		j	Snort For	8 11 1			OMB No 1545-0047	
, <b>9</b> (	90-EZ	Return of C	Organization Exem	pt From I	ncome	Tax	2020	
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation				foundation	s) <u>4020</u>	
							Open to Public	
	ot of the Towns	İ	ocial security numbers on this		•		lance and a self-rese	
nmen nal Rev	nt of the Treasury evenue Service	► Go to www.ii	rs.gov/Form990EZ for instruc	ctions and the la	test informa	tion. L/O	5 Inspection	
		ar year, or tax year beginn	ning June 1	, 2020, a	and ending	May	31 , 20 21	
	f applicable	C Name of organization					r identification number	-O.
	s change	Fraternal Order of Eagles		··· · · · · · · · · · · · · · · · · ·	Boom/outo		(23-7591654) <b>23</b> -75	7/6
iame c litial re	change eturn		ox if mail is not delivered to street ac	daress)	Room/suite	E Telephon	e number	
	eturn/terminated	P.O. Box 58	country, and ZIP or foreign postal			<u> </u>	479-468-2131	
	led return		country, and zir or toreign postar	Code		F Group E Numbe	•	
	ation pending	Altus, AR 72821-0058	Other (specify) ▶	<del></del> _	· · · · · · · · · · · · · · · · · · ·			
	unting Method ite: ►	☑ Cash ☐ Accrual	Other (specify)		——   <del>н</del>		If the organization is <b>not</b> attach Schedule B	
		eck only one) —		1 4947(0)(1) 0=	<u></u> □527	-	990-EZ, or 990-PF)	
	of organization				□527	(1 01111 330,	330-12, 01 330-11)	
	~	<u> </u>	oss receipts. If gross receipts a		nore or if tota	al assets		
			990 instead of Form 990-EZ			<b>▶</b>	\$	
ırt I	Revenu	e. Expenses, and Ch	anges in Net Assets or	Fund Balanc	es (see the	instructio	ons for Part I)	
			Schedule O to respond to					
``		ons, gifts, grants, and sin				. 1		
2			government fees and contra	acts .		. 2	<del></del>	
3	-	up dues and assessment	-			. 3		
4	Investmen	t income .				. 4	<del></del>	
5a	a Gross amo	ount from sale of assets of	other than inventory .	.   5a				
b	<b>b</b> Less cost	or other basis and sales	expenses .	. 5b			*, <b>(</b>	
C	<b>c</b> Gain or (lo	ss) from sale of assets of	ther than inventory (subtract	t line 5b from lii	ne 5a) .	5	c	
6	_	nd fundraising events:						
а			ach Schedule G if greate	er than		į.		
	\$15,000)			6a				
b		ome from fundraising eve			of contribution	ons	- I	
			on line 1) (attach Schedule		ı	-		
		=	ntributions exceeds \$15,000	<del></del> -				
		ct expenses from gaming		. <u>[6c</u> ]	1 Ch	1124	•	
C		ie or (loss) from gaming	and fundraising events (ac	do lines ba and	bo and su			
	line 6c)		no and allows			. 6	<u> </u>	
_		se ot invontont loce rotiiri	ne and allowances					
		es of inventory, less returi		7a		74,885		
t	<b>b</b> Less cost	of goods sold		7b		33,634	44.254	
t	<ul><li>b Less cost</li><li>c Gross pro</li></ul>	of goods sold fit or (loss) from sales of i		7b		33,634		
8 8	<ul><li>b Less cost</li><li>c Gross pro Other reve</li></ul>	of goods sold		7b		33,634 7	3 1,497	
8 9	b Less cost c Gross pro Other reve Total reve	of goods sold fit or (loss) from sales of inue (describe in Schedulenue, Add lines 1, 2, 3, 4,	Inventory (subtract line 7b fr le O) , 5c, 6d, 7c, and 8	7b rom line 7a)	WED.	33,634 7 . 8	3 1,497 9 83,975	
8 9	b Less cost c Gross pro Other reve Total reve Grants and	of goods sold it or (loss) from sales of a nue (describe in Schedul nue. Add lines 1, 2, 3, 4, d similar amounts paid (li	inventory (subtract line 7b fr lle O) , 5c, 6d, 7c, and 8	rom line 7a)	IVED	33,634 7. 8 9	3 1,497 9 83,975 0 8,949	
8 9 10	b Less cost c Gross pro Other reve Total reve Grants and Benefits p	of goods sold it or (loss) from sales of a chue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (lines to or for members	inventory (subtract line 7b fr lle O) , 5c, 6d, 7c, and 8	rom line 7a)  RECE		33,634 7. 8 9	3 1,497 9 83,975 0 8,949 1 2,256	
8 9 10 11 12	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, c	of goods sold intor (loss) from sales of a chue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (line) aid to or for members other compensation, and	inventory (subtract line 7b from the O)  , 5c, 6d, 7c, and 8  st in Schedule O)  employee benefits	rom line 7a)		33,634 7. 8 9	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589	
8 9 10 11 12 13	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, c Profession	of goods sold	inventory (subtract line 7b frole O) , 5c, 6d, 7c, and 8 st in Schedule O) employee benefits ents to independent contract	rom line 7a)		33,634 7. 8 9	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589	
