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

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**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 organizationFraternal Order of Eagles Benson Bene 3583**D** Employer identification number51-0152913

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

750 E. 4th St.

Room/suite

E Telephone number520-586-3043

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

BENSON, AZ 85602**F** Group Exemption

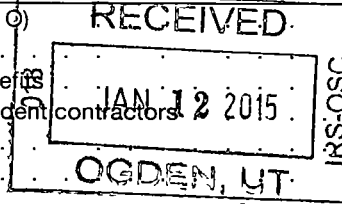
Number ▶

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** 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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	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	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)

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SCANNED JAN 14 2015

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	37324.77	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)	0	0
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 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	People Helping People at State, Local and NATIONAL		
	(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
29			
	(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
30			
	(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>
32	Total program service expenses (add lines 28a through 31a)	▶	

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 ☐

[illegible]

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 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"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: ▶		<input checked="" type="checkbox"/>
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<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
46		<input checked="" type="checkbox"/>

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

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

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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	(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

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

Signature of officer

Date

Type or print name and title

Allen R. Greenblatt *Acie Secretary*

1/6/2015

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

20

Open to Public
Inspection

Employer identification number

Fratern Order of Eagles Benson Aerie 3593

51-0152913

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

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 col. (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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		(event type)	(event type)	(total number)		
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 <i>51,140</i>	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue	<i>49,520.91</i>	<i>8,513.51</i>	<i>58,034.48</i>	
Direct Expenses	2	Cash prizes	<i>37,107.00</i>		<i>37,107.00</i>	
	3	Noncash prizes				
	4	Rent/facility costs		<i>5,361.00</i>	<i>5,361.00</i>	
	5	Other direct expenses	<i>7,971.68</i>	<i>6,718.67</i>	<i>14,690.33</i>	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <i>100</i> % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <i>100</i> % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(<i>52,333.43</i>)
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				<i>5,701.05</i>

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:
- | | | |
|-------------------------------|-----|---|
| 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 ▶

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 ▶ \$
- 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 ▶ \$

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.

▶ 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

Fraternal Order of Eagles BENSON Aerie 3599

Employer identification number

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 17430.70.*

F.O.E. O 3593



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	287.13	54.12	341.25
CHILDREN CENTER			

STATE

PSMP & 10 YR XXXXXX ^{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	25.00	100.00	125.00
CLUB			
BENSON ANIMAL HOSP	-0-	100.00	100.00
OKLA HURRICAN	-0-	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
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Office	Member	Name	Start	End
JR PAST WORTHY PRESIDENT	<u>4063917</u>	RONALD R. COX	6/4/2013	5/31/2014
WORTHY PRESIDENT	<u>3188634</u>	WALLACE M GILLIAM	6/4/2013	5/31/2014
WORTHY VICE-PRESIDENT	<u>4481040</u>	ALTON L TECHLIN	6/4/2013	5/31/2014
WORTHY CHAPLAIN	<u>4142565</u>	CHRISTOPHER J HANCOCK	11/19/2013	5/31/2014
WORTHY SECRETARY	<u>3231761</u>	ALAN R GREENSLADE	6/4/2013	5/31/2014
TREASURER	<u>3920234</u>	GENE C. KOLLER	6/4/2013	5/31/2014
WORTHY CONDUCTOR	<u>4175440</u>	MARK R HEYWOOD	6/4/2013	5/31/2014
INSIDE GUARD	<u>4562234</u>	JONATHON F MCCOMMAS	6/4/2013	5/31/2014
TRUSTEE	<u>4128601</u>	EDWARD E CLIFTON	6/4/2013	5/31/2014
TRUSTEE	<u>3018076</u>	JOHN H DUNCAN	6/4/2013	5/31/2014
TRUSTEE	<u>4636108</u>	STEPHEN R EVANS	4/1/2014	5/31/2014
TRUSTEE	<u>4128647</u>	JON V EVERETT	6/4/2013	5/31/2014
TRUSTEE	<u>1004680</u>	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	<u>3231761</u>	ALAN R. GREENSLADE	6/4/2013	5/31/2014
AERIE BULLETIN EDITOR		JON V EVERETT	6/4/2013	5/31/2014
TRIAL COMMITTEE CHAIR	<u>4063917</u>	RONALD R. COX	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	<u>4097365</u>	JAMES A FLEMMING	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	<u>3144336</u>	STEVE JENKINS	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	<u>1004680</u>	MARION D LEMMON	6/1/2013	5/31/2014
TRIAL COMMITTEE MEMBER	<u>1773898</u>	FRANK S SANDEFUR	6/1/2013	5/31/2014
TRIAL COMMITTEE ALTERNATE	<u>3689488</u>	BEN A ELAM	6/1/2013	5/31/2014
TRIAL COMMITTEE ALTERNATE	<u>4175440</u>	MARK R HEYWOOD	6/1/2013	5/31/2014
FINANCE COMMITTEE	<u>4644520</u>	BASILIO M HERNANDEZ	10/15/2013	5/31/2014
FINANCE COMMITTEE	<u>4644509</u>	LEARAH E HERNANDEZ	10/15/2013	5/31/2014
FINANCE COMMITTEE	<u>4378993</u>	STEVEN K WEEKS	10/15/2013	5/31/2014