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990-E7

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 black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 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.

OMB No 1545-1150

Inspection

^		Ti di		or tax year beginning Aug		, 2000, 6	and end	my	1	July		• •	
R		usa iRS						D Emplo	oyer identification number				
님		label or American Legion 83 North Eugene-Santa Clara 51						0174389					
H	Name cha Initial retu	i pull of I Number and street for P.O. box, if mail is not delivered to street address. Hoom/suite ii E Telepi						ione number					
H	Termination	tsm Sée P. O. Box 40643 (541							689-5451				
П	Amended	Specific City or town state or country and ZIP + 4											
\Box	Application	Instruction pending lions. Eugene, OR 97404-0104 Numb								⊳	0925		
o Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash Accounting Method Cash									Accrual				
a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▷													
_						••							n in net
	Website: ▷ H Check ▷ 4/2												
										iedule D (I	OIII 990,		
	Section of the content of the conten												
	K Check > 1 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												
				ne 9 to determine gross receipts; if \$1,000.00							D S		
20	eta (V	Revenue,	Expe	nses, and Changes in Net Asse	ts or	Fund Bala	nces (See	the i	nstruct	ons t	or Part I	
	1	Contribution	ns, gifts	, grants, and similar amounts received.							1		3,198
	2	Program se	ervice r	revenue including government fees ar	d cor	ntracts					2		15,558
	3	-		and assessments							3		10,811
	4	Investment	•								4		210
	5a	Gross amo	unt fro	m sale of assets other than inventory			5a						
	Ь			er basis and sales expenses		1 4	5b						
	C			sale of assets other than inventory (Sub			ne 5a) (a	ttact	h sche	dule)	5c		
ne	6			vities (complete applicable parts of Schedule G).									
Revenue	"				•	_	mary, or	CCR III	CIC P				
ě	a			ot including \$O	COIII		6a				}		
<u> </u>	i .	reported or		•		' '	6b						
	Ь			nses other than fundraising expenses		–			·		6c		
	_c			ss) from special events and activities	(Subi	_	_ 1	e oa	1)	43,802	00		
	7a			ventory, less returns and allowances			7a 7b			17,179			
	b	Less: cost	_			• • • —				17,173	70		26,623
	1	•	-	ss) from sales of inventory (Subtract	ine 7	b from line 7	(a) .				7c		-0-
	8	Other rever				RECE	: \/ =	n)	8		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	- H- G	NLOL	. 1 8 5	<u>.</u>	101		9	··	56,400
	10	Grants and	sımila	r amounts paid (attach schedule) .	1			•	S		10		691
	11	Benefits paid to or for members								11		6,766	
Expenses	12	Salaries, other compensation, and employee benefits (2)							12		24,450		
ű	13	Professiona	al fees	and other payments to independent	other payments to independent contractors						13		-0-
×	14	Occupancy	, rent,	ent, utilities, and maintenance OGDEN, UT						14		15,443	
ш	15									15	_	1,579	
	16)	16		7,741	
	17	Total expe	nses.	Add lines 10 through 16	····	<u> </u>	<u> </u>	<u> </u>		. ▷	17		56,670
sets	18	Excess or	(deficit)	for the year (Subtract line 17 from lin	ne 9).						18		(270)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							e with				
Net Asse	1	end-of-year figure reported on prior year's return)								19		54,487	
ē	20		nanges in net assets or fund balances (attach explanation)						20		-0-		
	21			d balances at end of year. Combine I						. 🔈	21		54,217
		Balance S	Sheets	s. If Total assets on line 25, column (B) are	\$2,500,000	or mor	e, fil	e Fon	m 990 ır	nstead	of Form	990-EZ.
	(See the instructions for Part II) (A) Beginning of year						ear	(B) End	of year				
22	Cast	Cash, savings, and investments								47,6	82 22	2	45,616
23		Land and buildings						3,5	13 23	3	2,788		
24	L Othe							85 24	1	5,813			
25		EC 6						98 25	+	54,217			
26		3					2,2	_		-0-			
27	Net	assets or fi	und ba	pe ▷ l lances (line 27 of column (B) must a	gree v	with line 21)	— '	\vdash		54,4			54,217
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat. No 10642								0-EZ (2008)					

