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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)► 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

**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C AMERICAN LEGION POST #3 1626 WILLAMETTE ST EUGENE, OR 97401-4046
D Employer identification number 23-7026657	E Telephone number 541-338-4074
F Group Exemption Number 0925	
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 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. \$ 7,872.	

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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Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td style="text-align: right;">7,664.</td></tr><tr><td style="text-align: center;">10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td style="text-align: right;">922.</td></tr><tr><td style="text-align: center;">11</td><td>Benefits paid to or for members</td><td></td></tr><tr><td style="text-align: center;">12</td><td>Salaries, other compensation, and employee benefits</td><td></td></tr><tr><td style="text-align: center;">13</td><td>Professional fees and other payments to independent contractors</td><td style="text-align: right;">350.</td></tr><tr><td style="text-align: center;">14</td><td>Occupancy, rent, utilities, and maintenance</td><td></td></tr><tr><td style="text-align: center;">15</td><td>Printing, publications, postage, and shipping</td><td style="text-align: right;">353.</td></tr><tr><td style="text-align: center;">16</td><td>Other expenses (describe in Schedule O)</td><td style="text-align: right;">2,721.</td></tr><tr><td style="text-align: center;">17</td><td>Total expenses. Add lines 10 through 16</td><td style="text-align: right;">4,346.</td></tr><tr><td style="text-align: center;">18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td style="text-align: right;">3,318.</td></tr><tr><td style="text-align: center;">19</td><td>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)</td><td style="text-align: right;">85,198.</td></tr><tr><td style="text-align: center;">20</td><td>Other changes in net assets or fund balances (explain in Schedule O) See Schedule O</td><td style="text-align: right;">-6,237.</td></tr><tr><td style="text-align: center;">21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td style="text-align: right;">82,279.</td></tr></table>	1	Contributions, gifts, grants, and similar amounts received		2	Program service revenue including government fees and contracts		3	Membership dues and assessments	2,171.	4	Investment income	5,419.	5a	Gross amount from sale of assets other than inventory		5b	Less cost or other basis and sales expenses		5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		6	Gaming and fundraising events		6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	282.	6b	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)		6c	c Less direct expenses from gaming and fundraising events	208.	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	74.	7a	a Gross sales of inventory, less returns and allowances		7b	b Less cost of goods sold		7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		8	Other revenue (describe in Schedule O)		9	Total revenue. 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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

9-5

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	85,198.	22 82,279.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	85,198.	25 82,279.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,198.	27 82,279.

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? See Schedule O

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	<u>GAVE CASH ASSISTANCE TO VETERAN'S AND PUBLIC CHARITIES. ASSISTED VETERANS AND FAMILIES BY CASH AND IN-KIND DONATIONS AND SOCIAL ASSISTANCE.</u>	
	(Grants \$) If this amount includes foreign grants, check here ☐	28 a
29		
	(Grants \$) If this amount includes foreign grants, check here ☐	29 a
30		
	(Grants \$) If this amount includes foreign grants, check here ☐	30 a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here ☐	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
JEROLD LINVILLE VICE-COMMANDER	5	0.	0.	0.
DAVID K. ELLIKER-VAAGSBERG CHAPLAIN	5	0.	0.	0.
ROBERT B. POTTER ADJUTANT	5	0.	0.	0.
VICTOR M. SWANSON FINANCE OFFICER	15	0.	0.	0.
ROBERT A. DOUGHERTY SERGEANT AT ARM	5	0.	0.	0.
JAMES K. WALSH COMMANDER	5	0.	0.	0.
ADALBERT TOEPEL EXEC BOARD	2	0.	0.	0.
NICHOLAS J. URHAUSEN EXEC BOARD	2	0.	0.	0.

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

	Yes	No
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		X
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).		X
35 a 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)?		X
35 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		
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? If 'Yes,' complete Schedule C, Part III		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b Did the organization file Form 1120-POL for this year?		X
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 a	X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39 a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
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	40 b	
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		0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
e 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	40 e	X
41 List the states with which a copy of this return is filed	None	
42 a The organization's books are in care of	VIC SWANSON	
Located at	1626 WILLAMETTE ST EUGENE OR	
Telephone no	541-338-4074	
ZIP + 4	97401-4046	
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	42 b	X
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	42 c	X
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	N/A
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

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 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

	Yes	No
47		
48		
49 a		
49 b		

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

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

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

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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 <u>Vic Swanson</u>		Date <u>7/19/13</u>		
	Type or print name and title <u>VIC SWANSON</u> FINANCE OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>John J. Paulson</u>	Date <u>7/18/13</u>	Check ☐ if self-employed	PTIN <u>P00293918</u>
	Firm's name ▶	<u>PAULSON PROFESSIONAL CORPORATION</u>			
	Firm's address ▶	<u>975 WILLAGILLESPIE RD.</u>			
	<u>EUGENE, OR 97401</u>	Firm's EIN ▶	<u>93-0788722</u>		
		Phone no	<u>(541) 484-1881</u>		

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICAN LEGION POST #3

Employer identification number

23-7026657

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO ASSIST THE NEEDY VETERANS AND THEIR FAMILIES; PERPETUATE THE MEMORY OF DECEASED
VETERANS; TO ASSIST VETERANS AT HOSPITALS AND FOR YOUTH ACTIVITIES TO HELP YOUNG
PEOPLE BECOME BETTER CITIZENS; TO PROMOTE OTHER ACTIVITIES AND PROGRAMS OF OUR
ORGANIZATION OF LONG STANDING NATURE.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

SCHEDULE OF RECEIPT FROM AND DONATION BACK TO 501 (C) 2 TITLE HOLDING COMPANY (VMA):

9/30/12 RECEIPT OF AM LEGION SHARE (50%) OF 2011 NET PROFIT FROM VETERAN'S MEMORIAL ASSOCIATION OF EUGENE, TAX ID #93-0352469, \$24,352.50

10/10/12 DONATION CHECK ISSUED TO VETERAN'S MEMORIAL ASSOCIATION OF EUGENE FOR MISC CAPITAL PROJECTS \$19,352.50.

AMERICAN LEGION POST #3

23-7026657

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$	45.
CORP DIV ANNUAL REPORT		50.
EMBLEM PURCHASES		38.
Insurance		216.
LEGION & AUX HOLIDAY DINNER		241.
MEETINGS, LUNCHESES		311.
MISCELLANEOUS		86.
Office Expenses		65.
TRANSMITTAL OF DUES DIST #3		1,669.
Total	\$	<u>2,721.</u>

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

NET AMOUNT DONATED BY TITLE HOLDING CO. (VMA)	\$	5,000.
Net Unrealized Gains and Losses on Investments		-11,237.
Total	\$	<u>-6,237.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	AMERICAN LEGION POST #3	23-7026657
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	1626 WILLAMETTE ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	EUGENE, OR 97401-4046	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ VIC SWANSON

Telephone No ▶ 541-338-4074

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☒ calendar year 20 12 or▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.