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### 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)

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

OMB No 1545-1150

2009

Open to Public Inspection

AF	or the	2009 calenda	ar year,	or tax year beginning	June 1	, 2009, and	enaing	_ N	nay 3	1	, 20 10	
<b>B</b> _c	heck if ap	plicable	Please	C Name of organization				D Emple	oyer ic	lentıf	fication number	
=	ddress cl	•	use IRS label or	Fraternal Order of Eagles					2	23-75	591694	
=	lame cha	ŭ	print or	Number and street (or P O box, if mail	is not delivered to street	address) Ro	om/suite	E Telep	hone r	numb	er	
	nıtıal retur Terminater		type. See	P.O. Box 58					4	79-4 <del>6</del>	68-2131	
j,	Specific Construction and 7ID 4				F Grou	F Group Exemption						
<u> </u>								Num	ber	<u> </u>		
	• Sect	ion 501(c)(3)	_	ations and 4947(a)(1) nonexempt		ıst attach	1	inting Me (specify)		•	Cash	
										Organ	nization is <b>not</b>	
M	/ebsit	a. <b>L</b>							if the organization is <b>not</b> to attach Schedule B (Form 990,			
			heck or	nly one) — ☐ 501(c) ( <b>3</b> ) <b>◄</b> (inse	ert no )	or	1	Z, or 990		Criec	die B (Form 330,	
	heck >			zation is not a section 509(a)(3) supp				•			han \$25,000 A	
			_	curn is not required, but if the organ		•	•	•			Hall \$25,000. A	
				9 to determine gross receipts, if \$50					- 1	Lam		
	art I			enses, and Changes in Ne					ction	s fo	r Part I )	
	1			s, grants, and similar amounts		Balallood	(000 1110	11100100	4	<del>Ŭ.Ŭ</del>	5929	
	2	Drogram co	nis, giit	evenue including gevernment for	os and dentracts			}	2	<del>                                     </del>	47808	
	3				Sessand			}	3	<u> </u>	1935	
				and assessments	110   Q			}	4	-	401	
	4	Investment		e	10 12			500		_	701	
	5a	Gross amo	unt iroi	n sale of assets other than inve	entory	5a		4500				
	b	Less: cost	or otne	r basis and sales expenses	UTAL	<u>_5b</u>	<i>-</i> \	1500		i	4000	
e	C			sale of assers other man byen					5c		-1000	
кеуепие	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ✓										
2	а		•	t including \$	of contribution	1 1		_				
č		reported or	,			6a						
	b		-	ises other than fundraising exp		6b		0				
	С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							6c	<b> </b>	0	
	7a	Gross sales	s of inv	entory, less returns and allowar	nces	7a		51691				
	b	Less: cost	of good	ds sold		7b		20786	e L			
	С			ss) from sales of inventory (Sub				[	7c		30905	
	8	Other rever	nue (de	scribe ► Reimb from Aux,;Ref	unds;Repaid Checks	;Other Misc	_	)	8		6258	
	9	Total reve	nue. Ac	dd lines 1, 2, 3, 4, 5c, 6c, 7c, ar	d8	<u></u>	<u> </u>	. ▶	9	<u> </u>	93736	
	10	Grants and	simılar	amounts paid (attach schedule	e)			[	10		13589	
	11	Benefits pa	id to o	r for members				[	11		439	
benses	12		Salaries, other compensation, and employee benefits						12		19136	
Š	13	Professiona	al fees	and other payments to indepen	dent contractors .			[	13		1019	
	14	Occupancy	, rent,	utilities, and maintenance .				[	14		44779	
Ĭ	15			ons, postage, and shipping .					15		626	
	16			lescribe > Sales Tax;Anniv Ex				, [	16		13255	
	17			Add lines 10 through 16					17		92843	
s	18			for the year (Subtract line 17 fr					18		893	
šet	19	Net assets	or fun	d balances at beginning of yea	ar (from line 27, co	lumn (A)) (m	nust agree	with	r d			
Net Assets				reported on prior year's return					19	1	249618	
er '	20	Other chan	aes in i	net assets or fund balances (att	ach explanation) .			[	20		12099	
Ž	21		•	balances at end of year. Comb	•			-	21		261717	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in							ad o	f Form 990-EZ.				
				(See the instructions for Part	II.)		(A) Beg	inning of	year		(B) End of year	
22	Ca	sh, savings.	and in	vestments				12	9618	22	141717	
 23				0000	+	120000						
-0 24		ner assets (c	_							24	0	
 25								24	9618	_	261717	
-0 26				ribe ► Accrued Payroll Liabili		)			1386	-	581	
27				alances (line 27 of column (B)		e 21)			9618	-	261717	

