

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN LEGION 113 PRINCESS ANNE

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 4776

City or town, state or province, country, and ZIP or foreign postal code
VIRGINIA BEACH, VA 23454

D Employer identification number
54-1550008

E Telephone number
(757) 575-3722

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ WWW.VAPOST113.ORG

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

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

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 ▶ \$ 124,822

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

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	1,900
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	1,380
4	Investment income	4	6,092
5a	Gross amount from sale of assets other than inventory	5a	91,541
b	Less: cost or other basis and sales expenses	5b	91,968
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-427
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	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	23,909
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	32,854

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	8,562
11	Benefits paid to or for members	11	423
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,205
14	Occupancy, rent, utilities, and maintenance	14	1,589
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	2,703
17	Total expenses. Add lines 10 through 16	17	14,482
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,372
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	131,497
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	149,869

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	131,497	22	149,869
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	131,497	25	149,869
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,497	27	149,869

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; optional for others.)

What is the organization's primary exempt purpose?
AMERICAN LEGION POST SERVICES TO PRESENT AND FORMER MEMBERS OF THE ARMED FORCES
 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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(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 (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	8,562

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
WAYNE MEAD	1.00	0	0	0
POST COMMANDER				
CLIFFORD DIETZ	1.00	0	0	0
1ST VICE COMMANDER				
RANDY L SCALES	1.00	0	0	0
ADJUTANT				
WANETA MEAD	3.00	0	0	0
FINANCE OFFICER				
ROBERT HUFF	1.00	0	0	0
SERVICE OFFICER				
ROBERT HOLDEN	1.00	0	0	0
JUDGE ADVOCATE				
EDWARD WEEDEN	1.00	0	0	0
CHAPLAIN				
JOHNNY HELTON	1.00	0	0	0
2ND VICE COMMANDER				
GERALD LAND	1.00	0	0	0
SARGENT AT ARMS				
STEVE BRODIE	1.00	0	0	0
HISTORIAN				

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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	

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

	Yes	No
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	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 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."

(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 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 WANETA MEAD FINANCE OFFICER Type or print name and title	2020-05-05 Date
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Paid Preparer Use Only	Print/Type preparer's name RICHARD E NOYES CPA	Preparer's signature	Date 2020-11-11	Check <input type="checkbox"/> if self-employed	PTIN P00156374
	Firm's name ▶ RICHARD E NOYES CPA PC			Firm's EIN ▶	
	Firm's address ▶ 109 South Lynnhaven Road 102 VIRGINIA BEACH, VA 23452			Phone no. (757) 631-9334	

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

Additional Data

Software ID:

Software Version:

EIN: 54-1550008

Name: AMERICAN LEGION 113 PRINCESS ANNE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 YOUTH EDUCATION, PUBLIC WORKS AND SPONSORSHIP OF YOUTH FUNCTIONS FOR PUBLIC GOOD (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	7,562

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 MEMBERSHIP IN NATIONAL ORGANIZATION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>1,000</p>

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
AMERICAN LEGION 113 PRINCESS ANNE**Employer identification number**

54-1550008

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	UNREALIZED GAIN ON INVESTMENTS 23909.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	DUES TO NATIONAL; DUES TO NATIONAL; AMERICAN LEGION NATIONAL: 700 N PENNSYLVANIA ST, INDIANAPOLIS, IN, 46206; NATIONAL AFFILIATE, 1000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	PUBLIC GOOD; SEE LISTING; SEE LISTING: , , , ; SEE LISTING, 7562.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	LICENSE 31.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE COSTS/ADMINISTRATIVE COSTS 1062.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INVESTMENT MANAGEMENT FEES 1374.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	FOREIGN TAXES ON INVESTMENTS 31.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 205.