

L&E  
7/18

Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2017 calendar year, or tax year beginning</b>		June 1	, 2017, and ending		May 31	, 2018
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>		
<input type="checkbox"/> Address change		Springfield-McKenzie Eagles #3597		510149715		
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number	
<input type="checkbox"/> Initial return		1978 Main St			541-726-1265	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country and ZIP or foreign postal code			<b>F Group Exemption Number</b>	
<input type="checkbox"/> Amended return		Springfield, OR 97477		OX	0102	
<input type="checkbox"/> Application pending						

**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:** ►**J Tax-exempt status** (check only one) —  501(c)(3)  501(c)(8) (insert no)  4947(a)(1) or  527**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 ► \$ -0-

### 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 1614	
			2 12947	3 7612
1	2	3	4 0-	5c -0-
2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5a	5b	5c	5d	5e
5b	5c	5d	5e	5f
5c	5d	5e	5f	5g
5d	5e	5f	5g	5h
5e	5f	5g	5h	5i
5f	5g	5h	5i	5j
5g	5h	5i	5j	5k
5h	5i	5j	5k	5l
5i	5j	5k	5l	5m
5j	5k	5l	5m	5n
5k	5l	5m	5n	5o
5l	5m	5n	5o	5p
5m	5n	5o	5p	5q
5n	5o	5p	5q	5r
5o	5p	5q	5r	5s
5p	5q	5r	5s	5t
5q	5r	5s	5t	5u
5r	5s	5t	5u	5v
5s	5t	5u	5v	5w
5t	5u	5v	5w	5x
5u	5v	5w	5x	5y
5v	5w	5x	5y	5z
5w	5x	5y	5z	5aa
5x	5y	5z	5aa	5bb
5y	5z	5aa	5bb	5cc
5z	5aa	5bb	5cc	5dd
5aa	5bb	5cc	5dd	5ee
5bb	5cc	5dd	5ee	5ff
5cc	5dd	5ee	5ff	5gg
5dd	5ee	5ff	5gg	5hh
5ee	5ff	5gg	5hh	5ii
5ff	5gg	5hh	5ii	5jj
5gg	5hh	5ii	5jj	5kk
5hh	5ii	5jj	5kk	5ll
5ii	5jj	5kk	5ll	5mm
5jj	5kk	5ll	5mm	5nn
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5qq	5rr	5ss	5tt	5uu
5rr	5ss	5tt	5uu	5vv
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5bb	5cc	5dd	5ee	5ff
5cc	5dd	5ee	5ff	5gg
5dd	5ee	5ff	5gg	5hh
5ee	5ff	5gg	5hh	5ii
5ff	5gg	5hh	5ii	5jj
5gg	5hh	5ii	5jj	5kk
5hh	5ii	5jj	5kk	5ll
5ii	5jj	5kk	5ll	5mm
5jj	5kk	5ll	5mm	5nn
5kk	5ll	5mm	5nn	5oo
5ll	5mm	5nn	5oo	5pp
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5kk	5ll	5mm	5nn	5oo
5ll	5mm	5nn	5oo	5pp
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5dd	5ee	5ff	5gg	5hh
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5kk	5ll	5mm	5nn	5oo
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5yy	5zz	5aa	5bb	5cc
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5yy	5zz	5aa	5bb	5cc
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5yy	5zz	5aa	5bb	5cc
5zz	5aa	5bb	5cc	5dd
5aa	5bb	5cc	5dd	5ee
5bb	5cc	5dd	5ee	5ff
5cc	5dd			

**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	45758	22 41948
23	Land and buildings	86000	23 86000
24	Other assets (describe in Schedule O)	39246	24 39246
25	<b>Total assets</b>	171004	25 167194
26	<b>Total liabilities</b> (describe in Schedule O)	-0	26 -0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	171004	27 167194

**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, optional for others)

28

(Grants \$ ) If this amount includes foreign grants, check here ► 

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ► 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ► 

31a

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 

21 (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
Frances Herber	10			
Jr Past Worthy President /Sec Asst				
Roger White	8			
Worthy President				
Barbara Glaspey	4			
Worthy Vice President				
Randy Matteson	4			
Worthy Chaplain				
Cliff Beard	4			
Worthy Conductor				
Robert Tappan	15			
Secretary/Trustee				
John Perry	4			
Inside Guard				
John Townsend	6			
Trustee				
Gary Gosser	8			
Trustee				
Theodore Rankin	8			
Trustee				
Albert Owens	6			
Trustee				

**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

	Yes	No
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	✓

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	✓
35b	

- 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
- 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

35b	
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	

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

37b	✓
38a	✓

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	✓
39	

39 Section 501(c)(7) organizations Enter

39a	
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	
40c	

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

40d	
40e	

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 on line 40c reimbursed by the organization ►

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 ► ROBERT TAPPAN Telephone no ► 541-726-1265

Located at ► 1978 MAIN ST SPRINGFIELD, OR ZIP + 4 ► 97477

42b	✓
42c	✓

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? 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

43	
44a	✓

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	✓
44b	

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	
44c	

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

44c	
44d	

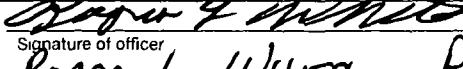
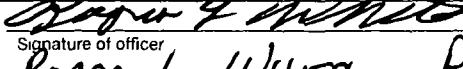
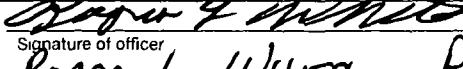
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d	
45a	✓

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

45a	✓
45b	✓

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)

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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="font-size: small;">46</span>																																																																																																																																
<b>Part VI Section 501(c)(3) organizations only</b> 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 <input type="checkbox"/>																																																																																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>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</td> <td style="text-align: center;">47</td> <td></td> </tr> <tr> <td>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</td> <td style="text-align: center;">48</td> <td></td> </tr> <tr> <td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td> <td style="text-align: center;">49a</td> <td></td> </tr> <tr> <td>b If "Yes," was the related organization a section 527 organization?</td> <td style="text-align: center;">49b</td> <td></td> </tr> <tr> <td colspan="3">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"</td> </tr> <tr> <td style="padding: 5px;">(a) Name and title of each employee</td> <td style="padding: 5px;">(b) Average hours per week devoted to position</td> <td style="padding: 5px;">(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td style="padding: 5px;">(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td style="padding: 5px;">(e) Estimated amount of other compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: left; padding-left: 20px;">f Total number of other employees paid over \$100,000 ►</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">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. 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**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017****Open to Public  
Inspection**Name of the organization  
Springfield-McKenzie Eagles #3597Employer identification number  
510149715

## Line 8 Other Revenue

ATM Commission	648
Interest	1
Lottery Commission	18595
Total	\$19244

## Line 6 Other Expenses

Advertising	100
Bank fees	272
Casual Labor	469
Dues/fees	120
Insurance	7405
Organization fees/tax	3008
Supplies	4838
Travel	496
Program Income to AUX	387
Total	\$18091

## Changes in net Assets

Cash decrease	-\$3810
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