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Form 990-EZDepartment 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 private foundations)

OMB No 1545-1150

2015**Open to Public
Inspection**

► 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 2015 calendar year, or tax year beginning	June 1	, 2015, and ending	May 31	, 2016
B Check if applicable	C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	Benson Aerie No. 3593 Fraternal Order of Eagles, Inc.			51-0152913
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	750 E 4th St			520-586-3043
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number ►
<input type="checkbox"/> Amended return	Benson, AZ 85602			
<input type="checkbox"/> Application pending				
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► N/A				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ► \$ 190224

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 83
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 5660
	4 Investment income	4 45
	5a Gross amount from sale of assets other than inventory	5a 209
	b Less: cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 209
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 95614	
	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 73088	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 22526
	7a Gross sales of inventory, less returns and allowances 7a 88050	
	b Less: cost of goods sold 7b 49539	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 38511
	8 Other revenue (describe in Schedule O)	8 563
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 67597
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 4743
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 6342
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 35221
	15 Printing, publications, postage, and shipping	15 1842
	16 Other expenses (describe in Schedule O)	16 14137
	17 Total expenses. Add lines 10 through 16 ►	17 62285
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5312
	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 274662
	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 279974

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	56289	22 54923	
23	Land and buildings	72300	23 72300	
24	Other assets (describe in Schedule O)	146073	24 152751	
25	Total assets	274662	25 279974	
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	274662	27 279974	
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 <input type="checkbox"/>		
What is the organization's primary exempt purpose? Fraternal organization		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)		
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				
28	Provides social and recreational services to members and supports charitable organizations in the local community.			
(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 <input type="checkbox"/>				
(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
Alan R. Greenslade				
Jr Past Worthy President	5	0	0	0
Ronald R. Cox				
Worthy President	10	0	0	0
John J. Duenes				
Worthy Vice President	5	0	0	0
Wallace M. Gilliam				
Worthy Secretary	40	0	0	0
Bernardo J. Gamez, Jr.				
Treasurer	20	0	0	0
Clifford M. Crawford				
Worthy Conductor	5	0	0	0
Rodger Battles Sr.				
Inside Guard	5	0	0	0
John H. Duncan				
Trustee Chairman	10	0	0	0
Frank T. Biscardi				
Trustee	10	0	0	0
Marion D. Lemmon				
Trustee	20	0	0	0
Valentin Petrovic				
Trustee	10	0	0	0

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

	Yes	No
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	37a	0
b. Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b. If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39. Section 501(c)(7) organizations. Enter:	39a	
a. Initiation fees and capital contributions included on line 9	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Exempt from Arizona filing per ARS 43-1242(A)(5)		
42a. The organization's books are in care of ► Leona Shelton Telephone no. ►		
Located at ► 750 E 4th St, Benson, AZ		ZIP + 4 ► 85602
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: ►	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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: ►	42c	✓
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	✓
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	✓
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)	45b	✓

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

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

f Total number of other employees paid over \$100,000 ►

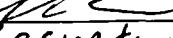
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 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 10-20-16			
	Type or print name and title Secretary				
Paid Preparer Use Only	Print/Type preparer's name Andrew Karlwolfgang	Preparer's signature 	Date 10/19/16	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00170365
	Firm's name ► Andrew Karlwolfgang CPA		Firm's EIN ► 86-0557646		
	Firm's address ► PO Box 2262, Benson, AZ 85602		Phone no 520-586-7603		
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 Subtract line 10 from line 3, column (d)				►

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . .	73113	22501		95614
Direct Expenses	2 Cash prizes . . .	54693			54693
	3 Noncash prizes . . .				
	4 Rent/facility costs . . .				
	5 Other direct expenses . . .	7704	10691		18395
	6 Volunteer labor . . .	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . ►				73088
	8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . ►				22526

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:

13a	100 %
13b	0 %

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 ► PO 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 ► \$ _____ 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 ► Nancy N Huey [Bingo], Ronald R Cox [Pulltabs]

Gaming manager compensation ► \$ 0

Description of services provided ► Approval of payouts and deposits of proceeds

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. 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 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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Benson Aerie No 3593 Fraternal Order of Eagles, Inc

Employer identification number

51-0152913

Part I, Line 8: Patches 236, Riders 127, Visitation 175, Complaints 25

Part I, Line 10 No grants or contributions were made in excess of 5000.

Part I, Line 16: Aerie assessment 1066, Riders 390, Convention expenses 1101, Gameroom supplies 137, Bank fees 1586,

Taxes & licenses 9008, Prizes 188, Amag membership 121, Tax prep 540

Part II, Line 24: Furniture and fixtures