Form **990-EZ**

Department 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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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.*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CAPE CANAVERAL CHAPTER OF MOAA, INC.

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 254186 | Room/suite:

City, town, or country: PATRICK AFB | State: FL | ZIP + 4: 32925-4186

D Employer identification number: 59-1711052

E Telephone number: (321) 259-2438

F Group Exemption Number . . ▶

• ***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 [X] Accrual
Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ MOAACC.ORG

J **Organization type** (check only one)— [X] 501(c) (19) ◀ (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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 36,010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	21,709
	4	Investment income		4	2,147
	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 (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 6,559		
	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	6,559
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ SCHEDULE ATTACHED)		8	5,595
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	36,010
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	22,972
	16	Other expenses (describe ▶ SCHEDULE ATTACHED)		16	9,264
	17	**Total expenses.** Add lines 10 through 16 ▶		17	32,236
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,774
	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	56,056
	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	59,830

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	82,514	22	66,859
23	Land and buildings		23	
24	Other assets (describe ▶ SCHEDULE ATTACHED)	368	24	2,597
25	**Total assets**	82,882	25	69,456
26	**Total liabilities** (describe ▶ SCHEDULE ATTACHED)	26,826	26	9,626
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	56,056	27	59,830

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

RECEIVED FEB 13 2009 OGDEN, UT
SCANNED MAR 0 4 2009

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? COMMUNITY AND NATIONAL SERVICE

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.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	FINANCIAL AND PROFESSIONAL SUPPORT FOR JUNIOR ROTC PROGRAMS AND OTHER ORGANIZATIONS SUPPORTING MILITARY PERSONNEL AND PATRIOTISM (Grants $ 2,279) If this amount includes foreign grants, check here ▶ ☐	28a	2,279
29	PATRICK AFB CHAPLAINS CHRISTMAS BASKET PROGRAM AND PATRICK PANTRY TO HELP ENLISTED MEN AND WOMEN OF PATRICK AFB CCHAPLAINS CHRISTMAS BASKET AND CAH\H\\ (Grants $ 6,000) If this amount includes foreign grants, check here ▶ ☐	29a	6,000
30	FOSTER FRATERNAL RELATIONS AMONG RETIRED ACTIVE AND RESERVE COMPONENTS OR FORMER OFFICERS OF THE UNIFORMED SERVICES OF THE UNITED STATES (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ [illegible]) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	8,279

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(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
Name ROBERT JOHN Str 2554 CATERBURY C City MELBORNE ST FL ZIP	Title PRESIDENT Hr/WK 10.00	-0-	-0-	-0-
Name BILL BRANDON Str 1832 INDEPENDENC City MELBOURNE ST FL ZIP 32940	Title VICE PRESIDENT Hr/WK 10.00	-0-	-0-	-0-
Name JOE OBLACK Str 2631 LITTLE BEND F City MERRITT ISLAND ST FL ZIP 32952	Title VICE PRESIDENT Hr/WK 10.00	-0-	-0-	-0-
Name FRANK DUNAGAN Str 3221 S. ATLANTA AV City COCOA BEACH ST FL ZIP 32931	Title SECRETARY Hr/WK 12.00	-0-	-0-	-0-
Name MICHAEL PATTERSC Str 1550 INDEPENDENC City MELBOURNE ST FL ZIP 32940	Title TREASURER Hr/WK 12.00	-0-	-0-	-0-
Name ANDREW FOLLEY Str 1114 EGRET LAKE V City MELBOURNE ST FL ZIP 32940	Title DIRECTOR Hr/WK 8.00	-0-	-0-	-0-
Name DWAYNE LUNDGRE Str 448 ST. GEORGIAS City SATELLITE BEACH ST FL ZIP 32937	Title DIRECTOR Hr/WK 5.00	-0-	-0-	-0-
Name GEORGE KUTTAS Str 420 DOVE LANE City SATELLITE BEACH ST FL ZIP 32937	Title DIRECTOR Hr/WK 5.00	-0-	-0-	-0-
Name SUSAN NEUGEBAUE Str 1658 INDEPENDENC City MELBOURNE ST FL ZIP 32940	Title DIRECTOR Hr/WK 5.00	-0-	-0-	-0-
Name HOWARD PECKHAM Str 3360 S. ATLANTIC City COCOA BEACH ST FL ZIP 32931	Title DIRECTOR Hr/WK 5.00	-0-	-0-	-0-
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
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," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?			
38 a	Did the organization borrow from, or make any loans to, any o			
	any such loans made in a prior year and still unpaid at the star			
b	If "Yes," complete Schedule L, Part II and enter the total amou			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club faciliti			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed			
	section 4911 ▶ _____ ; section 4912 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization e			
	transaction during the year or did it become aware of an exces			
	If "Yes," complete Schedule L, Part I			
c	Enter amount of tax imposed on organization managers or dis			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organizatio			
e	All organizations. At any time during the tax year, was the orga			
	transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed. ▶ FLORIDA

