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)

► Sponsonng 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 user gray use this form.

OMB No 1545-1150 2007

Open to Public

Department of the Treasury Internal Revenue Service

of the year may use this form Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2007 calendar year, or tax year beginning 20 2007, and ending C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number Address change use IRS label or 51-0639637 Name change onnt or AMERICAN LEGION CHESTER BRIGGS POST Initial return type E Telephone number CHESTER L BRIGGS POST 47 207-532-9046 Termination Specific Instruc-184 BANGOR ST F Group Exemption Amended return Application pending HOULTON ME 04730-Number ▶ G Accounting method Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check►X if the organization is not required I Website: J Organization type (check only one) - |X| 501(c)(19) ◀ (insert no) 4947(a)(1) or to attach Sch B (Form 990, 990-EZ, or 990-PF) 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 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 5,560. Membership dues and assessments 3 3 4 Investment income 5 a Gross amount from sale of assets other than inventory... 5b c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule). 5с 6 Special events and activities (attach schedule). If any amount is fromgaming, check here. ▶ a Gross revenue (not including \$ reported on line 1) 6a b Less direct expenses other than fundraising expenses ... c Net income or (loss) from special events and activities. Subtract line 6b from line 6a. 85,261. 7 a Gross sales of inventory, less returns and allowances. 29,948. 7 b **b** Less cost of goods sold 55,313. c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a 7 c 8 Other revenue (describe ▶ 60,873. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 3,590. 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 1,982. Professional fees and other payments to independent contractors 13 13 28,776. Occupancy, rent, utilities, and maintenance 14 14 961. 15 15 Printing, publications, postage, and shipping ... 9,863. Other expenses (describe ► SCHEDULE ATTACHED 16 16 45,172. 17 17 Total expenses Add lines 10 through 16 Excess or (deficit) for the year Subtract line 17 from line 9 15,701. 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 270,409. end-of-year figure reported on prior year's return) . 19 Other changes in net assets or fund balances (attach explanation). 20 20 286,110.21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets: 1) If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions) 41,356. 45,710. 22 Cash, savings, and investments 190,400. 190,400. 23 23 Land and buildings 50,000. 50,000. 24 Other assets (describe ► FURNITURE / EQUIP 281,756. 286,110. 25 25 Total assets 11,347. 26 Total liabilities (describe ► MORTGAGE 26

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

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

Form 990-EZ (2007)

286,110.

Rev 1

270,409.

| Form 990-EZ (2007) AMERICAN LEGION CHESTER BRIGGS POST Part III Statement of Program Service Accomplishments (See the instructions) | | | | | | | | pens | | age 2 | | |
|--|---|--|--|----------|--------------------|-----------|--|---|----------|--|--|--|
| What is the organization's primary exempt purpose? VETERANS POST | | | | | | | | (Required for 501(c)(3) & (4 | | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, | | | | | | | | ons ar | nd 494 | 17(a)(1 | | |
| describe the services provided, the number of persons benefited, or other relevant information for each program title | | | | | | | | onal f | or oth | ers) | | |
| 28 | PROMOTING THE WELFARE OF VET | | | | | | | | | | | |
| | PATRIAOTIC, EDUCATIONAL AND F | RECREATIONAL A | ACTIVITIES | 3 | | İ | | | | | | |
| | | | | | | | | | | | | |
| 20 | (Grants \$) If this amount include | des foreign grants, check hi | ere | | <u> </u> | 28a | | | | | | |
| 29 | | | | | | | | | | | | |
| | | · | | | | | | | | | | |
| | (Grants \$) If this amount include | des foreign grants, check he | ere . | | > | 29a | | | | | | |
| 30 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (0.110) | 1 f | | | | | | | | | | |
| 34 | | des foreign grants, check he | ere . | • | | 30a | | | | | | |
| 31 | Other program services (attach schedule) | des foreign grants, check he | · · | • • | . ∷ | 31a | | | | | | |
| 32 | Total program service expenses(add lines 28a through | | <u> </u> | • | <u> </u> | 312 | | | | | | |
| | art IV List of Officers, Directors, Trustees, | | List each one | e eve | n if not | | ensated | See | the in | str) | | |
| | (A) Name and address | (B) Title & average hours per week devoted to position | (C) Compensation (If not paid, enter -0) | on T | (D) Co employee | nthbution | ns to plans | (E) Expense account and other allowance | | | | |
| CA | LVIN MOOERS | COMMANDER | enter -o) | | & dele | ileo coll | ър | otrie | anov | varioe | | |
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| | TER ROACH | CHAPLAIN | | ſ | | | [| | | | | |
| _ | IENT ME 04730 | 2 | L | | | | | | | | | |
| _ | art V Other Information (Note the statement re | | | | | | | | Yes | No | | |
| 33 | Did the organization make a change in its activities or r | = | vities? If "Yes," atta | acn a | | | | 22 | ļ | x | | |
| 34 | detailed statement of each change | | ed to the IRS2 If " | " 20 | • • • • | | - | 33_ | <u> </u> | ^ | | |
| , | 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 (| amon | a other | s), burt | ot | | - | | | |
| | reported on Form 990-T, attach a statement explaining | | | | | ,, | | | | | | |
| | a Did the organization have unrelated business gross ind | | | | | | ļ | | | 1 | | |
| | proxy tax requirements? | | | | | | | 35a | | X | | |
| | b If "Yes," has it filed a tax return on Form 990-T for this y | year? | | | | | [| 35b | | | | |
| 36 | Was there a liquidation, dissolution, termination, or sub | ostantial contraction during | the year? If "Yes," | attac | h a stat | ement | - [| 36 | | X | | |
| 37 | a Enter amount of political expenditures, direct or indirect | t, as described in the instru | ictions > 3 | 7a | | _0 | | | - | | | |
| | b Did the organization fileForm 1120-POL for this year? | | | | | | | 37b | | | | |
| 38 | a Did the organization borrow from, or make any loans to | • | | | ere | | i | _ | | | | |
| | any such loans made in a prior year and still unpaid at | | | | | • | · [| 38a | | X | | |
| | b If "Yes," attach the schedule specified in the line 38 ins | tructions and enter the amo | 38 . ount involved | b | | | | | | | | |
| 39 | 501(c)(7) organizations Enter | • | 1 | | | | ľ | | | | | |
| | a Initiation fees and capital contributions included on line | | . 39 | | | | | | | | | |
| | b Gross receipts, included on line 9, for public use of clut | o racilities | | וט | | | Form | | <u> </u> | Щ_ | | |