Form 990-EZ (2008)					Page 2
Statement of Program Service Accom	plishments (See the inst	ructions for Part	III)	-	Expenses
What is the organization's primary exempt purpose?	Service to Veterans and th	e community			uired for 501(c)(3)
Describe what was achieved in carrying out the organiz		and (4) organizations and 4947(a)(1) trusts;			
describe the services provided, the number of persons be					onal for others)
28 Operate a facility providing a social atmosphere	for members to meet & ex	change experier	ces and		
opinions regarding veterans and their sttus & to					
(Grants \$) If this amount incl	udes foreign grants, check	here		28a	
				-	
29					
/O		L	ΔП	29a	
(Grants \$) If this amount incl				254	-
30					}
				1	
					l
	udes foreign grants, check	here	<u>. ▶ ⊔</u>	30a	
31 Other program services (attach schedule)					(
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th	rough 31a)	· · · · · ·	<u> Þ</u>	32	<u> </u>
List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d (See the in:	structio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution (d) (employee benefit	ns to	(e) Expense account and
(a) Name and address	devoted to position	enter -0)	deterred compe	nsation	other allowances
Bob Bofferding, 870 Hunsaker In. #3, Eugene	Commander, 15				
OR 97404	Commander, 13	-0-]	-0-	-0-
Steve Handran, P.O. Box 40224, Eugene, OR 97404	1st Vice Commander				
	10	-0-		-0-	-0-
Ron McAlpin, 447 Goodyear, Eugene, OR 97402					
Kon lickipin, 447 Goodyear, Eugene, OK 37402	2nd Vice Commander	-0-		-0-	-0-
De Feels 440 F Arehan France OD 07404	10				
Bry Engle, 149 E. Anchor, Eugene, OR 97404	Finance Officer 12	-0-		-0-	-0-
		-0-		-0-	
Robert Poter, 209 Rosewood Ave, Eugene OR 9740	Adjutant 10]		
		-0-		-0-	-0-
Ron Welch, 29356 McMillen Ln, Junction City, OR	Chaplin 5		l	^	
97448		-0-		-0-	-0-
Larry Spears, 36501/2 River Rd. Eugene, OR 97404	Sargent at Arms 5	ļ	1		
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	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		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		1
38a	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 unpaid at the start of the period covered by this return?	38a		1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter:	1		
	Initiation fees and capital contributions included on line 9	1		1
	Gross receipts, included on line 9, for public use of club facilities]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
Ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		i	\
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ American Legion Post 83 Located at ▶ 3650 River Road, Eugene, Oregon ZIP + 4 ▶) ë		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ł	Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	140
	account)?	420		-
	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?	42c		1
_	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			$\triangleright \Box$
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			You	No
	Dilli and the second		res	190
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		1
45	Form 990-EZ	45		1

Patricy	Section 501(c)(3) organizations only and complete the tables for lines 50 at	. All section 501(c)(3) ond 51.	organizations mu	ust answer questi	ons 46–49
47 Did 48 Is th 49a Did b If "Y 50 Com each	the organization engage in direct or indirect p didates for public office? If "Yes," complete S the organization engage in lobbying activities' ne organization operating a school as describe the organization make any transfers to an exe ("es," was the related organization(s) a section inplete this table for the five highest compensation received more than \$100,000 of compensation Name and address of each employee paid more than \$100,000	chedule C, Part I	edule C, Part II . a)? If "Yes," comp ad organization? an officers, directo	lete Schedule E	46
	nber of other employees paid over \$100,000 ▷	ted independent contrac	tors who each rec	prived more than \$1	Nove.
com	pensation from the organization. If there is not (a) Name and address of each independent contractor of	one, enter "None "	(b) T	ype of service	(c) Compensation
Total num Sign Here	Under penahies of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature diofficer Bry Engle, Finance Officer Type or pnnt name and tritle	ned this return, including accom	panying schedules and information is based on all information.	d statements, and to the mation of which prepare 3/9/10	NONG- best of my knowledge er has any knowledge
Paid Preparer's Use Only May the I	Preparer's supparture	Date on above? See instruction		Phone no P ()	Number (See Instructions) Yes No