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Form **990-EZ**

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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545 1150

2015

Open to Public Inspection

		ne 2015 calendar year, or tax year beginning , 201	5, and ending			,		
В	Check i	of applicable C		D	Employer	dentification number		
==	Name o	s change AMERICAN LEGION POST #3			23-7026657			
=	Initial re	11626 WILLAMETTE ST		E	Telephone			
=		EUGENE, OR 97401-4046			541-3	338-4074		
=		ed return		<u> </u>				
=		ation pending			Number	xemption ► 0925		
G	Accou	unting Method X Cash Accrual Other (specify) ►		H Check ►	X If the	organization is not		
1	Webs	ite: N/A		required	to attach	Schedule B		
J	Tax-ex	tempt status (check only one) — 501(c)(3)	7(a)(1) or 527	(Form 99	0, 990-E	Z, or 990-PF)		
		of organization Corporation Trust Association Other	-					
L	Add In asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts ar s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of	e \$200,000 or m Form 990-EZ	ore, or if tota	l ►\$	9,725.		
Pa	irt I	Revenue, Expenses, and Changes in Net Assets or Fund I	Balances (se	e the instri	uctions			
		Check if the organization used Schedule O to respond to any question in the	•			X		
	1	Contributions, gifts, grants, and similar amounts received			1	340.		
	2	Program service revenue including government fees and contracts			2			
	3	Membership dues and assessments			3	2,445.		
	4	Investment income			4	6,592.		
	5a	Gross amount from sale of assets other than inventory	5 a					
	ь	Less cost or other basis and sales expenses	5 b		7			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	L—		5 c			
		Gaming and fundraising events						
Ŗ	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	348	.			
Ž	ь	Gross income from fundraising events (not including \$	of contribu		1			
RE>EZUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<u>—</u> 6Ы					
	С	Less direct expenses from gaming and fundraising events	6 c	135	5.			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			 6 d	213.		
	7 a	Gross sales of inventory, less returns and allowances.	7 a		_			
	b	Less cost of goods sold	7 b		_] _]			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c			
	8	Other revenue (describe in Schedule O)			8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	9,590.		
	10	Grants and similar amounts paid (list in Schedule O)			10	5,276.		
	11	Benefits paid to or for members			11			
X	12	Salaries, other compensation, and employee benefits.			12			
XPENSES	13	Professional fees and other payments to independent contractors			13	568.		
N	14	Occupancy, rent, utilities, and maintenance			14			
. E	15	Printing, publications, postage, and shipping	Coo Cabad	1.0.0	15	161.		
	16	Other expenses (describe in Schedule O)	See Schedule O	ule O	16	3,693.		
; 	17	Total expenses. Add lines 10 through 16			► 17	9,698.		
າ < A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18			
ASSET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) figure reported on prior year's return)			19	113,732.		
<,'3	20	Other changes in net assets or fund balances (explain in Schedule O)	See Sched	uie O	20	-6,946.		
55	21	Net assets or fund balances at end of year Combine lines 18 through 20			▶ 21	106,678.		
ВА	A For	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2015)		