Oilii	550 EE (2000)					age =			
Par	Expenses								
What is the organization's primary exempt purpose? Fundraising for Local, State, and National Chariti					(Required for section 501(c)(3) and 501(c)(4)				
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise								
	nanner, describe the services provided, the number of persons benefited, and other relevant information for								
each	program title.				for ot	hers)			
28	Arkansas Children's Hospital; Jimmy Durante Childi	en's Fund; Golden Eagle Alz	heimers Fund						
	Memorial Fund; Max Baer Heart Fund								
		***************************************							
		includes foreign grants, ch		<u>. ▶ □</u>	28a	2940			
29	Robert Hanson Diabetes Fund, Art Ehrman Cancer F	Research Fund; D.D. Dunlap I	(idney Fund						
				·····					
		includes foreign grants, ch		. ▶ ⊔	29a	245			
30	Robert Hanson Diabetes Fund, Art Ehrman Cancer F	Research Fund; D.D. Dunlap I	(idney Fund						
	(Create \$ 3670) If this amount	ıncludes foreign grants, ch	ook horo	N [7]	30a	1715			
21		includes foreign grants, cir		<u>. – – – – – – – – – – – – – – – – – – –</u>	Sua	1713			
<b>J</b> 1	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, ch			31a				
32	Total program service expenses (add lines 28a				32	4900			
	List of Officers, Directors, Trustees, and Key					tions for Part IV.)			
	(AN)	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances			
Morr	is Boseman	Bracident 40							
Altu	s, AR	President 10	0		0	0			
Arlie	Hawkins	Vice-President 6							
Altu	s, AR	Vice-r resident o	0		0	0			
Mitc	h Crosswell	Secretary; 20		i					
	s, AR		0		0	0			
	Zolliecoffer	Trustee; 4	_[		_	_			
	s, AR		0		0	0			
	er Peckenpaugh	Trustee; 4			_				
	s, AR		0		0	0			
	es Jackson	Trustee; 4				0			
	Hill, AR		0		0	0			
	oge Moye s, AR	Treasurer; 4	o		0	0			
Aitu	5, AR								
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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	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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	á		;
а	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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		*	
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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	3,2	, ,	
39	Section 501(c)(7) organizations. Enter:		-	1
a	Initiation fees and capital contributions included on line 9	, , , , , , , , , , , , , , , , , , ,	\$ 7	, , <u> </u>
b 40a	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 ▶	\$	y <sup>4</sup>	( ) , ;
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	40b		<b>√</b>
С	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	ر گراهد در د معربیس	7 P	
е	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	<u> </u>	<b>/</b>
41	List the states with which a copy of this return is filed. ▶			
42a			8-2131	
	Located at ► 801 North Roseville Street, Altus, AR ZIP + 4 ►	728	21	
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		Yes	No
	account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country:	7 ; ,	, ,	]
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	» "	·›	<u> </u>
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>-</b> ✓
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	
40	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ĝ.	. 63	.10
	Form 990-EZ	44		<b>√</b>
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	1781 X	1

