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OMB No. 1545-1150

2004

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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **June 1**, 2004, and ending **May 31**, 20 05**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Fraternal Order of Eagles Aerie #3455**

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

P.O. Box 58

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

Altus, AR 72821-0058**D** Employer identification number**23 : 7591694****E** Telephone number**(479) 468-2131****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: ►**J** Organization type (check only one)—☒ 501(c) (3) ◀ (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** Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **83,571****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,625
	2	Program service revenue including government fees and contracts	2	46,859
	3	Membership dues and assessments	3	2,600
	4	Investment income	4	22
	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 (line 5a less line 5b) (attach schedule).	5c	-0-
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ☒		
	a	Gross revenue (not including \$ 2,625 of contributions reported on line 1)	6a	5,125
	b	Less: direct expenses other than fundraising expenses	6b	3,339
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	1,786	
7a	Gross sales of inventory, less returns and allowances	7a	25,970	
b	Less: cost of goods sold	7b	11,294	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	14,046	
8	Other revenue (describe ►)	8	-0-	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	68,938	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	5,802
	11	Benefits paid to or for members	11	2,620
	12	Salaries, other compensation, and employee benefits	12	15,208
	13	Professional fees and other payments to independent contractors	13	8,273
	14	Occupancy, rent, utilities, and maintenance	14	23,170
	15	Printing, publications, postage, and shipping	15	1,035
	16	Other expenses (describe ► taxes/bank chgs/conventions/dues/refunds/ misc/dues/etc.)	16	8,292
	17	Total expenses (add lines 10 through 16)	17	61,400
	18	Excess or (deficit) for the year (line 9 less line 17)	18	4,540
	Net Assets	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
20		Other changes in net assets or fund balances (attach explanation)	20	-0-
21		Net assets or fund balances at end of year (combine lines 18 through 20)	21	202,221

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

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77,681	82,221
23 Land and buildings	120,000	120,000
24 Other assets (describe ►)	-0-	-0-
25 Total assets	197,681	202,221
26 Total liabilities (describe ►)	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,681	197,681

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)**Expenses**What is the organization's primary exempt purpose? **Fundraising for local, state and national charities**

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

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 Arkansas Children's Hospital Fund; Jimmy Durante Children's Fund; Golden Eagle and Alzheimer's Fund; Memorial Fund; Max Baer Heart Fund (Grants \$ 547)	28a	547
29 Robert Hansen Diabetes Fund; Art Ehrman Cancer Fund (Grants \$ 3,705)	29a	3,705
30 D.D. Dunlap Kidney Fund; Lew Reed Spinal Column Research Fund Local Charities and Youth Activities (Grants \$ 1,548)	30a	1,548
31 Other program services (attach schedule) (Grants \$)	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 page 41 of the instructions.)

(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 & deferred compensation	(E) Expense account and other allowances
Danny Hawkins Coal Hill, AR	President - 6 hours	-0-	-0-	-0-
James Jackson Coal Hill, AR	Trustee - 6 hours	-0-	-0-	-0-
R.S. Phillips Ozark, AR	Secretary - 8 hours	-0-	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
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?		✓
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 unpaid at the start of the period covered by this return?		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39 501(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 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		-0-
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		-0-
41 List the states with which a copy of this return is filed. ▶		
42 The books are in care of ▶ M.M. Crosswell Telephone no. ▶ (479) 468-2131		
Located at ▶ North Roseville Street, Altus, AR ZIP + 4 ▶ 72821-0058		
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		

Please Sign Here

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

Signature of officer *M.M. Crosswell*Date *2/4/11*

M.M. Crosswell, Secretary

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶

Date

Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

EIN ▶

Phone no ▶ ()

990EZ June 1, 2004 – May 31, 2005
Fraternal Order of Eagles, Aerie # 3455

EIN: 23-7591694

Attached Schedules

Part I Line 6 Conducted BINGO, Casino Nights, Dinner Theater Performances,
and meals to raise funds for the various grants shown in the 990EZ
Operated amusement games of skill for the same charities