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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)

2013

OMB No. 1545-1150

Open to Public Inspection

Depa	rtment o	► Do not enter Social Security numbers on this form as it may be made the Treasury		Open to Public Inspection		
		► Information about Form 990-EZ and its instructions is at www.irs.gov				
		2013 calendar year, or tax year beginning August 1 , 2013, and endir	<u> </u>	July 3	1 , 20 14 lentification number	
	ddress o		DEM	_		
	lame cha	rational Edicit Maximal y Department of WV IIIc.	e E Tol	sphone r	55-0759947	
=	ntsal retu	m .		•		
Terminated 1251 Doolin Run Road					04-455-5007	
=	mended	return			emption	
		n pending New Martinsville WV 26155-7808		mber	0307	
		ting Method: ☐ Cash ☑ Accrual Other (specify) ▶			if the organization is not	
	ebsite				ach Schedule B	
		npt status (check only one) — ☐ 501(c)(3)			0-EZ, or 990-PF).	
		organization: Corporation Trust Association Other Non Profi	t Organiza	tion		
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if				
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		_ ₹		
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see			•	
		Check if the organization used Schedule O to respond to any question in this Pa			🗸	
	1	Contributions, gifts, grants, and similar amounts received		1	10,127,16	
1	2	Program service revenue including government fees and contracts		2	28,188.57	
	3	Membership dues and assessments		3	101,477.33	
	4	Investment income		4	2,215.24	
ł	5a	Gross amount from sale of assets other than inventory 5a	0.0	0		
	b	Less: cost or other basis and sales expenses	0.0			
ŀ	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0.00	
	6	Gaming and fundraising events		1990		
-	а	Gross income from gaming (attach Schedule G if greater than				
9		\$15,000)	0.0	o di		
Revenue	b	Gross income from fundraising events (not including \$ 0.00 of contribu	tions			
E I		from fundraising events reported on line 1) (attach Schedule G if the				
_		sum of such gross income and contributions exceeds \$15,000) 6b	0.0	o S		
	C	Less: direct expenses from gaming and fundraising events 6c	0.0	ور مراس است		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and				
ļ		line 6c)		6d	0.00	
	7a	Gross sales of inventory, less returns and allowances	0.0		0.00	
- 1	b	Less: cost of goods sold	0.0	17.0823		
- 1	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.00	
	8	Other revenue (describe in Schedule O)		8	0.00	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	142,008.30	
	10	Grants and similar amounts paid (list in Schedule O)		10	22,541.98	
į	11	Benefits paid to or for members	ن	11	0.00	
စ္တ	12		S	12	19,800.36	
8	13	Salaries, other compensation, and employee benefits	14 9	13		
Expenses	14	Occupancy, rent, utilities, and maintenance	RS-(14	775.00	
ቭ∣	15		<u>:1</u> !!	15	2,476.25	
_	16	Printing, publications, postage, and shipping		16	7609.91	
1	17	Total expenses. Add lines 10 through 16			75,639.34	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · ·	17	128,842.84	
\$	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a		18	13,165.46	
88		end-of-year figure reported on prior year's return)	•	10		
Net Assets	20	, ,		19	182,589.21	
2	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	195,754.67	
For	raper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2013)	

Pai				····		
	Check if the organization used Schedule	O to respond to ar	ny question in this		• •	· · · · □
			Ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			182,589.21		195,754.21
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			182,589.21	25	195,754.21
26	Total liabilities (describe in Schedule O)				26	
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accomp			182,589.21	211	195,754.21
Гаг	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
						nizations and section
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise materials benefited, and other relevant information for ea	anner, describe the	e services provide	d, the number of		(a)(1) trusts; optional thers.)
28	Welfare Fund-\$12,710.00; Junior Activities-\$119.38; E	ducation-\$2,175.25;	Girls State-\$1,757.2	5		l
						}
					ĺ	}
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	16,761.88
29	Office Expenses-\$11,217.98; Salaries/Taxes-\$16,729.3	30; Meetings-\$5,534.2	8; Officers Travel-\$	7,405.70		
	Officers Compensation-\$3,284.67	~~~~~~~~~~				
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	44,171.93
30	Gifts/Guests/Awards/Prizes-\$1,694.74					ł
	Contributions-\$5,553.48]
	Membership-\$60,660.81					1
		includes foreign gra			30a	67,909.03
31	Other program services (describe in Schedule O)					1
		includes foreign gra			31a	
32 Par						128,842.84
rai	Check if the organization used Schedule				isauc	
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	i :	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of their compensation
1. De	bra Fox, Department President					
87	4 Longview Dr., Berkeley Springs WV 25411					2,250.00
2. Pa	ula Booth, Department 1st Vice President				ŀ	
20	31 River Road, Belington WV 26250				\perp	200.00
3. Su	san Wade, Department 2nd Vice President		\		-	
30	3 N. 1st Avenue, Paden City WV 26159					200.00
<u>4. Pa</u>	ulette Anderson, Depart. Secretary/Treasurer]	ľ		
12	51 Doolin Run Road, New Martinsville WV 26155	40 hrs.	12,00	0	-	· · · · · · · · · · · · · · · · · · ·
	mmy Workman, Department Chaplain					
) Box 63, Reader WV 26167					100.00
	mona Westfall, Department Historian					400.00
	Box 515, Craigsville WV 26205					100.00
	ncy Sundstrom, National Executive Committee				ļ	100.00
	07 23rd Street, Parkersburg WV 26101			 		100.00
	aron Glassford, Membership Chairman D Box 87, Charles Town WV 25414		1			200.00
	ancy Sundstrom, Fourth District President			<u> </u>		200.00
	07 23rd Street, Parkersburg WV 26101					96.40
	ickie Luttrell, Department Public Relations				_	30.40
	05 Merrywoods Drive, Berkeley Springs WV 25411	1	†			38.40
		1	J			
		1			1	

Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	v Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	.00	√	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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? If "Yes," complete Schedule C, Part III	35b 35c		√	
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		1	
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		1	
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved				
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? If "Yes," complete Schedule L, Part I	40b		1	
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				
d e	reimbursed by the organization				
41	transaction? If "Yes," complete Form 8886-T	40e		1	
41 42a	· · · · · · · · · · · · · · · · · · ·	304-45	5-500	7	
720	Located at ▶ 1251 Doolin Run Road New Martinsville West Virginia ZIP + 4 ▶		-7808		
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: ▶	42b	-	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	1	
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	· ·	Yes	► □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	√	
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1	
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		1	
	- 1 OHH 900 (900 HOUSEDIN)	1400	ı	ı ∀	

Page	4
rage	-

	Did the organization engage, directly or in						Yes	No
Part V	o candidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization	only		,,, ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	~		for lin	es
	50 and 51.	o must unower que	3110113 47 400 and	oz, and o	ompioto tri	o tabloo		00
	Check if the organization used Sc	hedule O to respond	to any question in t	this Part VI				
47 .	Old the association association is labeled		tion EO(h) clastic		معلق سمائد عام	An. [Yes	No
	Did the organization engage in lobbying /ear? If "Yes," complete Schedule C, Par			. 47]	1		
48 I	s the organization a school as described in	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						1
	Did the organization make any transfers to an exempt non-charitable related organization?						+	1
	f "Yes," was the related organization a se Complete this table for the organization's			 her than off		. 49b		d key
	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	h benefits, s to employee s, and deferred ensation	(e) Estimat other cor		
	NONE							
								
				-			·	
51 (Fotal number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ	's five highest compo anization. If there is no	ensated independent		1	h received		than
	NONE							
			-					
d ·	Total number of other independent contra	actors each receiving	over \$100,000	>	\$(0.00		
	Did the organization complete Schedule anonexempt charitable trusts must attach			s and 4947	(a)(1) · · · · ·	► 🗌 Ye	3 🗸	No
	naities of perjury, I declare that I have examined this act, and complete. Declaration of preparer (other tha					nowledge an	d belief,	, rt ıs
Sign	Signature of officer		Da	<i>10</i> / .	12/201	4		
Here	Paulette R. Anderson Department Type or print name and title	Secretary/Treasurer		····	· · · · · · · · · · · · · · · · · · ·			
Paid	Pnnt/Type preparer's name	Preparer's signature	D	ate	Check [
Prepa	.				self-emplo	yed		
Use C	nity Firm's name ► Firm's address ►				m's EIN ▶ none no.	····		
May the	IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Ye	s 🗌	No
		· · · · · · · · · · · · · · · · · · ·				Form 99	90-EZ	(2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

American Legion Auxiliary Department of WV Inc.	55-0759947				
Part. 1 #10 Scholarship Grants 1 individual received \$300.00 for his college education, Contributions-\$	5,638.48, VA Programs-\$12,710.00				
Prizes and Awards-\$350.00					
Part 1 #16 Junior Activities-\$119.38, Bank Service Charges-\$29.00, Gifts and Guests-\$1,344.74, Fire Ins	urance-\$445.43, License-\$25.00,				
Meetings-\$4,834.28, Membership-\$60,660.81, Travel-\$7,405.70, Starter Money-\$700.00					
Part V #35b The amount was donations for our Programs Services Junior Programs-\$581.00, Department	ent Fundraisers-\$2,065,17,				
Unit Bonding-\$320.00, Newsletter Subscriptions-\$404.50, Refunds-\$661.08, Veterans Progr	ams-\$18,018.98				
Registration for Workshop and Conventions-\$5,743.38					
Part V #44d We are a Veterans organization and do not offer Indoor Tanning Services					
·					