AUG 1 5 2016

Form 990-EZ (2015) AMERICAN LEGION POST #3

23-7026657

Page 2

33 Dit the organization rispage in any agentical better, not previously reported to the IRS? 24 Wiss any syndroid a cheeked description of each octoby in Schedule 2. 25 a Did the organization rispage made to the organization of the organization and organization are considered to the organization and the organization are considered to the organization and the organization are considered to the organization follows and the organization is the organization and the organization is the organization of the organization is the organization is the organization is the organization organization organization are considered to the organization organization organization are considered to the organization or	Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ıle	0	X
33 X X X X X X X X X				Yes	
a charge to the reginazions name. Otherwise, esplaint the change on Schedule (Oker Internations) 3 a Did the organization have unrelated business a gross income of \$1,000 or more during the year from business activities (Such as those reported on lines 2, 6e, and 7e, among others)? b) If Yes, 1'o unles 58, his the organization field a form 990-Tot the year? If No.' provide an explanation in Schedule O c Was the organization a section 501(c)(0,501(c)5), or 501(c)(6) organization subject to section 603(e) notice. 10 b) If the organization of provide in the year? If Yes, complete Sphedule C, Part III 11 deposition of the deposition of the year? If Yes, complete Sphedule C, Part III 12 deposition of the organization in Form III 12P-01, for the year? If Yes, complete Sphedule C, Part III 13 b) If the organization in Form III 12P-01, for the year? 14 deposition of the programation in Form III 12P-01, for the year? 15 b) If the organization in Form III 12P-01, for the year? 16 b) If the organization in Form III 12P-01, for the year? 17 deposition in the organization form, or make any loans to, any officer, director, fursion, or key employee or were 18 b) If Yes, 2' complete Schedule L, Part I I I I I I I I I I I I I I I I I I I		If 'Yes,' provide a detailed description of each activity in Schedule O	33		
33 a Did the organization have unreliated business gross income of \$1,000 or more during the year from business activities (such as those reported on times 2, 6s, and 7s, among others). b If Yes, 1b Line 35s, has the organization filed a Form 990-1 for the year? If No., provide an explanation in Schedule O c Was the organization of 10(A)\$, 50 ((Sp), or 50) ((Sp), 6s) (Sp) (Sp) (Sp) (Sp) (Sp) (Sp) (Sp) (Sp	34		34		
bit If Yes, 10 time 35s, has the organization field a Form 990.1 for the year? If No., provide an explanation in Schedule 0 c. Was the organization of Schedule of Schedule 0. The schedule of	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities		_	
c Was the organization a section 501(c)(4), 501(c)(5), of 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete speciate Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Dut the organization the Form 1120-PDL for the year? 38 a Dut 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 Dut 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 Dut the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made to reverse the prior of the still of the prior of the still of the prior of the still of the stil					<u>X</u>
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disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.3 b Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 38 b Did the organization file Form 1120-POL for this year? 38 b Did the organization from form, or make any loans to, any officer, director, frustee, 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 M N/A 38 b M N/A 38 b M N/A 38 b M N/A 39 section 501(c)(3) organizations. Enter a linitation fees and capital contributions included on line 9 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 solution of the section 4911 has not been reported on any of its prior forms 990 or 390-EZ? If "Yes, Complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations but the organization engage in any section 4958 excess benefit transaction any of its prior forms 990 or 390-EZ? If "Yes, Complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax imposed on organization managers of visculatified persons during the year under sections 4912, 4953, and 4958 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax on line 40c reimbursed 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax on line 40c reimbursed 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax on line 40c reimbursed 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax on line 40c reimbursed 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of lax on line 40c reimbursed 0 d Section 501(c)(3), 501(c)(4), and 501(reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>X</u>
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as Section 501(c)(27) organizations Enter a Initiation fees and capital contributions included on line 9 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 N/A section 4911 b N/A, section 4915 N/A, section 4915 N/A, section 4915 N/A section 4911 N/A, section 4915 N/A, section 501(c)(3), 501(c)(4), and 501(c)(29) organizations bid the organization engage in any section 4956 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. c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization at a party to a prohibited tax sheller transaction? If Yes, complete 5 complete form 8886-1 d and prior 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)? 10 A any time during the calendar year, did the organization have an interest in or a signature or other financial account)? 11 Yes, enter the name of the foreign country. 22 If Yes, enter the name of the foreign country. 23 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 th		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
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Section 4911 * N/A, section 4912 * N/A, section 4915 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4988 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-E22 if Yes; complete Schedule, Part 1 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the foreign count of tax on line 40c reimbursed by the organization e All organization 40	ŧ	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax. 41 List the states with which a copy of this return is filed. None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 42 a The organizations books are in care of None 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 b If Yes, enter the name of the foreign country. 53 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 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? If 'Yes, Form 990 must be completed instead of Form 990-EZ 5 b Did the organization perate one or more hospital facilities during the year? 6 If 'No,' provide an explanation in Schedule O 6 If Yes to line 44c, has the organization filed a Form 720 to report these payments? 6 If 'No,' provide an explanation in Schedule O 7 Sa Did the organization receive any asyment from enable in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' If Yes, If Yes, If Yes, If Yes, If Ye	(Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
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shelter transaction? If 'Yes,' complete Form 8896-T List the states with which a copy of this return is filled None None		by the organization 0.			
42 a The organization's books are in care of PUIC SWANSON Located at P 1626 WILLAMETTE ST EUGENE OR Located at P 1626 WILLAMETTE ST EUGENE And Accounts or other authority over a Located Accounts (FBAR) Located	•	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
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the cate of the calendar year, did the organization maintain an office outside the U S? 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 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? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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,' Again Ag		If 'Yes,' enter the name of the foreign country			
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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,			ו ממו	}	.
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X	45				ΙX
TEE/09/21 10/12/15 Form 900 E7 (2015)		a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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.'			X