| Form | 990-E | Z (2007) | AMERICAN | LEGION | CHESTER | BRIGGS | POST | | 51-063 | 3963 | 7 P | age 3 |
|---|----------|-----------------|-------------------------------|--------------------|--------------------------|------------------------|-------------------|------------------------|----------------------|----------|---------|----------|
| Par | t V | Othe | r Information | (Note the sta | tement requirem | ent in General | Instruction | V) (Continued) | | | | |
| 40 a | 501(c) | (3) orgar | nizations Enter am | ount of tax imp | osed on the org | anization durin | g the year i | under | | | | <u>-</u> |
| | section | n 4911 ⊳ | | , section | on 4912▶ | · | , sectioi | 1 4955▶ | | | | |
| b | 501(c) | (3) and (| 4) organizations [| old the organiz | ation engage in a | any section 495 | 58 excess b | enefit transactio | n during the year | or | Yes | No |
| | did it b | ecome a | ware of an excess | benefit transa | ction from a prior | r year? If "Yes, | " attach an | explanation | | 40b | | <u> </u> |
| С | Enter | amount o | of tax imposed on o | organization m | anagers or disqu | alified persons | during the | year under | | | | |
| | | | , | - | | | | . • | | j | | _ |
| | | | of tax on line 40c re | • | • | - | • | - | | † 1 | | |
| | • | | ns. At any time duri | • | • | zation a party t | o a prohibit | ed tax shelter tra | ansaction?. | 40e | | X |
| 41 | | | with which a copy of | | | | T.1 | N 207 | E22 4220 | | | |
| The books are in care of ► PAUL GENTLE Located at ► FOXCROFT ROAD, HOULTON, ME Telephone no ► 207-532-4228 ZIP+4 ► 04730- | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| b | | | ing the calendar y | - | | | - | | - | | Yes | No |
| | | | account in a forei | gn country (su | ch as a dank acc | ount, securities | s account, c | n other imancial | | 42b | res | X |
| | accou | • | he name of the for | eign country | ··· · · · | | • | •• •• • | • | 420 | | 1 🕰 |
| | | | | | | m TD F 90-22 | 1 | | | | | |
| See the instructions for exceptions and filing requirements foForm 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 | | Ιx | | | |
| | • | | he name of the for | | | | | | | | | 1 |
| 43 | | • |)(1) nonexempt ch | • | | Z in lieu oFori | n 1041 - Cl | neck here | | | ı | ▶ [|
| | | | mount of tax-exem | | - | | | . • | 43 | | | |
| | | | naities of penjury, I declar | | | | | atements, and to the I | best of my knowledge | | | |
| Plea | 20 | and belie | f, it is true, correct, and c | omplete Declaratio | n of preparer (other tha | an officer) is based o | on all informatio | n of which preparer ha | | , . | | |
| Sign | | A | Fort | 10 | m | | | | 10-13 | 1 | | |
| Signature of officer | | | | | | E 1 | | Dat | е | | | |
| | | b — | FRUL | FONT! | | PANCE | _928_ | 058-664 | · | | | |
| | | | pe or print name a | nd title | | | , | | | | | |
| | | Prepare | r's | | | Date | ١٥ | Check if self- | Preparer's SSN or P | TIN (See | 3en Ins | st X) |

10/13/2010 employed ▶ [

Form **990-EZ** (2007)

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Phone no ▶207-532-1089

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▶20-0422812

US990EZ3

IKM CA

SAGE FINANCIAL
52 MAIN STREET

HOULTON ME 04730-

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

Paid

Preparer's

Use Only

Name: AMERICAN LEGION CHESTER BRIGGS POST ID: 51-0639637

| Description: PAGE 1 LINE 16 OTHER EXPENSES | | | | | | | |
|--|----------------------------|--|--|--|--|--|--|
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| Туре | Amount | | | | | | |
| ADVERTISING SUPPLIES | 848. | | | | | | |
| SUPPLIES | 1,045. 1,477. 6,493. | | | | | | |
| LICENSES | 1,477. | | | | | | |
| DUES | 6,493. | | | | | | |
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| Total | 9,003. | | | | | | |