8 9 10 11 12 13	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, c Profession Occupance	of goods sold	inventory (subtract line 7b from the O) , 5c, 6d, 7c, and 8 ist in Schedule O) employee benefits ents to independent contraction	rom line 7a)		33,634 7, 8 9 11 1 1 10 10 10 10 10 10 10	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 3 37,799	
10 11 12 13 14 15	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, o Profession Occupance Printing, p	of goods sold int or (loss) from sales of a chue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (lineard to or for members of their compensation, and hal fees and other payments, rent, utilities, and main publications, postage, and	inventory (subtract line 7b from the O)  , 5c, 6d, 7c, and 8  ist in Schedule O)  employee benefits ents to independent contraction of the contrac	rom line 7a)		33,634 7 8 9 11 12 13 14 15 16 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 3 4 37,799 5 249	
9 10 11 12 13 14 15	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, c Profession Occupance Printing, p Other exp	of goods sold it or (loss) from sales of a chue (describe in Schedul anue. Add lines 1, 2, 3, 4, d similar amounts paid (line aid to or for members and fees and other payments, rent, utilities, and main sublications, postage, and enses (describe in Schedul.)	inventory (subtract line 7b from the O)  , 5c, 6d, 7c, and 8  ist in Schedule O)  employee benefits ents to independent contraction intenance d shipping dule O)	rom line 7a)		33,634 7 8 9 9 11 1 1 1 1 1 1	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 37,799 5 249 6 8,161	
8 9 10 11 12 13 14 15 16 17	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, o Profession Occupance Printing, p Other exp Total exp	of goods sold intor (loss) from sales of a sinue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (line aid to or for members of their compensation, and half ees and other payments, rent, utilities, and main half ees (describe in Schedenses. Add lines 10 thro	employee benefits . ents to independent contract dishipping dule O)	rom line 7a)		33,634 7 8 9 11 1 1 1 1 1 1 1	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 4 37,799 5 249 6 8,161 7 68,003	
8 9 10 11 12 13 14 15 16 17	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, o Profession Occupance Printing, p Other exp Total exp	of goods sold intor (loss) from sales of a sinue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (line aid to or for members of the compensation, and half ees and other payments, rent, utilities, and main habit at the compensation of the compe	inventory (subtract line 7b from line 9b fro	RECE Separation of the second	6 2021 N. UT	33,634 7 8 9 11 1 1 1 1 1 1 1 1	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 3 4 37,799 5 249 6 8,161 7 68,003	
8 9 10 11 12 13 14 15 16 17	b Less cost c Gross pro Other reve Total reve Grants and Benefits p Salaries, o Profession Occupand Printing, p Other exp Total exp Excess or Net asset	of goods sold if or (loss) from sales of a sinue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (line aid to or for members of the compensation, and half ees and other payments, rent, utilities, and mair publications, postage, and enses (describe in Schedenses. Add lines 10 throward (deficit) for the year (substantial)	employee benefits employee benefits ents to independent contract tenance d shipping dule O) eugh 16 entract line 17 from line 9) eginning of year (from line 2)	RECE Separation of the second	6 2021 N. UT	33,634 7 8 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 4 37,799 5 249 6 8,161 7 68,003	
8 9 10 11 12 13 14 15 16 17	b Less cost c Gross pro Other reve Total reve Grants an Benefits p Salaries, c Profession Occupance Printing, p Other exp Total exp Excess or Net asset end-of-yee	of goods sold if or (loss) from sales of a sinue (describe in Schedulenue. Add lines 1, 2, 3, 4, d similar amounts paid (list aid to or for members of their compensation, and half ees and other payments, rent, utilities, and main publications, postage, and enses (describe in Schedulenses. Add lines 10 through (deficit) for the year (substantial for the year (substantial for the year).	employee benefits employee benefits ents to independent contract tenance d shipping dule O) eugh 16 entract line 17 from line 9) eginning of year (from line 2)	RECE SOCI 2 OGDE	6 2021 N. UT	33,634 7 8 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 1,497 9 83,975 0 8,949 1 2,256 2 10,589 3 4 37,799 5 249 6 8,161 7 68,003 8 15,972	