Form	990-E	Z (2015)	AMERICAN LEGION POS	ST #3		23-702	6657	F	age 4	
								Yes	No	
46	Did the	e organiz	ation engage, directly or indirect public office? If 'Yes,' complete	tly, in political campaig	in activities on behalf of	or in opposition to	46	1527	. 2.	
			<u> </u>			 	46	<u> </u>	<u> </u>	
<u> Fari</u>	L VI *	All sec	on 501(c)(3) organizations of the strong str	ons must answer o	juestions 47-49b ar	nd 52, and complete	e the tab	es		
			the organization used Schedule	e O to respond to any o	question in this Part VI					
								Yes	No	
			ation engage in lobbying activiti dule C, Part II	es or have a section 50	01(h) election in effect d	uring the tax year? If 'Yo	es, 47			
48	Is the	organiza	tion a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	ule E	48			
49 a	Did the	e organız	ation make any transfers to an	exempt non-charitable	related organization?		49 a			
			e related organization a section	-			49 b			
			able for the organization's five hose than \$100 about the contraction is the contract than \$100 about the contract than \$100 about the contract that the contract the							
			nd 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 other com			
					<u> </u>					
	Total	numbar a	of other employees paid over \$1	00.000	<u> </u>					
			table for the organization's five h		dependent contractors	who each received more	than \$100	ባበስ ሳ	f	
٠.	compe	ensation t	from the organization of there is	none, enter 'None'	dependent contractors	who cach received more	than proof	000 0	•	
	(4	(a) Name and	d business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio		
		·								
										
					· - · ·					
			······································	 						
	7-1-1			ф:	100,000					
	Did th		of other independent contractors station complete Schedule A? No	_		ach a	► \ Yes			
Under p			declare that I have examined this return, inclu- Declaration of property (other than office	uding accompanying schedules a	nd statements, and to the best of	my knowledge and belief, it is				
true, co	orrect, ar	nd complete	20	er) is based on all information	of which preparer has any know		2 / /			
C :		Skonati	ure of officer		 -	Date 8/10/a	2016			
Sigr Here		Signature of officer VIC SWANSON				FINANCE OFFICE	o			
	·		or print name and title			FINANCE OFFICE	<u> </u>			
		Print/Type	preparer's name	Preparer's signature	Date		TIN			
Do: d	-	John .	J. Paulson	John J. Paulso	8-8-	Check I if self-employed P	<u>0</u> 029391	8		
Paid Prepa	arer	Firm's nam				1				
Use (Firm's EIN ▶	Firm's EIN 93-0788722			
		<u> </u>	EUGENE, OR 9740			Phone no (54	1) 484-	1881		
May t	the IRS	S discuss	this return with the preparer sh	own above? See instru	ctions		► X Yes		No	
							Form 9 9	0-EZ	(2015)	

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Publications are a second or secon

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN LEGION POST #3

Employer identification number

23-702 <u>6657</u>	
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Form	990-EZ,	Part I	, Line	16
Other	Expens	es		

CORP DIV ANNUAL REPORT	\$	50.
EMBLEM PURCHASES		969.
Insurance		578.
MEETINGS, LUNCHES		127.
MISCELLANEOUS		359.
Office Expenses		449.
TRANSMITTAL OF DUES DIST #3		1,161.
	Total \$	3,693.

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

Other Changes in Net Assets Of Fund Balances		
NET AMOUNT DONATED BY TITLE HOLDING CO. (VMA) Net Unrealized Gains and Losses on Investments	\$	7,500. -14,446.
	Total \$	-6,946.

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

No

indirectly, on a personal benefit contract?