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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 private foundations)

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 AMERICAN LEGION POST 330
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 P.O. BOX 122
 City or town, state or province, country, and ZIP or foreign postal code
 CULPEPER VA 22701

D Employer identification number
 54-6072627

E Telephone number
 (540) 825-9835

F Group Exemption Number ▶

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).

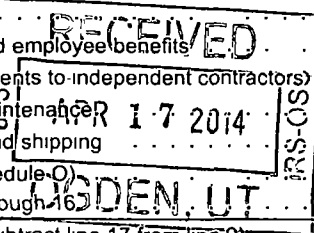
I Website: ▶ N/A

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

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 218,167.

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 <input checked="" type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	822.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	5,039.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	124,749.	
7a Gross sales of inventory, less returns and allowances	7a	87,557.	
b Less cost of goods sold	7b	28,814.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	58,743.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	189,353.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	7,359.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	41,102.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	114,994.
17 Total expenses. Add lines 10 through 16. ▶	17	163,455.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,898.	
ASSETS	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	373,612.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	399,510.



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

SCANNED MAY 13 2014

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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	23,612.	49,510.
23 Land and buildings	350,000.	350,000.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	373,612.	399,510.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	373,612.	399,510.

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

Check if the organization used Schedule O to respond to any question in this 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? SUPPORT VETERANS AND LOCAL COMMUNITY.

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

28 <u>American Legion Honor Guard- Perform Military Burial Services for Veterans and Provide Servcies ,Atheltic and other Community Services 3291.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 <u>Srt Veterans in Need.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 <u>Support Local Community including Boy Scouts, Boy State, Cancer Fund, Honor Fight, Iraq/Afganistan Veterans, JROTC, Scholarships, Veterans Dinners, Veterans in Need etc 14663</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O).		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
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 Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
<u>Danny Golsby</u> Past Commander	24.00	0.	0.	0.
<u>Trevor Rollison</u> Finance Officer	16.00	0.	0.	0.
<u>Robert G. Hanson</u> Adjucant	5.00	0.	0.	0.
<u>John W. Wilson</u> 1st Vice	5.00	0.	0.	0.
<u>Bradshaw B. Beverley</u> SGT AT Arms	5.00	0.	0.	0.
<u>John Cater</u> Chaplain	5.00	0.	0.	0.
<u>Gorald Newman</u> Post Servcie Officer	5.00	0.	0.	0.
<u>Ken Highland</u> 2nd Vice President	5.00	0.	0.	0.
<u>Elmor C. Matthews</u> Historian	5.00	0.	0.	0.
<u>Patrick J. Burton</u> Exec/Board	5.00	0.	0.	0.
<u>Melvin G. Coleman</u> Exec/Board	5.00	0.	0.	0.
<u>Sondra L. Dickerson</u> Commander	5.00	0.	0.	0.
<u>Luke Womer</u> Exec/Board	5.00	0.	0.	0.
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

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 significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
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 outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 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 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?
40 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.
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e 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

42 a 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
42 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)?
42 c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 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
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No
b If 'Yes,' was the related organization a section 527 organization? 49 b 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.'

Table with 5 columns: (a) Name and title of each employee, (b) 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.

f 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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d 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, Finance Officer; Date: 4/14/14; Type or print name and title: [Signature]

Paid Preparer Use Only: Preparer's name: Loretta Jenkins; Preparer's signature: Loretta Jenkins; Date: 04/03/14; Check 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	8,012.
BANK FEE	144.
INSURANCE	2,155.
DONATIONS	8,657.
EDUCATION	1,357.
DUES	4,382.
REIMBURSEMENTS	2,725.
BINGO SUPPLIES	21,692.
SECURITY	233.
TRASH PICKUP	3,521.
TAXES	1,791.
ATM	47,240.
RECEPTION	
TRAVEL	3,999.
CONFERENCES AND MEETINGS	3,135.
PERMIT	2,352.
OFFICE SUPPLIES	426.
GIFTS	2,600.
UNIFORMS	416.
Advertising	44.
Meal	50.
Awards	63.
Total	114,994.

Form 990-EZ, Page 2, Part IV

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

(a) Name and title	(b) 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
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> Louis Reed Title . Exce/Board	5.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> Bill Vance Title . Judge Advocate	5.00	0.	0.	0.