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	<b>section 4947(a)</b> (47(a)(1) nonexem nd 51.	(1) nonexer	mpt charita le trusts m	able trusts only. A ust answer question	II sec ons 4	tion 6–491	0
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete					46		1
	Did the organization engage in lobbying activitie	•		•		47		1
	Is the organization a school as described in section					48		✓
	Did the organization make any transfers to an ex		ble related o	rganization?		49a		✓
	If "Yes," was the related organization a section 5					49b	L	<u> </u>
	Complete this table for the organization's five hi employees) who each received more than \$100,		ion from the	organization	n. If there is none, en			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per we devoted to pos	ek i	c) Compensatio	n (d) Contributions to employee benefit plans 8 deferred compensation	ac	Expen count a r allowa	ınd
None								
							•	-
				·	-			
								-
f	Total number of other employees paid over \$100	).000	<u> </u>				-	
	Complete this table for the organization's five \$100,000 of compensation from the organizatio				ctors who each rec	eıved	more	than
	(a) Name and address of each independent contractor			•	Type of service	(c) Co	mpensa	ation
None					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)		
						•		
<del></del>								
ď	Total number of other independent contractors e	each receiving ove	r \$100,000	<b>&gt;</b>				
	Under penalties of perjury, I declare that I have examine and belief, it is true correct, and complete Declaration	ed this return, including of preparer (other than	accompanying officer) is based	schedules and : d on all informat	statements, and to the beston of which preparer has	any kno	knowle wledge	edge
Sign Here	Signature of officer Date							
	M.M. Crosswell, Secretary  Type or print name and title	<del></del>			Jale /		_	
Paid	Preparer's signature		Date	Check if self-employed	Preparer's identifying nur	nber (Se	 e instruc	tions)
Prepare Use Onl	Firm's name (or				EIN ►			
	y yours if self-employed), address, and ZIP + 4				Phone no ▶			
May the	IRS discuss this return with the preparer shows	n ahove? See inch	uctions		<b>_</b>	1 Vac		<u></u>

Form 990EZ June 1, 2009 - May 31, 2010 Fraternal Order of Eagles, Aerie #3455

EIN 23-7591694

### **Attached Schedules**

Part I Line 6 Conducted BINGO, casino night, dinner theater performances to raise

funds for the various grants shown in the 990. Operated amusement

games of skill for the same charities.

Part I Line 8 Sold aluminum beer cans.

Line 20 Transactions recorded with wrong dates were corrected resulting in less

expenses in the filing year.

Part IV Beginning and ending balance sheets attached.

### Fraternal Order of Eagles, Aerie #3455 EIN 23-759-1694 Balance Sheet As of May 31, 2009

#### **Accrual Basis**

	May 31, 09
ASSETS	
Current Assets	
Checking/Savings	
Checking Account Simmons First Building Fund	5,637 44
Checking Account Simmons First - Other	28,701 26
Total Checking Account Simmons First	34,338 70
•	•
Benefit Fund Simmons First Other Investment Funds Edward Jones CD 644-10800-1-4	1,094 84 94,184 56
Total Other Investment Funds	94,184 56
Total Checking/Savings	129,618 10
<b>3</b> - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
Total Current Assets	129,618 10
Fixed Assets Land and Building	120,000 00
Total Fixed Assets	120,000 00
TOTAL ASSETS	249,618.10
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Federal Withholding	299 00 56 56
State Withholding Medicare	114 75
FICA	495 21
Payroll Liabilities	420 40
Total Other Current Liabilities	1,385 92
Total Current Liabilities	1,385 92
Total Liabilities	1,385 92
Equity	
Opening Bal Equity	200,273 54
Retained Earnings	31,944 07
Net Income	16,014 57
Total Equity	248,232 18
TOTAL LIABILITIES & EQUITY	249,618.10

# Fraternal Order of Eagles, Aerie #3455 EIN 23-759-1694 Balance Sheet

#### **Accrual Basis**

As of May 31, 2010

	May 31, 10
ASSETS Current Assets Checking/Savings Checking Account Simmons First Building Fund	5,637 44
Checking Account Simmons First - Other	28,856 82
Total Checking Account Simmons First	34,494 26
Benefit Fund Simmons First Petty Cash Other Investment Funds Wal-Mart Stores	1,097 36 5,800 00 6,525 00
Edward Jones CD 644-10800-1-4	93,800 00
Total Other Investment Funds	100,325 00
Total Checking/Savings	141,716 62
Total Current Assets	141,716 62
Fixed Assets  Land and Building	120,000 00
Total Fixed Assets	120,000 00
TOTAL ASSETS	261,716.62
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
State Withholding	56 56
Medicare Payroll Liabilities	114 75 409 69
Total Other Current Liabilities	581 00
Total Current Liabilities	581 00
Total Liabilities	581 00
Equity Opening Bal Equity Retained Earnings Net Income	206,867 75 45,097 73 9,170 14
Total Equity	261,135 62
TOTAL LIABILITIES & EQUITY	261,716.62