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Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
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)		☒
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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 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 outstanding at the end of the tax year covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) 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. 41		
42a The organization's books are in care of Frank Honeycutt Telephone no. 429-468-2131 Located at 800 North Roseville, Altus, AR 72821 ZIP + 4 72821-0058		
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)?	Yes	No
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 Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		☒
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		☐
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		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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)
- 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
45		☒
45a		☒
46		☒

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 ☐

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

	Yes	No
47		☒
48		☒
49a		☒
49b		☒

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **-0-**

- 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."

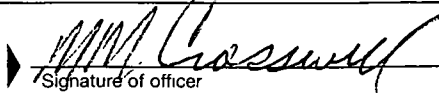
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

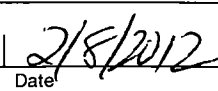
d Total number of other independent contractors each receiving over \$100,000 **-0-**

- 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 ☐ 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


Date

M.M. Crosswell, Trustee
Type or print name and title

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

11:55 AM
02/09/12
Accrual Basis

Fraternal Order of Eagles, Ozarka Aerie #3455
Balance Sheet
As of June 1, 2010

	<u>Jun 1, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking Account Simmons First	
Building Fund	5,637 44
Checking Account Simmons First - Other	29,728 45
Total Checking Account Simmons First	35,365 89
Benefit Fund Simmons First	1,097 58
Petty Cash	5,800 00
Other Investment Funds	
Wal-Mart Stores	6,525 00
E. Jones MunBonds 644-10800-1-4	96,454 73
First Security CD # 108001	4,000 00
Total Other Investment Funds	106,979 73
Total Checking/Savings	149,243 20
Total Current Assets	149,243 20
Fixed Assets	
Land and Building	120,000 00
Total Fixed Assets	120,000 00
TOTAL ASSETS	269,243.20
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
State Withholding	56 56
Medicare	114 75
Payroll Liabilities	409 69
Total Other Current Liabilities	581 00
Total Current Liabilities	581 00
Total Liabilities	581 00
Equity	
Opening Bal Equity	210,005 81
Retained Earnings	55,129 81
Net Income	3,526 58
Total Equity	268,662 20
TOTAL LIABILITIES & EQUITY	269,243.20

11:54 AM
02/09/12
Accrual Basis

Fraternal Order of Eagles, Ozarka Aerie #3455
Balance Sheet
As of May 31, 2011

	<u>May 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
Check account Bank o the Ozarks	-232 42
Checking Account Simmons First	
Building Fund	5,637 44
Checking Account Simmons First - Other	44,006 35
Total Checking Account Simmons First	49,643 79
Benefit Fund Simmons First	1,100 33
Petty Cash	7,425 00
Other Investment Funds	
E. Jones MunBonds 644-10800-1-4	105,630 54
Total Other Investment Funds	105,630 54
Total Checking/Savings	163,567 24
Total Current Assets	163,567 24
Fixed Assets	
Land and Building	120,000 00
Total Fixed Assets	120,000 00
TOTAL ASSETS	283,567.24
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
State Withholding	57 96
Medicare	117 74
FICA	8 68
Payroll Liabilities	439 44
Total Other Current Liabilities	623 82
Total Current Liabilities	623 82
Total Liabilities	623 82
Equity	
Opening Bal Equity	206,095 11
Retained Earnings	55,129 81
Net Income	21,718 50
Total Equity	282,943 42
TOTAL LIABILITIES & EQUITY	283,567.24

990 Line

INCOME

1a	Contributions	2374 17	1072 25	1261 92	40 00				
2	Program Svc Rev	17540 62	288 00	1554 00	1714 50	12049.12	1935 00		
3	Membership Dues	3100 00	3100 00						
4	Investment Income	3561 67	3561 67						
5a	Sale of Assets n/a	0 00							
5b	Less Cost of Assets n/a	0 00							
5c	Gain on Sale of Assets n/a	0 00							
6a	Gross Income from Gaming	0 00							
6b	Gross Fundraising Income	60756 75	54173.00	6583 75					
6c	Less Direct Expenses	6664 47	920 00	5744 47					
6d	Net Income	54092 28							
7a	Inventory Sales	44799 82	44799 82						
7b	Less COGS	21561 86	21561 86						
7c	Gross Profit	23237 96							
8	Other Revenue	11537.27	-101 32	10999 59	639.00				
9	Total Revenue	115443 97							

EXPENSE

10	Grants	20397 04	250 00	18393 82	1753 22				
11	Benefits Paid	2957 40	1000 00	259.34	1698 06				
12	Salaries	16915.87	2400 00	14515 87					
13	Contractors	3600 00	3600 00						
14	Occupancy	36341 29	3066 50	1390 23	51 49	3665 97	3594 19	450 00	2670 50
			387 93	894 70	741 65	104 00	452 55	10020 75	2650.83
15	Printing -- Postage	541 41	541 41						2140.00
16	Other Expense	12972 46	-0 50	600 14	6896 26	1384.81	440 00	738 35	1290.00
17	Total Expenses	93725 47					456 90		1166 50

Net Income

171902 67 -69542 80

0.00

70%

12914 57

8651 61

541 10

520 10

1122 91

2078 85

0.00

18%

3318 30

655.00

650 00

773 10

520 10

720 10

0.00

12%

2160.95

342.45

551 90

1266 60

0.00

18393 82

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