

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

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, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning **JUNE 1**, 2007, and ending **MAY 31**, 20 **08**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SPACE COAST AUXILIARY 3550 FRATERNAL ORDER OF EAGLES		D Employer identification number 23 7385934
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1243 LAKE DR		E Telephone number (321) 631 1631
		City or town, state or country, and ZIP + 4 COCOA FL 32922-6266		F Group Exemption Number ▶ 0102

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ **NA**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (10) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **5776.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	780.00
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	4996.00
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	4996.00
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0
8	Other revenue (describe ▶ 0)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	5776.00
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	800.00
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	0
15	Printing, publications, postage, and shipping	15	500.00
16	Other expenses (describe ▶ NA)	16	0
17	Total expenses. Add lines 10 through 16	17	1300.00
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	4476.00
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	1846.00
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	6322.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0 22 0
23	Land and buildings	0 23 0
24	Other assets (describe ▶ NA)	0 24 0
25	Total assets	0 25 0
26	Total liabilities (describe ▶ NA)	0 26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27 6322.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? CHARITABLE FUNDRAISING			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	AUXILIARY 3550 CONDUCTS CHARITABLE FUND RAISERS AND TURN THE MONEY OVER TO THE FRATERNAL ORDER OF EAGLES, GRAND AERIE FOR DISBURSEMENT		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3742.00
29	NA		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	NA
30	NA		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	NA
31	Other program services (attach schedule)		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	NA
32	Total program service expenses. Add lines 28a through 31a	32	3742.00

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LINDA HAYWARD P O BOX 3054 COCOA, FL 32924	MADAM SECRETARY 2HRS	0	0	0
JAYELYNNE KRUPCZAK 410 GAILS WAY MERRITT ISLAND FL 32953	MADAM PRESIDENT 1 HR	0	0	0
RAYETTA PATTON 790 FLETCHER RD SE PALM BAY FL 32909	MADAM V PRESIDENT 1 HR	0	0	0
NA	NA	NA	NA	NA

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	NA		
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 unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		NA
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		NA
b	Gross receipts, included on line 9, for public use of club facilities	39b		NA

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NA
- d** Enter amount of tax on line 40c reimbursed by the organization ▶ NA
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
- 41** List the states with which a copy of this return is filed. ▶ NA

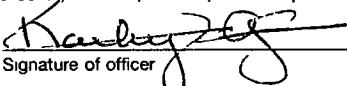
	Yes	No
40b		<input checked="" type="checkbox"/>
40e		<input checked="" type="checkbox"/>

- 42a** The books are in care of ▶ NA
 Located at ▶ NA
- b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, and believe it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

▶ 
 Signature of officer

▶ **KATHY GLEASON MADAM SECRETARY AUXILIARY 3550**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

Self-employed

EIN ▶ _____

Phone no ▶ () _____