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Form 990-EZ

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)

OMB No 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

ΑI	For the 2	2012 calend	ar year, or tax year beginning	June 1	, 2012, :	and ending	N	lay 31	, 20 13		
В	Check if app	plicable	C Name of organization				D Emplo	yer ide	entification number		
	Address ch	hange	aternal Order of Eagles 3455 Aerie				23-7591694				
	Name char	nge					E Telepi	Telephone number			
Ц	inıtıal retun	n	P.O. Box 58					479	9-468-2131		
===	Terminated		City or town, state or country, and ZIP + 4			F Grou	Group Exemption				
=	Amended return Application pending Altus, AR 72821-0058						ber ▶	•			
				6A >		1	L Check I	· V if	the organization is not		
						ich Schedule B					
			eck only one) - 501(c)(3) 501(c) (2 \ 4 (most mo) \ \ \ (1947(a)(1) or	<u> </u>	•		-EZ, or 990-PF).		
							 `				
	Check ►		e organization is not a section 509(a)(3) sup								
			60. A Form 990-EZ or Form 990 return is no		ті ээс-іч (ө	-postcard) n	ay be requ	инео (а	see instructions). But ii		
			oses to file a return, be sure to file a compl' b, to line 9 to determine gross receipts. If gro		10 or more (or if total acce	ate (Part II				
			ow) are \$500,000 or more, file Form 990 inste					\$	for Dord IV		
	art I		e, Expenses, and Changes in N								
PHANNED	<u> </u>		the organization used Schedule O		question i	n this Part	<u> </u>				
≥	1		ons, gifts, grants, and similar amounts					1	6,082		
3	2		ervice revenue including government					2	60,277		
m	3	Membersh	nip dues and assessments				[3	1,735		
\ddot{o}	4	Investmen	t income				[4	1,270		
_	5a	Gross amo	ount from sale of assets other than inv	ventory	. 5a		280				
NO 0	Ь	Less: cost	or other basis and sales expenses .		. 5b						
	C	Gain or (lo	ss) from sale of assets other than inve	entory (Subtract line	5b from li	ne 5a) .		5c	280		
0	6		nd fundraising events	• •							
4			ome from gaming (attach Schedu	le G if greater th	nan						
<u></u>	-				. 6a			-			
Revenue	Ь	Gross inco	ome from fundraising events (not inclu	ıdina \$	6082 0	contribution	ons	- 1			
Š	~		raising events reported on line 1) (att								
Œ	1		ch gross income and contributions ex				21,437	l			
			•				3,008				
	d		ss: direct expenses from gaming and fundraising events 6c 3,008 it income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
	"	line 6c)	e of (1033) from garring and randral	omy everne (add m				6d	18,429		
	_ _	•	and inventory loss returns and allows	2000	. 7 a	1		~	10,423		
	7a		es of inventory, less returns and allow		7b	<u></u>	55,958				
	b		of goods sold		· ———	·	19,471	7c	35,58		
	C	-					<u> </u>	8			
	8		enue (describe in Schedule O)		·			9	8,38		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	and 6	161	1 1 1 mm 1 1 1 mm	: 10:	10	132,047		
	10		d similar amounts paid (list in Schedu	le O) · · · ∤ · · ∤	がです	C. B.	<u> </u> ∞ :		13,40		
	11		aid to or for members	· · · · · / · —		5. 2D13	<u> 191</u> .	11	6,260		
es	12		other compensation, and employee be		OCT. J.	B. FRIS	∵ ଝୁ ∵	12	21,29:		
Š	13		nal fees and other payments to indepe	endent contractors	.69		= =	13	480		
Expenses	. 14	•	ey, rent, utilities, and maintenance .	· · · · · / · [EN U	[]	14	26,80		
ũ	15		Occupancy, rent, utilities, and maintenance					15			
	16		enses (describe in Schedule O)					16	64,84		
	17		enses. Add lines 10 through 16				▶	17	133,37		
S	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)				18	-1,33		
šet	19		s or fund balances at beginning of y		olumn (A)	(must agr	ee with				
Net Assets		end-of-ye	ar figure reported on prior year's retur	m)				19	264,80		
ä	20	Other cha	nges in net assets or fund balances (e	explain in Schedule	O)			20	7,30		
ž	21		s or fund balances at end of year. Cor					21	270,78		

