

Filing Relief VCP.

Form 990-EZ

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 2007, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization, number and street, city, town, state, and ZIP code: AMERICAN LEGION CHESTER BRIGGS POST, CHESTER L BRIGGS POST 47, 184 BANGOR ST, HOULTON ME 04730-. D Employer identification number: 51-0639637. E Telephone number: 207-532-9046. F Group Exemption Number

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

I Website. J Organization type (check only one): 501(c)(19), 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

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. \$ 90,821.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 60,873. Expenses total: 45,172. Net assets at end of year: 286,110.

Part II Balance Sheets (See the instructions)

Table with 7 rows for Balance Sheets. Total assets: 286,110. Total liabilities: 11,347. Net assets: 286,110.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See the instructions)	Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>VETERANS POST</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 <u>PROMOTING THE WELFARE OF VETERANS THROUGH SOCIAL, PATRIOTIC, EDUCATIONAL AND RECREATIONAL ACTIVITIES</u>	
(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

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instr.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
CALVIN MOOERS HOULTON ME 04730	COMMANDER 5	0		
PAUL GENTLE HOULTON ME 04730	FIN OFF 5	0		
MOE COTE HOULTON ME 04730	VP 2	0		
PETER ROACH ORIENT ME 04730	CHAPLAIN 2			

Part V Other Information (Note the statement 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 the year? If "Yes," attach a statement	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b Did the organization file Form 1120-POL for this year?	37b		
38 a 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)

40 a 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 ▶ _____

42a The books are in care of ▶ PAUL GENTLE Telephone no ▶ 207-532-4228
 Located at ▶ FOXCROFT ROAD, HOULTON, ME ZIP + 4 ▶ 04730-

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		X
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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 ▶ **43** | _____

Please 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: *Paul Gentle* Date: 10-13-10

Type or print name and title: PAUL GENTLE Fiance OFFICER

Paid Preparer's Use Only

Preparer's signature: <i>Daniel K...</i>	Date: 10/13/2010	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X): 101-46-2001
Firm's name (or yours if self-employed): SAGE FINANCIAL	EIN: 20-0422812		Phone no: 207-532-1089
address, and ZIP + 4: 52 MAIN STREET HOULTON ME 04730-			

