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Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

JUNE 1

, 2013, and ending

MAY 31

, 2014

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 3583

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

Room/suite

750 E. 4th St.

City or town, state or province, country, and ZIP or foreign postal code

BENSON, AZ 85602

D Employer identification number

51-062913

E Telephone number

620-586-3043

F 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 Form of organization. Corporation Trust Association Other

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, 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 2706.49
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 4142.25
	4 Investment income	4 23571.31
	5a Gross amount from sale of assets other than inventory	5a 1000.00
	b Less cost or other basis and sales expenses	5b 2490.00
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 11480.00
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 58034.48
Expenses	b 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
	c Less direct expenses from gaming and fundraising events	6c 52338.93
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5701.05
	7a Gross sales of inventory, less returns and allowances	7a 11944.878
	b Less cost of goods sold	7b 78139.27
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 47310.51
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 8186.61
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 0
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 18913.49
	15 Printing, publications, postage, and shipping	15 716.67
	16 Other expenses (describe in Schedule O)	16 16432.79
	17 Total expenses. Add lines 10 through 16	17 36063.15
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 46823.16
	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 250752.83
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 17,430.78
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 268193.53

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

956 9

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	37324.73	54755.47
23	Land and buildings	72300.00	72300.00
24	Other assets (describe in Schedule O)	141128.06	141128.06
25	Total assets	250752.83	268183.53
26	Total liabilities (describe in Schedule O)	8	8
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	250752.83	268183.53

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

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.)

persons benefited, and other relevant information for each program title		
28	People Helping People At State, Local and National	
(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	Total program service expenses (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 title	(b) 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
See attached				

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
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	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
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	X
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	X
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	X
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 ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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	X
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		
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	X
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 ► _____	42b	X
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.	42c	X
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 <input type="checkbox"/>		
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	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

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

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	
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a		Did the organization make any transfers to an exempt non-charitable related organization?	
b		If "Yes," was the related organization a section 527 organization?	
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."	
		Yes	No
47		X	
48		X	
49a		S	
49b		S	

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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	<input type="text" value="Signature of officer"/> <input type="text" value="Alan R. Greenlade Aerie Secretary"/> <small>Type or print name and title</small>	Date
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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

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.

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .			
	2 Less: Contributions . . .			
	3 Gross income (line 1 minus line 2) . . .			
Direct Expenses	4 Cash prizes . . .			
	5 Noncash prizes . . .			
	6 Rent/facility costs . . .			
	7 Food and beverages . . .			
	8 Entertainment . . .			
	9 Other direct expenses			
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ()
11 Net income summary. Combine line 3, column (d), and line 10				► ()

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.

	(a) Bingo 51,140	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . .	49520.91	8513.51	58034.48
Direct Expenses	2 Cash prizes . . .	37107.00		37107.00
	3 Noncash prizes . . .			
	4 Rent/facility costs . . .		536.10	536.10
	5 Other direct expenses . . .	7971.68	6718.67	14690.35
	6 Volunteer labor . . .	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %
7 Direct expense summary. Add lines 2 through 5 in column (d)				► (52333.43)
8 Net gaming income summary. Combine line 1, column d, and line 7				► 5701.05

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

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? Yes 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? Yes No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility

b An outside facility

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

Name ► Nancy N. Huey

Address ► P.O. Box 457 Benson AZ 85602

15a Does the organization have a contract 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 ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0.

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

Name ► None

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ 0

Description of services provided ► 0

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 ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) 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.
► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

Fraternal Order of Eagles Benson Aerie 3593 51-0152913

Due to significant increase in Gross Sales of 490,000.00
over previous year led to a increase in cash
savings and investments by 174,30.70.



