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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

2011

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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



**A For the 2011 calendar year, or tax year beginning** , 2011, and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	AMERICAN LEGION POST 330	54-6072627
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 122	(540) 825-9835
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return	CULPEPER VA 22701	
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( 19 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

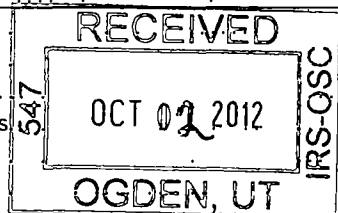
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 119,320.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

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<b>1</b> Contributions, gifts, grants, and similar amounts received		26,519.
<b>2</b> Program service revenue including government fees and contracts		
<b>3</b> Membership dues and assessments		2,975.
<b>4</b> Investment income		
<b>5a</b> Gross amount from sale of assets other than inventory	5a	
<b>b</b> Less cost or other basis and sales expenses	5b	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
<b>6</b> Gaming and fundraising events		
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
<b>c</b> Less direct expenses from gaming and fundraising events	6c	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41,510.
<b>7a</b> Gross sales of inventory, less returns and allowances	7a	48,316.
<b>b</b> Less: cost of goods sold	7b	21,784.
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	26,532.
<b>8</b> Other revenue (describe in Schedule O)	8	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,536.
<b>10</b> Grants and similar amounts paid (list in Schedule O)	10	
<b>11</b> Benefits paid to or for members	11	
<b>12</b> Salaries, other compensation, and employee benefits	12	11,010.
<b>13</b> Professional fees and other payments to independent contractors	13	
<b>14</b> Occupancy, rent, utilities, and maintenance	14	14,825.
<b>15</b> Printing, publications, postage, and shipping	15	791.
<b>16</b> Other expenses (describe in Schedule O)	16	62,253.
<b>17 Total expenses.</b> Add lines 10 through 16	17	88,879.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,657.
<b>19</b> 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	359,649.
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	20	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	21	368,306.



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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,649.22	17,925.
23 Land and buildings	350,000.23	350,000.
24 Other assets (describe in Schedule O)	0.24	0.
25 Total assets	359,649.25	367,925.
26 Total liabilities (describe in Schedule O)	0.26	-381.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	359,649.27	368,306.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 American Legion Honor Guard- Perform Military Burial Services for Veterans and Provide Servcies ,Atheltic and other Community Services 3291.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Srt Veterans in Need.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Support Local Community including Boy Scouts, Boy State, Cancer Fund, Honor Fight, Irag/Afganistan Veterans, JROTC, Scholarships, Veterans Dinners, Veterans in Need etc 14663  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)  (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 instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Danny Golsby 1601 Settle School Road Rixeyville VA 22737	Commander 24.00	0.	0.	0.
Trevor Rollison 17089 Black Oak Dr Brandy Station VA 22714	Finance Officer 16.00	0.	0.	0.
Robert G. Hanson 19124 S. Merimac Road Culpeper VA 22701	1st Vice President 5.00	0.	0.	0.
John W. Wilson 219 W. Park Ave. Culpeper VA 22701	Exec/Memeber 5.00	0.	0.	0.
Bradshaw B. Beverley 400 Azalea St. Culpeper VA 22701	SGT AT Arms 5.00	0.	0.	0.
Filbert Franzell 13594 EGGBORNSVILLE road Culpeper VA 22701	Chaplain 5.00	0.	0.	0.
Gorald Newman 20398 Black Jack Road Culpeper VA 22701	Post Servcie Officer 5.00	0.	0.	0.
Ken Highland Alum Spring Road Culpeper VA 22701	3rd Vice President 5.00	0.	0.	0.
Elmor C. Matthews 570 Greens Ct. Culpeper VA 22701	Historian 5.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed Virginia

42a The organization's books are in care of Trevon Rollison Telephone no. (540) 229-8688 Located at 17089 Black Oak Dr. Brandy Station VA ZIP + 4 22714

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)? 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.? 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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44c Did the organization receive any payments for indoor tanning services during the year? 44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e Total number of other employees paid over \$100,000

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

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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

Sign Here   
 Signature of officer: Trevor L Rollison Date: 9/27/12   
 Type or print name and title: Finance Officer

Paid Preparer Use Only   
 Print/Type preparer's name: Loretta Jenkins Preparer's signature: Loretta Jenkins Date: 09/25/12   
 Check  if self-employed PTIN: P01588277   
 Firm's name: New Market Associates   
 Firm's address: 173 Southgate Shopping Center Culpeper VA 22701   
 Firm's EIN: 20-3405330   
 Phone no: (540) 825-4318

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



Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

ADMINISTRATIVE	3,318.
BANK FEE	208.
INSURANCE	1,848.
DONATIONS	9,552.
AWARDS	808.
DUES	3,983.
REIMBURSEMENTS	7,414.
BINGO SUPPLIES	6,680.
ADVERTISING	413.
TRASH PICKUP	4,432.
TAXES	4,827.
ATM	13,000.
RECEPTION	714.
TRAVEL	655.
CONFERENCES AND MEETINGS	2,389.
PERMIT	720.
OFFICE SUPPLIES	692.
GIFTS	600.
<b>Total</b>	<b>62,253.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Patrick J. Burton 565 Windemore Dr. Culpeper VA 22701 Foreign City Foreign Country	5.00	0.	0.	0.
Title Exec/Board				
Hours/Week 5.00				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Melvin G. Coleman 16628 Snadow Dr. Culpeper VA 22701 Foreign City Foreign Country .....	5.00	0.	0.	0.
Title Exec/Board				
Hours/Week 5.00				
Business <input type="checkbox"/> Person <input type="checkbox"/> Sondra L. Dickerson 7147 Westmoreland Dr. Warrenton VA 20187 Foreign City Foreign Country	5.00	0.	0.	0.
Title 2nd Vice President				
Hours/Week 5.00				