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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under 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.

A For the 2012 calendar year, or tax year beginning

JUNE 1 , 2012, and ending

MAY 31 , 2013

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

SPRINGFIELD-MCKENZIE EAGLES #3597

Number and street (or P O. box, if mail is not delivered to street address)

Room/suite

1978 MAIN ST.

City or town, state or country, and ZIP + 4

SPRINGFIELD, OR 97477

D Employer identification number

51-0149715

E Telephone number

541-726-1265

F Group Exemption  
Number ►G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 8 ) ◀ (insert no.)  4947(a)(1) or  527

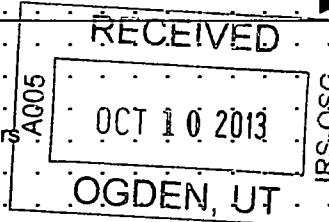
K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 ► \$

## 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 

1	Contributions, gifts, grants, and similar amounts received	1	2938
2	Program service revenue including government fees and contracts	2	12286
3	Membership dues and assessments	3	8852
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
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	
c	Less: direct expenses from gaming and fundraising events	6c	14292
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14292
7a	Gross sales of inventory, less returns and allowances	7a	66707
b	Less: cost of goods sold	7b	23010
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	43697
8	Other revenue (describe in Schedule O)	8	205
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82270
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	1081
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	35740
14	Occupancy, rent, utilities, and maintenance	14	20126
15	Printing, publications, postage, and shipping	15	1755
16	Other expenses (describe in Schedule O)	16	17526
17	<b>Total expenses.</b> Add lines 10 through 16	17	76226
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6044
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	154335
20	Other changes in net assets or fund balances (explain in Schedule O)	20	5472
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	159807



**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	35488	22 41988
23 Land and buildings	86000	23 86000
24 Other assets (describe in Schedule O)	32847	24 31819
25 Total assets	154335	25 159807
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)	154335	27 159807

**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 What is the organization's primary exempt purpose? **CHARITABLE ORGANIZATION**

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				
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	28a	0
29				
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a	0
30				
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)				
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	31a	0
<b>32 Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/>	<b>32</b>	<b>00</b>

**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
DEAN CAMPBELL				
JR. PAST PRESIDENT	3	0	0	0
TORBJORN BREKSTAD				
PRESIDENT	10	0	0	0
WILLIAM PRINE				
VICE PRESIDENT	5	0	0	0
SHERRI LOFTIS				
SECRETARY	10	0	0	0
FRANCES HERBER				
SECRETARY	15	0	0	0
JOHN PICKETT				
CONDUCTOR	5	0	0	0
RANDY MATTESON				
CHAPLAIN	5	0	0	0
JOHN TOWNSEND				
TRUSTEE	5	0	0	0
THEODORE RANKIN				
TRUSTEE	8	0	0	0
CHARLES CHEATHAM				
TRUSTEE	4	0	0	0
ROBERT HOWELL				
TRUSTEE	4	0	0	0
GARY SANDERS				
TRUSTEE	15	0	0	0

**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 

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

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

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 35b

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 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? . . . . . 37b

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 outstanding at the end of the tax year covered by this return? . . . . . 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . . 39a

b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40b

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 . . . . . 40c

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 . . . . . 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40e

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 . . . . .

41 List the states with which a copy of this return is filed ► OREGON

42a The organization's books are in care of ► FRANCES HERBER Telephone no. ► 541-726-1265  
Located at ► 1978 MAIN ST. SPRINGFIELD OR ZIP + 4 ► 97477 42b

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: ► \_\_\_\_\_ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c

c At any time during 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 ► 43

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

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 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

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 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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) 45b

		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	<input checked="" type="checkbox"/>

**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	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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
<b>NONE</b>				

f Total number of other employees paid over \$100,000 ► 0

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
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 ►

52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

<b>Sign Here</b>	<i>Torbjørn Brekstad</i>	<i>10-8-13</i>
	Signature of officer	Date
<i>Torbjørn Brekstad</i>		
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

► 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](http://www.irs.gov/form990).

Name of the organization

SPRINGFIELD-MCKENZIE EAGLES #3597

Employer identification number

51-0149715

**LINE 8: OTHER INCOME**

TURNOVER 205 (OVER/SHORT TILLS)

**LINE 16: OTHER EXPENSES**

ADVERTISING 900

BANK FEES 109

ORGANIZATION FEES/TAX 2043

SUPPLIES 3732

TAXES 540

TRAVEL 191

DONATIONS 1910

CASUAL LABOR 1194

INSURANCE 5738

LICENSE/CERTIF. 1034

MEMBERSHIP DUES 135

**LINE 18: OTHER CHANGES IN NET ASSETS**

CASH 6500

**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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

► 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](http://www.irs.gov/form990).

Name of the organization

SPRINGFIELD-MCKENZIE EAGLES #3597

Employer identification number

51-0149715

**LINE 8: OTHER INCOME**

TURNOVER 205 (OVER/SHORT TILLS)

**LINE 16: OTHER EXPENSES**

ADVERTISING	900
BANK FEES	109
ORGANIZATION FEES/TAX 2043	
SUPPLIES	3732
TAXES	540
TRAVEL	191
DONATIONS	1910
CASUAL LABOR	1194
INSURANCE	5738
LICENSE/CERTIF.	1034
MEMBERSHIP DUES	135

**LINE 18: OTHER CHANGES IN NET ASSETS**

CASH	6500
OTHER CURRENT ASSETS	- 1978
FURN & EQUIP	950