romi s	90-62 (2012)					rage Z
Par				D 4.11		
· · · · · · · · · · · · · · · · · · ·	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year	<u>· · · </u>	(B) End of year
22	Cash, savings, and investments			144,808	22	
22 23	Land and buildings		· · · · · · -	120,000		150,784 120,000
24	Other assets (describe in Schedule O)			120,000	24	120,000
25	Total assets			264,808		270,784
26				14,156		12,832
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	264,808		270,784
Part						Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗌		uired for section
What	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	hments for each of	f its three largest pi	rogram services,		nizations and section 7(a)(1) trusts; optional
as m	easured by expenses. In a clear and concise m	anner, describe the	services provided	, the number of		others.)
	ons benefited, and other relevant information for ea				<u> </u>	T
28	Arkansas Children's Hospital; Jimmy Durante Childre		eimers and Parkinso	ns Fund;		
	Grand Aerie Memorial Educational Fund; Max Baer H	eart Fund				-
	(Grants \$ 3,331) If this amount	includes foreign gra	nte check here		28a	
29	(Grants \$ 3,331) If this amount Robert Hanson Diabetes Fund; Art Ehrman Cancer Ro			· · · · ·	200	
25						
	Diabetes Research Center O of lowa					
	(Grants \$ 2.352) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	,
30	Disaster Relief Trailer; Lew Reed Spinal Column Rese					
	Fund;Golden Eagles]	
						1
	(Grants \$ 2,558) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ 5,166) If this amount				31a	
32	Total program service expenses (add lines 28a t				32	
Par					struc	tions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	.	<u> L</u>
	(b) Average compensation contributions to employ					
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Dout	Burns, President			,	+-	
Ozarl		6	-o-	}	0-	-0-
	MLcPherson, Vice-President					
Altus		1	-0-	.	0-	-0-
	ell Crosswell, Secretary				$\neg \vdash$	
Altus	, AR	15	-0-	-	0-	
Gary	Zolliecoffer, Trustee		J			
Altus	, AR	3	-0-		0-	-0-
	Walker, Trustee			1		
Ozar		2	-0-		0-	0-
	s Boseman					
Altus		2	-0-	·	<u>0- </u>	
	r Peckenpaugh, Treasurer	4	-0-	_	0-	-0-
Altus	, AR				-	
*		1				
		<u> </u>		<u> </u>	_	
		1			_[
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mistractions for that ty officer in the organization accelerate of to respond to any question in this	· ait	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		1
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		1
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		L
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	†		
700	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		1
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			
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		_
41	List the states with which a copy of this return is filed ▶		L	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	710 . 4 %			
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	Yes	No ✓
	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.			<u> </u>
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	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			▶ 🗆
	·		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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		1
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		1

Form 990-EZ (2012) Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition Section 501(c)(3) organizations only Part VI All section 501(c)(3) organizations 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 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 year? If "Yes," complete Schedule C. Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 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 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits, (b) Average (c) Reportable (e) Estimated amount of (a) Name and title of each employee contributions to employee hours per week paid more than \$100,000 benefit plans, and deferred other compensation devoted to position (Forms W-2/1099-MISC) compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$100,000 of compensation from the organization. If there is none, enter "None." (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service d Total number of other independent contractors each receiving over \$100,000 . . . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) 52 nonexempt charitable trusts must attach a completed Schedule A Under penalties of penury, 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 Type or print name and title Date Preparer's signature Print/Type preparer's name Check I if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Fraternal Order of Eagles 3455 Aerie

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

23-7591694

Part I, Line 8 - Other Revenue includes: reimbursements from members and the auxiliary, loan revenue, deposit adjustments, and other
refunds and miscellaneous income.
Part I, Line 16 - Other expenses include: building construction, refreshments for patrons, convention expenses, licenses and permits,
interest paid, bank charges, sales taxes, miscellaneous fundraising expenses, and tax penalties paid.
Part I, Line 20 - Other Changes in Assets/Balances: Restructuring of investments and corrections to prior year's accounting.
Part III, Line 31 - Local Charities, Fire Victim Fund, Death Benefit Payments, Scholarships, and Youth Activities.