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Short Form
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

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)

1978 MAIN STREET

D Employer identification number

51-0149715

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

SPRINGFIELD, OR 97477

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 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	569
	2 Program service revenue including government fees and contracts	2	10624
	3 Membership dues and assessments	3	8507
	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)		
	6 Gaming and fundraising events	5c	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	11782
Expenses	b Gross income from fundraising events (not including \$ 1499 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	1499
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13281
	7a Gross sales of inventory, less returns and allowances	7a	60616
	b Less: cost of goods sold	7b	21819
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)	7c	38796
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	471
		9	72248
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	892
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	35655
	14 Occupancy, rent, utilities, and maintenance	14	17586
	15 Printing, publications, postage, and shipping	15	308
	16 Other expenses (describe in Schedule O)	16	16004
	17 Total expenses. Add lines 10 through 16	17	70445
		18	1803
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	144079
	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)	20	8453
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	154335
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

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	27469	22 35488
23	Land and buildings	86000	23 86000
24	Other assets (describe in Schedule O)	34349	24 32847
25	Total assets	144079	25 154335
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)	144079	27 154335

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? _____

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.

28	WE ARE A CHARITY ORGANIZATION. WE ARE PEOPLE HELPING PEOPLE			
29				
30				
31				
32	Total program service expenses (add lines 28a through 31a)		► 28a	0

(Grants \$) If this amount includes foreign grants, check here ► 29a 0

(Grants \$) If this amount includes foreign grants, check here ► 30a 0

(Grants \$) If this amount includes foreign grants, check here ► 31a 0

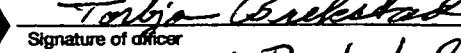
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and 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 2.0	0	0	0
TORBJORN BREKSTAD	PRESIDENT 2.0	0	0	0
WILLIAM PRINE	VICE PRESIDENT 2.0	0	0	0
SHERRI LOFTIS	SECRETARY 5.0	891	0	0
JOHN D PICKETT	TRUSTEE 2.0	0	0	0
JOHN D TOWNSEND	TRUSTEE 2.0	0	0	0
THEODORE RANKIN	TRUSTEE 2.0	0	0	0
JONELLE LOFTIS	TRUSTEE 2.0	0	0	0
CHARLES CHEATHAM	TRUSTEE 2.0	0	0	0
ROBERT D HOWELL	TRUSTEE 2.0	0	0	0

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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 0	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 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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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		
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 ►		
d Section 501(c)(3) and 501(c)(4) 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.	40e	
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 Located at ► 1978 MAIN STREET SPRINGFIELD, OR	Telephone no. ► 5412282475	
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.	ZIP + 4 ► 97477	
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: ►	42b	✓
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	42c	✓
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	✓

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 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 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"/>					
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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	<input type="checkbox"/>		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	<input type="checkbox"/>		
b	If "Yes," was the related organization a section 527 organization?	49a	<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."	49b	<input type="checkbox"/>		
(a) Name and address of each employee paid more than \$100,000 <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Title and average hours per week devoted to position <hr/> <hr/> <hr/> <hr/> <hr/>	(c) Reportable compensation (Forms W-2/1099-MISC) <hr/> <hr/> <hr/> <hr/> <hr/>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation <hr/> <hr/> <hr/> <hr/> <hr/>	(e) Estimated amount of other compensation <hr/> <hr/> <hr/> <hr/> <hr/>
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 <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Type of service <hr/> <hr/> <hr/> <hr/> <hr/>		(c) Compensation <hr/> <hr/> <hr/> <hr/> <hr/>	
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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► <input type="checkbox"/> Yes <input type="checkbox"/> 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		10-31-12 Date		
	 Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <hr/> Firm's name ►	Preparer's signature <hr/> Firm's EIN ►	Date <hr/> Phone no.	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address ►				
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> 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.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

SPRINGFIELD MCKENZIE EAGLES #3597

Employer identification number

51-0149715

LINE 8: OTHER INCOME 471

ATM COMMISSION 471

LINE 16: OTHER EXPENSES 16004

TRAVEL 155

TAXES 1879

SUPPLIES 4100

INSURANCE 4637

OFFICE SUPPLIES/EQUIP 1490

DUES/MEMBERSHIP 335

LICENSES/CERT 359

DONATIONS 55

ADVERTISING 2313

CASUAL LABOR 681

LINE 18: OTHER CHANGES IN NET ASSETS 8453

CASH +8019

INVENTORY +1211

ATM MACHINE - 320

FURNITURE/FIXTURES - 457