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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)

▶ 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning June 1 , 2010, and ending May 31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Fraternal Order of Eagles 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 ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶

J **Tax-exempt status** (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting 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	2374.17
	2	Program service revenue including government fees and contracts		2	17450.62
	3	Membership dues and assessments		3	3100.00
	4	Investment income		4	3561.67
	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 (Subtract line 5b from line 5a)		5c	-0-
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a -0-		
	b	Gross income from fundraising events (not including $ 2374.17 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 60756.75		
	c	Less: direct expenses from gaming and fundraising events	6c 6664.47		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	54092.28
	7a	Gross sales of inventory, less returns and allowances	7a 44799.82		
	b	Less: cost of goods sold	7b 21561.86		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	23237.96
	8	Other revenue (describe in Schedule O)		8	11537.27
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	115443.97
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	20397.04
	11	Benefits paid to or for members		11	2957.40
	12	Salaries, other compensation, and employee benefits		12	16915.87
	13	Professional fees and other payments to independent contractors		13	3600
	14	Occupancy, rent, utilities, and maintenance		14	36341.29
	15	Printing, publications, postage, and shipping		15	541.41
	16	Other expenses (describe in Schedule O)		16	12972.46
	17	**Total expenses.** Add lines 10 through 16 ▶		17	93725.47
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	21718.50
	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	261717.00
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	131.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	283567.00

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

FILE

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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	141717	22	163567
23	Land and buildings	120000	23	120000
24	Other assets (describe in Schedule O)	-0-	24	-0-
25	**Total assets**	261717	25	283567
26	**Total liabilities** (describe in Schedule O)	581	26	624
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	261717	27	283567

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? **Fundraising for local, state and national charities.**

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, and other relevant information for each program title.

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

28	**Arkansas Children's Hospital; Jimmy Durante Children's Fund; Golden Eagle Alzheimers Fund; Grand Aerie Memorial Educational Fund; Max Baer Heart Fund** (Grants $ 12914.57) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	4665.13
29	**Robert Hanson Diabetes Fund; Art Ehrman Cancer Research Fund; D.D. Dunlap Kidney Fund Diabetes Research Center U of Iowa** (Grants $ 3318.30) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	1199.60
30	**Disaster Relief Trailer; Lew Reed Spinal Column Research;** (Grants $ 2160.95) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	799.74
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	6644.47

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Larry Sory Ozark, AR	President 3	-0-	-0-	-0-
Arlie Hawkins Altus, AR	Vice-President 4	-0-	-0-	-0-
Frank Honecutt Altus, AR	Secretary 25	-0-	-0-	-0-
Gary Zolliecoffer Altus, AR	Trustee 4	-0-	-0-	-0-
Morris Boseman Altus, AR	Trustee 2	-0-	-0-	-0-
James Jackson Coal Hill, AR	Trustee 3	-0-	-0-	-0-
Mitch Crosswell Altus, AR	Trustee 4	-0-	-0-	-0-
Tom Etheridge Ozark, AR	Treasurer 3	-0-	-0-	-0-
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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	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		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	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			
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:			
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 ▶			
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	40b		✓
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. ▶			
42a	The organization's books are in care of ▶ **Frank Honeycutt** Telephone no. ▶ **479-468-2131**			
	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)?	42b		✓
	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.**			
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: ▶			
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			

			Yes	No
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		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
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)	45a		✓
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	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 ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

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."

(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

M.M. Crosswell — Signature of officer — Date 2/8/2012

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

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

	Jun 1, 10
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**

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

	May 31, 11
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	2650.83	2140.00	4060 00
			387 93	894 70	741 65	104 00	452 55	10020 75				
15	Printing – Postage	541 41	541 41									
16	Other Expense	12972 46	-0 50	600 14	6896 26	1384.81	440 00	738 35	1290.00	456 90	1166 50	
17	Total Expenses	93725 47										
	Net Income	21718 50				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					

Document \ 990EZ 2010 Worksheet. xls