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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- 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

**A** For the 2011 calendar year, or tax year beginning June 1, 2011, and ending May 31, 2012

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

**C** Name of organization Fraternal Order of Eagles Benson Aerie 3593  
 Number and street (or P O box, if mail is not delivered to street address) 750 E. 4th Street  
 City or town, state or country, and ZIP + 4 Benson Arizona 86602

**D** Employer identification number 61-0152913

**E** Telephone number 520 586 3043

**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 or a section 527 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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	450.00	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0	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)
3	Membership dues and assessments	3	4155.00	20	Other changes in net assets or fund balances (explain in Schedule O) <u>Religious Consulting</u>
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less: cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ 450.01 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	0		
6c	Less: direct expenses from gaming and fundraising events	6c	0		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a	68408.37	7c	24826.54
7b	Less: cost of goods sold	7b	48581.83	8	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		9	29431.54
8	Other revenue (describe in Schedule O)	8		10	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		11	0
10	Grants and similar amounts paid (list in Schedule O)	10		12	0
11	Benefits paid to or for members	11		13	0
12	Salaries, other compensation, and employee benefits	12		14	28535.20
13	Professional fees and other payments to independent contractors	13		15	841.36
14	Occupancy, rent, utilities, and maintenance <u>+ Insurance</u>	14		16	653.06
15	Printing, publications, postage, and shipping	15		17	29431.54
16	Other expenses (describe in Schedule O) <u>Bingo Table Sales Tax Lic. Fees</u>	16		18	6
17	<b>Total expenses.</b> Add lines 10 through 16	17			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2011)

SCANNED SEP 27 2012

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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	28,293.37	23,760.55
23 Land and buildings	72,300.00	72,300.00
24 Other assets (describe in Schedule O) <i>Furniture + Fixtures + Office Supplies</i>	13,984.81	14,025.81
25 <b>Total assets</b>	240,448.68	236,275.86
26 <b>Total liabilities</b> (describe in Schedule O)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	240,448.68	236,275.86

**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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	<i>People Helping People at State and Local, National</i>	
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>Alan Prensade</i> 825 E 4th St #17 Benson AZ 85602	<i>President</i>	0	0	0
<i>James S. Lemming</i> P.O. Box 2378 Benson, AZ 85602	<i>Jr. Past President</i>	0	0	0
<i>Alton Sechlin</i> 886 E 4th St Benson, AZ 85602	<i>Vice President</i>	0	0	0
<i>James H. Reiback</i> P.O. Box 559 Benson AZ 85602	<i>Secretary</i>	0	0	0
<i>Frank Sandofur</i> 1714 Corte Embaratado St. #95635	<i>Treasurer</i>	0	0	0
<i>Dale Lemmon</i> P.O. Box 1862 Benson AZ 85602	<i>Conductor</i>	0	0	0
<i>Frank A. Mallanado</i> 1560 E Airport Rd. 85602	<i>Inside Guard</i>	0	0	0
<i>Wallace M. Williams</i> 17512 E Mountain Canyon Rd Valley	<i>Outside Guard</i>	0	0	0
<i>Ran Corp</i> P.O. Box 598 St David AZ 85630	<i>Trustee</i>	0	0	0
<i>Steve D. Edmunds</i> 477 E Medicare St St David AZ 85630	<i>Trustee</i>	0	0	0
<i>Edward F. Clayton</i> P.O. Box 1781 Benson AZ 85602	<i>Trustee</i>	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</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: ▶ _____		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
<b>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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>45b</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) . . . . .		<input checked="" type="checkbox"/>

**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
<b>46</b>		<input checked="" type="checkbox"/>

**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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		<input checked="" type="checkbox"/>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		<input checked="" type="checkbox"/>
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		<input checked="" type="checkbox"/>
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**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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."

(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 . . . . . ▶

None

**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

*Alan R. Greenslade*

Date

9/5/2012

Type or print name and title

Alan R. Greenslade President

**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

CHARITY REPORT 2011-2012  
BENSON #3593

CHARITY	AUX.	AERIE	TOTAL
ART ERHMANN CANCER FUND	25.00		25.00
MAX BAER HEART FUND	50.00		50.00
ROBERT HANSEN DIABETES FUND	25.00		25 00
LEW REED SPINAL CORD FUND	25.00		25 00
DIABETES RESEARCH CENTER	250.00	250.00	500.00
D D DUNLAP KIDNEY FUND	25.00		25 00
JIMMY DURANTE CHILD/ABUED CHILD	25.00		25.00
GOLDEN EAGLE/ALZHEIMERS	25.00		25.00
MEMORIAL FUND	25.00		.25 00
H.O M.E /HOSPICE	2000.00		2000 00
H O M E /COCHISE CTY ABUSED CHILD	205.00		205 00
H O.M.E /COCHISE COLLEGE SCHLORSHIP	500.00		500 00
STATE PRESIDENTS PROJECT	200.00	200.00	400.00
PSMP & 10 YR SEC. SCHLORSHIP	100.00		100 00
	3480.00	450.00	3930 00

BENSON 3593 AERIE OFFICERS  
TERM ENDING 5/31/2012

JR PAST WORTHY PRESIDENT  
RONALD R COX  
BOX 598  
SAINT DAVID, AZ 85630

TRUSTEE  
RONALD R COX  
BOX 598  
SAINT DAVID, AZ 85630

WORTHY PRESIDENT  
ALAN R GREENSLADE  
825 E. 4<sup>TH</sup> ST #17  
BENSON, AZ 85602

TRUSTEE  
STEVEN D EDMONDS  
477 E MEDICARE ST  
SAINT DAVID, AZ 85630

WORTHY VICE PRESIDENT  
ALTON TECHLIN  
825 E. 4<sup>TH</sup> ST  
BENSON, AZ 85602

TRUSTEE  
EDMOND E CLIFTON  
P O BOX 1784  
BENSON, AZ 85602

WORTHY CHAPLAIN  
JON V EVERETT  
457 S. PATAGONIA ST.  
BENSON, AZ 85602

AUDITOR  
LEONA M SHELTON  
201 N PRICKLY PEAR #4  
BENSON, AZ 85602

WORTHY SECRETARY  
JAMES H LERBLANCE  
P O BOX 559  
BENSON, AZ 85602

WORTHY TREASURER  
FRANK S SANDEFUR  
1714 CORTE ENCANTADA  
SIERRA VISTA, AZ 85635

WORTHY CONDUCTOR  
DALE LEMMON  
P O BOX 1862

BENSON, AZ 85602

INSIDE GUARD  
FRANK A MALDANADO  
1550 E. AIRPORT RD  
BENSON, AZ 85602

OUTSIDE GUARD  
WALLACE M GILLIAM  
17517 E. MOUNTAIN CANYON RD  
VALE, AZ 85641