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990-EZ

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 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

A For the 2009 calendar year, or tax year beginning <u>June 1</u> , 2009, and ending <u>May 31</u> , 2010	
B Check if applicable	C Name of organization
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions <i>Fraternal Order of Eagles Aerie #3593</i>
D Employer identification number <u>51-0152913</u>	
E Telephone number <u>520-586-3043</u>	
F Group Exemption Number ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c) () ► (insert no) 4947(a)(1) or 527

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$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.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <u>1468.15</u>
	2 Program service revenue including government fees and contracts	2 <u>0</u>
	3 Membership dues and assessments	3 <u>5780.00</u>
	4 Investment income	4 <u>749.66</u>
	5a Gross amount from sale of assets other than inventory	5a <u>0</u>
	b Less: cost or other basis and sales expenses	5b <u>0</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <u>0</u>
904	RECEIVED	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ <u>1468.15</u>) of contributions	6a <u>4537.00</u>
	b Less: direct expenses other than fundraising expenses	6b <u>1287.50</u>
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c <u>3249.50</u>
	7a Gross sales of inventory, less returns and allowances	7a <u>91217.67</u>
	b Less: cost of goods sold	7b <u>53079.67</u>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <u>38138.00</u>
	8 Other revenue (describe) ►	8 <u>0</u>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 <u>49385.31</u>
Expenses	10 Grants and similar amounts paid (attach schedule)	10 <u>0</u>
	11 Benefits paid to or for members	11 <u>0</u>
	12 Salaries, other compensation, and employee benefits	12 <u>0</u>
	13 Professional fees and other payments to independent contractors	13 <u>0</u>
	14 Occupancy, rent, utilities, and maintenance	14 <u>9357.70</u>
	15 Printing, publications, postage, and shipping	15 <u>1090.74</u>
	16 Other expenses (describe) ► <i>Bingo Tab</i>	16 <u>585.64</u>
	17 Total expenses. Add lines 10 through 16 ►	17 <u>11034.08</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>38351.23</u>
	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 <u>377926.00</u>
	20 Other changes in net assets or fund balances (attach explanation) <i>Add to value last year</i>	20 <u>126740.36</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 <u>165091.59</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

22 Cash, savings, and investments <i>Total from May 31 Auditor report line 4</i>	(A) Beginning of year <u>29109.00</u>	(B) End of year <u>30891.59</u>
23 Land and buildings	<u>19700.00</u>	<u>72300.00</u>
24 Other assets (describe) ► <i>Furniture / Fixtures</i>	<u>51817.00</u>	<u>501900.00</u>
25 Total assets	<u>277926.00</u>	<u>165091.59</u>
26 Total liabilities (describe) ►	<u>0</u>	<u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>277926.00</u>	<u>165091.59</u>

Part V 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 not reported on Form 990-T, attach a statement explaining 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 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		
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 period 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 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	✓
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 ► _____ Telephone no. ► _____ Located at ► _____		
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

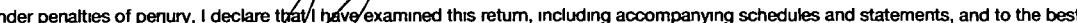
Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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."		

f Total number of other employees paid over \$100,000 ► _____

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."

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	<p>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</p> <p></p> <p>Signature of officer Date</p> <p>James H. Lerblance -Secretary 10/12/10</p> <p>Type or print name and title</p>
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Paid Preparer's Use Only	Preparer's signature 	Date	Check if self- employed  <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 

May the IRS discuss this return with the preparer shown above? See instructions Yes No

CHARITY REPORT 2009-2010
BENSON #3593

CHARITY	AUX	AERIE	TOTAL
ART ERHMANN CANCER FUND	50.00	50.00	100.00
MAX BAER HEART FUND	50.00	50.00	100.00
ROBERT HANSEN DIABETES FUND	143.75	143.75	287.50
LEW REED SPINAL CORD FUND	50.00	50.00	100.00
DIABETES RESEARCH CENTER	100.00	100.00	200.00
D D DUNLAP KIDNEY FUND	275.00	275.00	550.00
ALZHEIMERS FUND	50.00	50.00	100.00
MEMORIAL FUND	50.00	50.00	100.00
GOLDEN EAGLE LIBRARY FUND	150.00	150.00	300.00
HOSPICE	250.00	250.00	500.00
COCHISE CTY ABUSED CHILDREN	50.00	50.00	100.00
ST VINCENT DEPAUL SOCIETY	150.00	150.00	300.00
COCHISE COLLEGE SCHLORSHIP	500.00		500.00
STATE PRES PROJECT (AUX)	50.00	50.00	100.00
STATE PRES. PROJECT (AERIE)	50.00	50.00	100.00
PSMP & 10 YR SEC SCHOLARSHIP	100.00		100.00
	2,068.75	1,468.75	3,537.50

Term Ending: 5/31/2010

Office	Name	Number	Action
JR PAST WORTHY PRESIDENT	RONALD R. COX	4063917	Remove from Office
WORTHY PRESIDENT	JAMES A FLEMMING	4097365	Remove from Office
WORTHY VICE-PRESIDENT	JEFREY W SMITH	4154044	Remove from Office
WORTHY CHAPLAIN	JOSEL TORRES	3400588	Remove from Office
WORTHY SECRETARY	JAMES H LERBLANCE	1846970	Remove from Office
TREASURER	GINA M HIELCKERT	4128600	Remove from Office
WORTHY CONDUCTOR	JOHN E TILLMON	3423463	Remove from Office
INSIDE GUARD	BERNARDO J GAMEZ JR.	4117532	Remove from Office
OUTSIDE GUARD	WALLACE M GILLJAM	3188634	Remove from Office
AERIE AUDITOR	LEONA SHELTON	Edit	Remove from Office
MEMBERSHIP	JEFREY W SMITH	4154044	Remove from Office
AERIE BULLETIN EDITOR	AERIE OFFICER		Assign Officer
TRUSTEE	FRANK S SANDEFUR	1773898	Assign Officer
TRUSTEE	RONALD R. COX	4063917	Remove from Office
TRUSTEE	ALAN R GREENSLADE	3231761	Remove from Office
TRUSTEE	RONALD R. COX	4063917	Assign Officer
TRIAL COMMITTEE MEMBER	JOHN E TILLMON	3423463	Remove from Office
TRIAL COMMITTEE MEMBER	MATT GROSS	1384162	Remove from Office
TRIAL COMMITTEE MEMBER	RAYMOND L LANE	611681	Remove from Office
TRIAL COMMITTEE MEMBER	JACK A TOW	1243356	Remove from Office
TRIAL COMMITTEE ALTERNATE	RAUL AMADO JR	611384	Assign Officer
TRIAL COMMITTEE ALTERNATE		611384	Remove from Office
AERIE WEB MASTER			Assign Officer
LEGISLATIVE CHAIR			Assign Officer