42 a The books are in care of ▶ Name MICHAEL O. PATTERSON Telephone no. ▶ (321) 259-2438

Located at ▶ 1550 INDEPENDENCE AVENU City MELBOURNE ST FL ZIP + 4 ▶ 32940-6809

			Yes	No
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)?	42b		X
	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 of the U.S.?	42c		X
	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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

NONE

51 Complete this table for the 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
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

NONE

Sign Here

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.

▶ Michael O. Patterson — Signature of officer — Date 2/5/2009

▶ MICHAEL O. PATTERSON — Type or print name and title. — TREASURER

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP +4 ▶ | EIN ▶ | Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

THE RETIRED OFFICER'S ASSOCIATION CAPE CANAVERAL CHAPTER
59-1711052
12-31-08

SPECIAL EVENTS AND ACTIVITIES - LINE 6

	REVENUES	EXPENSES
MONTHLY CHAPTER NEWSLETTER "INTERCOM"	$ 3,650	
MONTHLY CHAPTER LUNCHEONS	758	
FLORIDA CONVENTION 2008	2,151	
TOTAL SPECIAL ACTIVITIES	$6,559	

OTHER REVENUES - LINE 8

BUS EXCURSIONS	$200
INSTALLATION BANQUET	288
CHRISTMAS BALL	275
NATIONAL RECRUITING REWARD	2,525
MEMBER DIRECTORY ADVERTISING	1,407
MERCHANDISE SALES - NET	34
THURSDAY MORNING BREAKFAST CLUB	866
TOTAL OTHER REVENUES	$5,595

OTHER EXPENSES - LINE 16

ADMINISTRATION	$1,852
AWARDS	537
FLORIDA COUNCIL OF CHAPTERS DUES	1,476
MEMBERSHIP	2119
LICENSES AND PERMITS	80
SPEAKER'S EXPENSE	120
STUDENT SUPPORT	1,252
CONVENTION TRAVEL	361
BANK SERVICE CHARGES	150
SCHOLARSHIP CONTRIBUTIONS	1,027
DUES AND SUBSCRIPTIONS	50
OTHER EXPENSE	240
TOTAL OTHER EXPENSE	$9,264

OTHER ASSETS - LINE 24

ACCOUNTS RECEIVABLE - NATIONAL MOAA	$2,525
SCHOLARSHIP CORPORATION MEALS REIMBURSEMENT	72
TOTAL OTHER ASSETS	2,597

LIABILITIES - LINE 26

	BEGINNING OF YEAR	END OF YEAR
PATRICK AFB CHAPLAINS CHRISTMAS BASKET	$ 3,740	$3,635
UNEARNED 2008/2009 DUES REVENUE	13,834	560
SOCIAL FUNCTION DEPOSITS	2,070	1,320
CONVENTION 2008 DEPOSITS	1,971	-0-
SPEAKER'S FUND	4,111	4,111
BUS EXCURSION DEPOSITS	1,100	-0-
TOTAL LIABILITIES	26,826	9,626