



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Open to Public Inspection

Department 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1 250 000 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 2009 calendar year, or tax year beginning Jun 1, 2009, and ending May 31, 2010

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type
See Specific Instructions

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

Room/suite

City or town state or country, and ZIP + 4

Springfield

OR 97477

D Employer identification number
51-0149715E Telephone number
(541) 726-1265

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (8) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 115,874.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 5,983.
4 Investment income	4
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
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6
a Gross revenue (and including expenses reported on line 1) 109,891. of contributions	6a 109,891.
b Less direct expenses other than fundraising expenses	6b 78,999.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 30,892.
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) on sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 36,875.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11 1,883.
12 Salaries, other compensation, and employee benefits	12 17,809.
13 Professional fees and other payments to independent contractors	13 1,631.
14 Occupancy, rent, utilities, and maintenance	14 21,810.
15 Printing, publications, postage, and shipping	15 381.
16 Other expenses (describe ► See Other Expenses Statement)	16 2,895.
17 Total expenses. Add lines 10 through 16	17 46,409.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -9,534.
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 21,318.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 11,784.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,318.22	11,784.
23 Land and buildings	0.23	0.
24 Other assets (describe ►)	0.24	0.
25 Total assets	21,318.25	11,784.
26 Total liabilities (describe ►)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,318.27	11,784.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions)				Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Raise money for charities.</u>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28	<u>We are people helping people. We have different ways through our meetings to help people in our communities.</u>			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a
29	-----			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a
30	-----			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a
31	Other program services (attach schedule)			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		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 instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Gordon Wolter 1978 Main St Springfield OR 97477	President 2.00	0.	0.	0.
Dean Campbell 1978 Main St Springfield OR 97477	Vice President 2.00	0.	0.	0.
John Poperti 1978 Main St Springfield OR 97477	Chaplain 2.00	0.	0.	0.
William Meadows 1978 Main St Springfield OR 97477	Secretary 3.00	0.	0.	0.
Russell Hawkins 1978 Main St Springfield OR 97477	Conductor 2.00	0.	0.	0.
Gary Sanders 1978 Main St Springfield OR 97477	Trustee 2.00	0.	0.	0.
Greg Lopez 1978 Main St Springfield OR 97477	Trustee 2.00	0.	0.	0.
Jonelle Loftis 1978 Main St Springfield OR 97477	Trustee 2.00	0.	0.	0.
John Townsend 1978 Main St Springfield OR 97477	Trustee 2.00	0.	0.	0.
Ted Rankin 1978 Main St Springfield OR 97477	Trustee 2.00	0.	0.	0.
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Part V Other Information (Note the statement requirements in the instrs for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990 T, attach a statement explaining why the organization did not report the income on Form 990 T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 36

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 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

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 period covered by this return? 38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations Enter 39b

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40e

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 40e

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 40e

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

42a The organization's books are in care of ► Aerie Secretary _____ Telephone no ► (541) 726-1265
 Located at ► 1978 Main St _____ 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 ► _____ 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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 ► _____ 42c

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

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

49a 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 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		
47		
48		
49 a		
49 b		

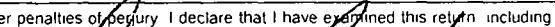
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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

Sign Here	<p>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.</p> <p> + Signature of officer</p> <p>Aerie Secretary (acting pro-tem) Type or print name and title</p>	<p>09/28/10 Date</p> <p>Aerie Secretary</p>
--------------	---	---

Type or print name and title		Date	Check if self employed	Preparer's Identifying Number (See instructions)
Paid Pre- parer's Use Only	Preparer's signature 	10/04/10	<input checked="" type="checkbox"/>	P000628038
Firm's name or yours if self- employed address, and ZIP + 4	Jan's Tax & Bookkeeping Service ► 1605 Hemlock St Eugene		EIN	
			OR	97404-3907
			Phone no	(541) 689-6843

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

BAA

► Yes No

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

Springfield McKenzie Eagles #3597

51-0149715

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				►
	11 Net income summary Combine lines 3, column (d) and line 10				►

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			11,202.	11,202.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			20,697.	20,697.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 20,697.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				► -9,495.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities <u>Oregon</u>		
a Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/> 9a	<input type="checkbox"/> X
b If 'No,' explain	-----	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If 'Yes,' explain	-----	
11 Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/> 11	<input type="checkbox"/> X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> X

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

13a	100.00 %
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► Fran Herber

Address ► 1978 Main St Springfield, OR 97477

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
 c If 'Yes,' enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ► Oregon Lottery Commission

Gaming manager compensation ► \$ 20,697.

Description of services provided ► Maintain Lottery Machine

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a X

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Bank Service Charges	154.
Computer Supplies	752.
Conference, Convention, Meetings	25.
Miscellaneous Items	964.
Office Supplies	568.
Security	382.
Advertising	50.
Total	<u>2,895.</u>

Supporting Statement of:

Form 990-EZ/Line 6a

Description	Amount
Bar/Social Room Income	98,689.
Lottery Income	11,202.
Total	<u>109,891.</u>

Supporting Statement of:

Form 990-EZ/Line 6b

Description	Amount
Bar Expense	21,838.
Business Registration Fees	639.
Entertainment	29,530.
Kitchen Supplies	5,140.
Soft Drinks	226.
Lottery Expense	20,697.
Bar Supplies	929.
Total	<u>78,999.</u>

Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
Per Capita Tax	1,695.
Grand Aerie Membership	188.
Total	<u>1,883.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Salaries & Payroll Expenses	17,375.
Workers Compensation	434.
Total	<u>17,809.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting	100.
Cleaning/Maintenance	1,531.
Total	<u>1,631.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Utilities/Telephone	9,396.
Repairs/Maintenance	2,206.
Property Insurance	9,445.
Equipment Rent	763.
Total	<u>21,810.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
Benefit Fund-Key Bank	2,522.
General Fund-Key Bank	9,301.
Lottery Fund-Key Bank	9,495.
Total	<u>21,318.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Benefit Fund	1,530.
General Fund	10,254.
Total	<u>11,784.</u>