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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)

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

June 1

, 2017, and ending

May 31

, 20 18

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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)

1978 Main St

City or town, state or province, country and ZIP or foreign postal code

Springfield, OR 97477

D Employer identification number

510149715

E Telephone number

541-726-1265

F Group Exemption Number

▶ 0102

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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ☐

1	Contributions, gifts, grants, and similar amounts received	1	1614
2	Program service revenue including government fees and contracts	2	12947
3	Membership dues and assessments	3	7612
4	Investment income	4	-0-
5a	Gross amount from sale of assets other than inventory	5a	-0-
b	Less: cost or other basis and sales expenses	5b	-0-
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	2898
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	-0-
c	Less: direct expenses from gaming and fundraising events	6c	306
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2592
7a	Gross sales of inventory, less returns and allowances	7a	47527
b	Less: cost of goods sold	7b	15804
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	31723
8	Other revenue (describe in Schedule O)	8	19244
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75732
10	Grants and similar amounts paid (list in Schedule O)	10	672
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	40385
14	Occupancy, rent, utilities, and maintenance	14	17828
15	Printing, publications, postage, and shipping	15	2566
16	Other expenses (describe in Schedule O)	16	18091
17	Total expenses. Add lines 10 through 16	17	79542
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3810
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	171004
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-3810
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	167194

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For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2017)

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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 Total assets	171004	25 167194
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)	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		
29		
30		
31		
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
Frances Herber Jr Past Worthy President /Sec Asst	10			
Roger White Worthy President	8			
Barbara Glaspey Worthy Vice President	4			
Randy Matteson Worthy Chaplain	4			
Cliff Beard Worthy Conductor	4			
Robert Tappan Secretary/Trustee	15			
John Perry Inside Guard	4			
John Townsend Trustee	6			
Gary Gosser Trustee	8			
Theodore Rankin Trustee	8			
Albert Owens Trustee	6			

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 ☐

Yes No

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	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	38b			
39	Section 501(c)(7) organizations. Enter	39a			
a	Initiation fees and capital contributions included on line 9 39a	39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b	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 ▶	40a			
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	40b			?
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 ▶	40c			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	40d			
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	40e			
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				
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)	42b		✓	
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: ▶	42c		✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	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		✓	
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)	45b		✓	

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		<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 ☐

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

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	(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 business address of each independent contractor	(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 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 *Roger L White* Date *7/19/18*
 Type or print name and title *ROGER L WHITE PRESIDENT*

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Springfield-McKenzie Eagles #3597

Employer 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