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Short Form
Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

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 2012 calendar year, or tax year beginning June 1 2012, 2012, and ending May 31, 2013

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Fraternal Order of Eagles Benson Area 3593

Number and street (or P.O. box, if mail is not delivered to street address)

750 E. 4th Street

Room/suite

City or town, state or country, and ZIP + 4

BENSON AZ 85602

D Employer identification number

51-0152913

E Telephone number

520-586-3043F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527K 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	1 Contributions, gifts, grants, and similar amounts received	1	<u>1590.66</u>
	2 Program service revenue including government fees and contracts	2	<u>0</u>
	3 Membership dues and assessments	3	<u>3920.00</u>
	4 Investment income	4	
	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	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	<u>1590.66</u>
	b Gross income from fundraising events (not including \$ <u>1590.66</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less: direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	<u>70018.04</u>
	7a Gross sales of inventory, less returns and allowances	7b	<u>57062.68</u>
	b Less: cost of goods sold	7c	<u>12955.36</u>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	<u>18466.00</u>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11	<u>0</u>
	11 Benefits paid to or for members	12	<u>0</u>
	12 Salaries, other compensation, and employee benefits	13	<u>0</u>
	13 Professional fees and other payments to independent contractors	14	<u>20486.05</u>
	14 Occupancy, rent, utilities, and maintenance	15	<u>176.49</u>
	15 Printing, publications, postage, and shipping	16	<u>6053.70</u>
	16 Other expenses (describe in Schedule O)	17	<u>26716.30</u>
Net Assets	17 Total expenses. Add lines 10 through 16	18	<u>8250.28</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	<u>236275.86</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)	20	<u>14476.97</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	<u>250752.83</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b

b Did the organization file Form 1120-POL for this year? 38a

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? 38b 39a 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 ► _____ 40b

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 40c

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 ► 40d

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

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

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 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: ►

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 the U.S.? 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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	<input type="checkbox"/>	<input type="checkbox"/>
39a	<input type="checkbox"/>	<input type="checkbox"/>
39b	<input type="checkbox"/>	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	<input type="checkbox"/>	<input type="checkbox"/>
40d	<input type="checkbox"/>	<input type="checkbox"/>
40e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	<input type="checkbox"/>	<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

46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Part VI Section 501(c)(3) organizations only

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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

49b	<input type="checkbox"/>	<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 title of each employee paid more than \$100,000	(b) 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 ►

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>Alan R. Greenslade</i> <i>Aerie Secretary</i>		Date <i>7/9/2013</i>
	Print/Type preparer's name <i>Alan R. Greenslade</i>	Type or print name and title <i>Aerie Secretary</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Aux.

CHARITY REPORT FOR 2012-2013
BENSON AERIE & AUXILIARY #3593

<u>CHARITY</u>	AUXILIARY	AERIE
ART EHRMANN CANCER FUND	50.00	
D.D. DUNLAP KIDNEY FUND	50.00	
MAX RAER HEART FUND	50.00	
ROBERT HANSEN DIARETES FUND	50.00	
JIMMY DURANTE CHILD"SEX child ABUSE	50.00	
LEW REED SPINAL CORD FUND	50.00	
ALZHEIMERS FUND	50.00	
DIABETES RESEARCH CENTER	400.00	1,040.00

MEMORIAL FOUNDATION

MEMORIAL FUND	50.00
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GRAND MADAM PRESIDENTS PROJECT	20.00
PUBELO ADVOCACY CTR	

STATE PRESIDENTS PROJECT	447.66	447.66
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LOCAL

MEALS ON WHEELS	109.00
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1,261.66	1,590.66
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Current Officers - 3593 BENSON, AZ

Term Ending: 5/31/2013

Office	Member	Name		
JR PAST WORTHY PRESIDENT	4063917	RONALD R. COX	Remove from Office	View History
WORTHY PRESIDENT	3188634	WALLACE M GILLIAM	Remove from Office	View History
WORTHY VICE-PRESIDENT	4481040	ALTON L TECHLIN	Remove from Office	View History
WORTHY CHAPLAIN	3400588	JOSE L TORRES	Remove from Office	View History
WORTHY SECRETARY	3231761	ALAN R. GREENSLADE	Remove from Office	View History
TREASURER	1773898	FRANK S SANDEFUR	Remove from Office	View History
WORTHY CONDUCTOR	4175440	MARK R HEYWOOD	Remove from Office	View History
INSIDE GUARD	4562234	JONATHON F MCCOMMAS	Remove from Office	View History
OUTSIDE GUARD			Assign Officer	View History
TRUSTEE			Assign Officer	View History
TRUSTEE	4128601	EDWARD E CLIFTON	Remove from Office	View History
TRUSTEE	3972465	STEVEN D. EDMONDS	Remove from Office	View History
TRUSTEE	4463052	FRANK A MALDONADO	Remove from Office	View History

Committee/Appointment	Member	Name		
AERIE AUDITOR	Edit	LEONA SHELTON	Remove	View History
MEMBERSHIP	3231761	ALAN R. GREENSLADE	Remove	View History
AERIE BULLETIN EDITOR			Assign	View History
TRIAL COMMITTEE CHAIR			Assign	View History
TRIAL COMMITTEE MEMBER			Assign	View History
TRIAL COMMITTEE MEMBER	4063917	RONALD R. COX	Remove	View History
TRIAL COMMITTEE MEMBER	1773898	FRANK S SANDEFUR	Remove	View History
TRIAL COMMITTEE MEMBER	4097365	JAMES A FLEMMING	Remove	View History
TRIAL COMMITTEE ALTERNATE			Assign	View History
AERIE WEB MASTER			Assign	View History
LEGISLATIVE CHAIR			Assign	View History

Next Years Officers