0
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	✓
41 List the states with which a copy of this return is filed. ► Virginia		
42a The organization's books are in care of ► American Legion Post 31 / Willie Copeland Telephone no. ► 757 722-3721 Located at ► 4020 Victoria Blvd, Hampton, Va. 23669 ZIP + 4 ► 23669-1744		
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	✓
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 .	42c	✓
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: ►		
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	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46	<input checked="" type="checkbox"/> ✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 47	<input checked="" type="checkbox"/> ✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 48	<input checked="" type="checkbox"/> ✓
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49a	<input checked="" type="checkbox"/> ✓
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."	<input type="checkbox"/> 49b	<input checked="" type="checkbox"/> ✓

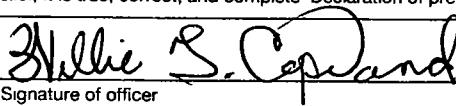
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>NONE</i>				

f Total number of other employees paid over \$100,000 ► *NONE*

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

d Total number of other independent contractors each receiving over \$100,000 ► *NONE*

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 Willie T. Copeland, Finance Officer Type or print name and title		
	11/10/2010 Date		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no

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

American Legion, Hampton Roads Post 31 ID: 54-6072547

Attachment to Form 990EZ
Tax year: 2009-2010

Part I - Statement of Revenue, Expenses, and Changes in Net Assets
or Fund Balances

Line 6, Special Events and Activities

Special Event: Bingo

Gross Receipts: \$ 31,012.00

Less: Contributions: \$ -

Gross Revenue: \$ 31,012.00

Less: Direct Expenses \$ 9,325.00

Net Income (Loss) \$ 21,687.00

American Legion, Hampton Roads Post 31 ID: 54-6072547

Attachment to Form 990EZ

Tax year: 2009-2010

Supporting Schedule

Part I - Statement of Revenue, Expenses and Changes in Net Assets
or Fund Balances

Line 10 - Grants and allocations and Part III

Class of Activity	Donee's Name	Relationship	Amount
Accomplishments	American Legion Baseball	Youth and adult	\$ 10,486.00
	Americanism Program		\$ 148.00
	American Legion Youth Programs		\$ 3,102.00
Donations	Am Leg, Dept of Va		\$ 350.00
	Youth,Police Awards		\$ 378.00
	Community Services		
	Youth Programs		\$ 167.00
	Memorial Day Program		\$ 280.00
	Peninsula MDA		\$ 500.00
	Veterans Organizations		
	Veterans Hospital Breakfast		\$ 75.00
	Veteran's Activities		
	Scouts		\$ 661.00
	Donations Total		\$ 2,411.00
Line 10 - Grants and Allocation		Total	<u>\$ 16,147.00</u>

American Legion, Hampton Roads Post 31 **ID: 54-6072547**

Attachment to Form 990EZ
Tax year: **2009-2010**

Supporting Schedule

**Part I - Statement of Revenue, Expenses and Changes in Net Assets
or Fund Balances**

Line 16 - Other Expenses

Description	Amount
Conventions and meeting expenses	\$ 373.00
Corporation expenses	\$ 2,509.00
Ice Machine & Ice Bin	\$ 2,633.00
Electronic Message/Sign Board	\$ 15,311.00
Sub	Total Other Expenses
	<u>\$ 20,826.00</u>