e 1 2 4

Par	t II Balance Sheets (see the instructions	for Part II)			•	?
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	138,261	22	158,339
23	Land and buildings	•	[	120,000	_	120,000
24	Other assets (describe in Schedule O)				24	
25	Total assets	. : .		258,261		278,339
26	Total liabilities (describe in Schedule O)			193		
27	Net assets or fund balances (line 27 of column			258,068	27	278,812
Par	Statement of Program Service Accommode Check if the organization used Schedule					Expenses
Mhai	is the organization's primary exempt purpose?				(Req	uired for section
						c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			orga	nizations, optional for rs.)
28	Arkansas Children's Hospital, Juvenile Diabetes Res	earch, Special Olymp	ics, Arkansas			
		•••				
	(Grants \$ 1,000) If this amount	includes foreign gra	nts, check here .	▶ □	28a	
29	Fire Victims Fund, Local Food Banks	·				
		••••••				1
	(Grants \$ 1,700) If this amount	includes foreign gra	ints, check here	<u> </u>	29a	
30	Local Scholarships					
	(Cranto C	inalidas farasas aus			20-	
24	(Grants \$ 500) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here	· · · • <u>•                                   </u>	30a	
31		includes foreign gra	nto chack hara		31a	
32	Total program service expenses (add lines 28a				32	
Par	The state of the s				1	tions for Part IV
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of their compensation
	_	devoted to position	(if not paid, enter -0-)			and compendation
Paul	Burns					
Pres	dent	5		o l	0	0
Jeffe	ry Rose, Sr.					
Past	President, Trustee	2		0	0	0
Mitch	ell Crosswell					
Secr	etary	15		o ·	0	0
Jona	than Jackson					
Trea		5		0	0	0
	Reeves	{				
Trus		3		0	0	0
	yne Freeman		l.			
Trus		3		0	0	0
	ey Dixon	<u>-</u>				
Trus	lee	3		0	0	0
		<del>-  </del>			+	
		<del>                                       </del>		<del> </del>	+	<del></del>
		-{				
		<del> </del>	<del> </del>	<del>- </del>	$\dashv$	<del></del>
		-1				
		<del>-</del>	<del> </del>	+	+-	
		l I	1	ľ	- 1	