750 E. 4TH STREET BENSON, AZ 85602
B PHONE: (520) 586-3043

BENSON 3593 CHARITY REPORT
AUXILIARY AND AERIE 2013-2014

charity	auxiliary	aerie	total
DRC	899.00	590.00	1,489.00
JIMMY DURANTE	319.13	113.12	432.25
HEART	490.75	108.25	599.00
CANCER	179.05	-0-	179.05
LEW REED APINAL	100.00	-0-	100.00
KIDNEY	241.30	176.06	417.36
DIABETES	395.13	256.12	651.25
ALZHEIMERS	355.55	139.25	494.80

H.O.M.E.

COCHISE COLLEGE	500.00	-0-	500.00
HOSPICE	316.32	81.57	397.89
LIBRARY	123.50	33.50	157.00
COCHISE CTY ABUSED CHILDREN CENTER	287.13	54.12	341.25

STATE

PSMP & 10 YR SEC ?	100.00	-0-	100.00
ST PRES. PROJECT	305.50	200.00	505.50

LOCAL & EXTRA

ALL KINGS HORSES	34.00	-0-	34.00
RANCH			
BENSON JR WOMEMS CLUB	25.00	100.00	125.00
BENSON ANIMAL HOSP	-0-	100.00	100.00
OKLA HURRICAN	100.00	100.00	100.00
YARNELL FIRE	-0-	600.00	600.00
ST. JUDES HOSP.	54.50	54.50	109.00

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GRAND TOTALS 4,725.86 2,706.49 ✓ 7,432.35

Office	Member	Name	Start	End
JR PAST WORTHY PRESIDENT	4063917	RONALD R. COX	6/4/2013	5/31/2014
WORTHY PRESIDENT	3188634	WALLACE M GILLIAM	6/4/2013	5/31/2014
WORTHY VICE-PRESIDENT	4481040	ALTON L TECHLIN	6/4/2013	5/31/2014
WORTHY CHAPLAIN	4142565	CHRISTOPHER J HANCOCK	11/19/2013	5/31/2014
WORTHY SECRETARY	3231761	ALAN R. GREENSLADE	6/4/2013	5/31/2014
TREASURER	3920234	GENE C. KOLLER	6/4/2013	5/31/2014
WORTHY CONDUCTOR	4175440	MARK R HEYWOOD	6/4/2013	5/31/2014
INSIDE GUARD	4562234	JONATHON F MCCOMMAS	6/4/2013	5/31/2014
TRUSTEE	4128601	EDWARD E CLIFTON	6/4/2013	5/31/2014
TRUSTEE	3018076	JOHN H DUNCAN	6/4/2013	5/31/2014
TRUSTEE	4636108	STEPHEN R EVANS	4/1/2014	5/31/2014
TRUSTEE	4128647	JON V EVERETT	6/4/2013	5/31/2014
TRUSTEE	1004680	MARION D LEMMON	6/4/2013	5/31/2014

Committee/Appointment	Member	Name	Start	End
AERIE AUDITOR		LEONA SHELTON	6/4/2013	5/31/2014
MEMBERSHIP	3231761	ALAN R. GREENSLADE	6/4/2013	5/31/2014
AERIE BULLETIN EDITOR		JON V EVERETT	6/4/2013	5/31/2014
TRIAL COMMITTEE CHAIR	4063917	RONALD R. COX	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	4097365	JAMES A FLEMMING	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	3144336	STEVE JENKINS	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	1004680	MARION D LEMMON	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	1773898	FRANK S SANDEFUR	6/1/2013	5/31/2014
TRIAL COMMITTEE ALTERNATE	3689488	BEN A ELAM	6/1/2013	5/31/2014
TRIAL COMMITTEE ALTERNATE	4175440	MARK R HEYWOOD	6/1/2013	5/31/2014
FINANCE COMMITTEE	4644520	BASILIO M HERNANDEZ	10/15/2013	5/31/2014
FINANCE COMMITTEE	4644509	LEARAH E HERNANDEZ	10/15/2013	5/31/2014
FINANCE COMMITTEE	4378993	STEVEN K WEEKS	10/15/2013	5/31/2014