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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

2011**Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **6/01**, 2011, and ending **5/31**, 2012**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C **SUNNYSLOPE AERIE 2957, FRATERNAL ORDER OF EAGLES, INC.**
633 W. HATCHER ROAD
PHOENIX, AZ 85021-2459

D Employer identification number

86-0091737

E Telephone number

(602) 942-3966

F Group Exemption Number

► 0102

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.FOE.COM/SITEDEFAULT.ASPX?SITEID=50****H** Check ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀(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. ► \$ **144,225.****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	1,342.
	2	Program service revenue including government fees and contracts	2	123,460.
	3	Membership dues and assessments	3	3,670.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 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	15,753.
6c	Less: direct expenses from gaming and fundraising events	6c	9,095.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,658.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,130.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	2,272.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	460.
	13	Professional fees and other payments to independent contractors	13	900.
	14	Occupancy, rent, utilities, and maintenance	14	29,446.
	15	Printing, publications, postage, and shipping	15	2,031.
	16	Other expenses (describe in Schedule O)	16	103,264.
	17	Total expenses. Add lines 10 through 16	17	138,373.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,243.
	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	472,237.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	468,994.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

7P

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

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

	Yes	No
33		X

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		X
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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)?

35 a		X
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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

35 b		
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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

35 c		X
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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		X
----	--	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37 a** 0.

37 b		X
------	--	---

b Did the organization file Form 1120-POL for this year?

38 a		X
------	--	---

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38 b	N/A
------	-----

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39 a	N/A
------	-----

b Gross receipts, included on line 9, for public use of club facilities

39 b	N/A
------	-----

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.

section 4911 N/A, section 4912 N/A, section 4955 N/A

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

40 b		
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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

	0.
--	----

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

	0.
--	----

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

40 e		X
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41 List the states with which a copy of this return is filed NONE42a The organization's books are in care of JOHN DUNSMOOR, SECRETARYTelephone no (602) 942-3966Located at 633 W. HATCHER RD PHOENIX AZZIP + 4 85021

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)?

If 'Yes,' enter the name of the foreign country

	Yes	No
42 b		X

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 ?

If 'Yes,' enter the name of the foreign country

42 c		X
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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	<input type="checkbox"/> N/A
----	------------------------------

44a 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
44 a		X

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

44 b		X
------	--	---

c Did the organization receive any payments for indoor tanning services during the year?

44 c		X
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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

44 d		
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45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45 a		X
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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)

45 b		X
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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

Yes	No
	X

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

47

Yes	No

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

48

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes	No

b If 'Yes,' was the related organization a section 527 organization?

49b

Yes	No

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

e 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

e Total number of other independent contractors each receiving over \$100,000 ▶

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 <i>John Dunsmoor</i>	Date <i>3-26-2013</i>			
	Type or print name and title <i>John Dunsmoor</i>				
Paid Preparer Use Only	Print/Type preparer's name KENNETH WHITLOCK, CPA	Preparer's signature <i>Kenneth Whitlock</i>	Date <i>3/27/13</i>	Check <input type="checkbox"/> if self-employed	PTIN P00074185
	Firm's name ▶ KENNEDY, EHRLER AND ASSOCIATES LLC				
	Firm's address ▶ 2211 WEST NORTHERN AVENUE PHOENIX, AZ 85021-4917				
	Firm's EIN ▶ 26-4769965	Phone no (602) 433-2727			

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2011

Open to Public Inspection

Name of the organization SUNNYSLOPE AERIE 2957, FRATERNAL ORDER OF EAGLES, INC.

Employer identification number	86-0091737
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMEN (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	12,234.			12,234.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	12,234.			12,234.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,533.			5,533.
	10 Direct expense summary Add lines 4 through 9 in column (d)				5,533.
	11 Net income summary Combine line 3, column (d), and line 10				6,701.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____

c If 'Yes,' enter name and address of the third party

Name ▶

Address ▶

- ## 16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **SUNNYSLOPE AERIE 2957, FRATERNAL ORDER
OF EAGLES, INC.**

Employer identification number
86-0091737

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FRATERNAL ORDER OF EAGLES UNITES FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH,
JUSTICE, AND EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS ILLS,
AND BY PROMOTING PEACE, PROSPERITY, GLADNESS AND HOPE.