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  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.  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)?  If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 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.  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.  Did the organization file Form 1120-POL for this year?  30a 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?  If "Yes," complete Schedule L, Part II, and enter the total amount involved.  38b  Gross receipts, included on line 9, for public use of club facilities.  39b  Gross receipts, included on line 9, for public use of club facilities.  39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizatio	33 34 35a 35b 35c 36 37b	Yes	No No V
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on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			1700
	2 min		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	~~	<b>√</b>
41 List the states with which a copy of this return is filed ▶			
42a The organization's books are in care of ▶ Telephone no. ▶			
Located at ► ZIP + 4 ►  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	·	Vac	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	<b>1</b>
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
If "Yes," enter the name of the foreign country ▶		<u> </u>	
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		1.4	T
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	
completed instead of Form 990-EZ	44a	**********	<b>1</b>
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		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		<b>✓</b>
b 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			

							***	Yes	₩NO
46		he organization engage, directly or in			n behalf of c	r in opposi	tion 🔚		
_	to ca	andidates for public office? If "Yes," c		, Part I			46	3	1
Part		Section 501(c)(3) Organizations							
		All section 501(c)(3) organizations	s must answer que	stions 47-49b and	152, and co	omplete th	e tables	for lin	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI	<u> </u>			. 🗆
								Yes	No
47		the organization engage in lobbying		section 501(h) electi	on in effect	during the	tax		
	year'	? If "Yes," complete Schedule C, Part	: 11 .				. 47	7	
48	Is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule E		48	3	<b>†</b>
49a		he organization make any transfers to					. 49		
ь		es," was the related organization a se					49	<del></del>	╁
50		plete this table for the organization's							nd kev
00		loyees) who each received more than							
	Jp.	1					,		
	(a) Name and title of each employee		(b) Average hours per week	(c) Reportable	(d) Health benefits, contributions to employee benefit plans, and deferred				
			devoted to position	compensation (Forms W-2/1099-MISC					
				`	, combe	ensation			
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<u> </u>			· ····································						
_									
f	Total	number of other employees paid over	er \$100,000	<b>&gt;</b>					
51	Com	plete this table for the organization'	s five highest compe	ensated independen	t contractor	s who eacl	h receive	d more	e than
•		0,000 of compensation from the organ							
				(L) T(		,			
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	rvice	(0	) Compens	ation	
				1					
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d		I number of other independent contra	J	• •	.▶				
52		Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a						_	
	com	pleted Schedule A	<i></i>	•	<u> </u>	<u> </u>	<u> </u>	es 🗸	No
		of perjury, I declare that I have examined this r					nowledge a	nd belief	, it is
true, co	rrect, ar	nd complete Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	nas any knowle	eage			
		MM Crossell 10/12/21							
Sign	Signature of officer Date								
Here		Mitchell Crosswell, Secretary							
		Type or print name and title							
Paid	•	Print/Type preparer's name	Preparer's signature	, [	ate	Check [	] ,f PTIN		
_	220-					self-emplo			
Prep		Firm's name		<del></del>	Fir	m's ElN ▶			
Use	Only	Firm's address >		<del></del>		one no	· · · · · · · · · · · · · · · · · · ·		
Mav th	ne IRS	discuss this return with the preparer	shown above? See	instructions .			► □ Ye	es 🗇	No

## 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.

2020

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Fraternal Order of Eagles 3455 Aerie 237591694 Part I, Line 8 - Other income includes reimbursements, deposit adjustments, refunds, and other income. Part I, Line 16 - Other expense includes building maintenance, equipment purchases, licenses and permits, and sales taxes. Part I, Line 20 - Other changes in Assets/Balances: adjustments for unreconciled historic transaction, investment transfers, and corrections to prior year transactions. Part II, Line 26 - Total liabilities consist primarily of payroll-taxes due. Part III, Line 31 - Other program service revenue consists of one-time donations to such as local youth programs, and food banks.