THE ORGANIZATION PROVIDES FUNDS FOR CHARITY THROUGH SERVICE TOGETHER.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 8228

SUNNYSLOPE AERIE 2957, FRATERNAL ORDER
OF EAGLES, INC.

86-0091737

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	131.
CONFERENCES, CONVENTIONS, AND MEETINGS		3,815.
DEPRECIATION		17,472.
DUES		73.
FOOD & BEVERAGE PURCHASES		50,853.
GIFTS		50.
INSURANCE		5,681.
INTEREST		3,478.
KEY CARDS		422.
LICENSE & PERMITS		1,570.
OFFICE EXPENSES		1,481.
PER CAPITA TAX		1,525.
REPAIRS		2,745.
SALES TAXES		8,994.
SPONSORSHIP		100.
SUPPLIES		4,594.
VISITATION EXPENSES		280.
TOTAL	\$	<u>103,264.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
INVENTORIES	\$ 6,130.	\$ 6,400.
MACHINERY AND EQUIPMENT	14,522.	10,643.
TOTAL	<u>\$ 20,652.</u>	<u>\$ 17,043.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
INSURANCE PROCEEDS PAYABLE	\$ 7,695.	\$ 0.
NASCAR PAYOUT	455.	0.
PAYROLL TAXES PAYABLE	101.	0.
SECURED MORTGAGES AND NOTES PAYABLE	24,699.	19,564.
TOTAL	<u>\$ 32,950.</u>	<u>\$ 19,564.</u>

CLIENT 8228

SUNNYSLOPE AERIE 2957, FRATERNAL ORDER
OF EAGLES, INC.

86-0091737

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JOHN DUNSMOOR 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	SECRETARY 8	\$ 35.	\$ 0.	\$ 0.
DAVID EVANS 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	PRESIDENT 4	35.	0.	0.
DAVID RAY 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	VICE PRESIDENT 2	0.	0.	0.
BILL BLYTHE 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	CHAPLAIN 2	0.	0.	0.
KENNETH WHITLOCK 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	PAST PRESIDENT 2	0.	0.	0.
JAMES BEYERLEIN 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TREASURER 3	285.	0.	0.
DAVID CLARK 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	INSIDE GUARD 2	0.	0.	0.
FRED WILSON 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TRUSTEE 10	35.	0.	0.
HAROLD PIERCE 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TRUSTEE 10	35.	0.	0.
ED LARGO 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TRUSTEE 10	35.	0.	0.
MIKE MACKEOWN 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	CONDUCTOR 2	0.	0.	0.
DAVID SMITH 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TRUSTEE 10	0.	0.	0.

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 8228

SUNNYSLOPE AERIE 2957, FRATERNAL ORDER
OF EAGLES, INC.

86-0091737

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JOHN DOUGHERTY 633 W. HATCHER ROAD PHOENIX, AZ 85021-2459	TRUSTEE 10	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 460.	\$ 0.	\$ 0.

Form **8868**

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

SUNNYSLOPE AERIE 2957, FRATERNAL ORDER OF EAGLES, INC.

☐ 86-0091737

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

633 W. HATCHER ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

PHOENIX, AZ 85021

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JOHN DUNSMOOR, SECRETARY

Telephone No ► (602) 942-3966

FAX No ►

• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 06/01, 20 11, and ending 5/31, 20 12

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.00
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box, ☒ **X**.
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	SUNNYSLOPE AERIE 2957, FRATERNAL ORDER OF EAGLES, INC.		<input type="checkbox"/>	86-0091737
	Number, street, and room or suite no. If a P.O. box, see instructions.		<input type="checkbox"/>	Social security number (SSN)
	KENNEDY/EHRLER 2211 WEST NORTHERN AVENUE			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	PHOENIX, AZ 85021-4917			

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JOHN DUNSMOOR, SECRETARY**
Telephone No. **(602) 942-3966** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **4/15**, 20 **13**.
- For calendar year , or other tax year beginning **06/01**, 20 **11**, and ending **5/31**, 20 **12**.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension **The organization requires additional time to compile the information needed to file a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kenneth A. Dunsmoor** Title **CPA** Date **1/15/13**