

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016, and ending 05-31-2017

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FRATERNAL ORDER OF EAGLES SPACEPORT AERIE 3581 INC. Address: 3510 SOUTH STREET, TITUSVILLE, FL 32780

D Employer identification number: 59-1793654. E Telephone number: (321) 267-2430. F Group Exemption Number: 0102

G Accounting Method: [x] Cash [ ] 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: N/A

J Tax-exempt status (check only one): [ ] 501(c)(3) [x] 501(c)(8) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [x] 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. \$ 82,124

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 [x]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 80,668). Rows 10-17: Expenses (Total: 81,294). Rows 18-21: Net Assets (Total: 100,217).

**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   |
|---|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                    | 22,675                | <b>22</b> 20,111  |
| <b>23</b> Land and buildings . . . . .  | 27,728                | <b>23</b> 27,728  |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                             | 45,500                | <b>24</b> 52,378  |
| <b>25</b> Total assets . . . . .  | 95,903                | <b>25</b> 100,217 |
| <b>26</b> Total liabilities (describe in Schedule O). . . . .                         |                       | <b>26</b>         |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 95,903                | <b>27</b> 100,217 |

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose?

CONTRIBUTIONS TO THE LOCAL COMMUNITY

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

|   |            |  |
|---|------------|--|
| <b>28</b><br>See Additional Data Table  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>      | <b>28a</b> |  |
| <b>29</b>   | <b>29a</b> |  |
| (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>      |            |  |
| <b>30</b>   | <b>30a</b> |  |
| (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>      |            |  |
| <b>31</b> Other program services (describe in Schedule O) . . . . .                                     |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>      | <b>31a</b> |  |
| <b>32</b> Total program service expenses (add lines 28a through 31a) . . . . . <input type="checkbox"/> | <b>32</b>  |  |

**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 |
|--------------------|--|--|---|--|
| LESTER R OSBORNE   | 040 00   | 0  |   |  |
| WORTHY PRESIDENT   |  |  |   |  |
| WILLIAM RIDDLE     | 020 00   | 0  |   |  |
| VICE PRESIDENT     |  |  |   |  |
| SCOTT HERMANSON    | 030 00   | 2,198  |   |  |
| SECRETARY          |  |  |   |  |
| ROB MOSHER         | 002 00   | 0  |   |  |
| TRUSTEE            |  |  |   |  |
| GIL BOND           | 002 00   | 0  |   |  |
| TRUSTEE            |  |  |   |  |
| ROBERT SINDELL     | 002 00   | 0  |   |  |
| TRUSTEE            |  |  |   |  |
| LARRY PARKS        | 002 00   | 0  |   |  |
| TRUSTEE            |  |  |   |  |
| JIM MALOTA         | 002 00   | 0  |   |  |
| TRUSTEE            |  |  |   |  |
|                    |  |  |   |  |
|                    |  |  |   |  |
|                    |  |  |   |  |
|                    |  |  |   |  |

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 . . . . .

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> 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 . . . . . | <b>46</b>  | No        |

**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 . . . . .

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

**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 |
|-------------------------------------|--|---|---|--|
| 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 |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**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 that have completed Schedule A . . . . .

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, and I believe that the return and all information furnished to me are 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  
▶ LESTER OSBORNE WORTHY PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

|   |                      |
|---|----------------------|
| Print/Type preparer's name<br>TRACEY C HIGGINBOTHAM | Preparer's signature |
| Firm's name ▶ HIGGINBOTHAM COMPANIES INC            |                      |
| Firm's address ▶ 3790 N US 1<br>COCOA, FL 32926     |                      |

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

# Additional Data

**Software ID:** 16000333

**Software Version:** 17.2.1.0

**EIN:** 59-1793654

**Name:** FRATERNAL ORDER OF EAGLES SPACEPORT AERIE 3581  
INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|---|--|--|
| <b>28</b> LOCAL CHARITABLE AND NON-PROFIT ORGANIZATIONS<br>(Grants \$ )   | <b>28a</b>   |  |
| If this amount includes foreign grants, check here . . . <input type="checkbox"/>   |  |  |

**TY 2016 Compensation Explanation****Name:** FRATERNAL ORDER OF EAGLES SPACEPORT AERIE 3581 INC**EIN:** 59-1793654**Software ID:** 16000333**Software Version:** 17.2.1.0

Person Name

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FRATERNAL ORDER OF EAGLES SPACEPORT AERIE 3581 INC

Employer identification number

59-1793654

**990 Schedule O, Supplemental Information**

| Return Reference                           | Explanation               |
|--|---------------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Sales tax collected 6,883 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                    | <b>Explanation</b>             |
|--|--------------------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Facility reimbursements 17,807 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                    | <b>Explanation</b>            |
|--|-------------------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Reconciliation adjustment 132 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                   | <b>Explanation</b>   |
|---|--|
| Form 990-EZ, Part I, Line 10, Grants Paid | Activity LOCAL CHARITABLE ORGANIZATION, Grantee LOCAL CHARITABLE ORGANIZATION, Cash Grant 21,253, Relationship |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b>                           |
|--|--|
| Form 990-EZ, Part I, Line 16, Other Expenses | Conferences, conventions, and meetings 1,125 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b> |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Supplies 6,232     |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b> |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Sales Tax 6,807    |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b> |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Dues 4,005         |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b>        |
|--|---------------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Contracted services 1,745 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b> |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Insurance 117      |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                  | <b>Explanation</b>                           |
|--|--|
| Form 990-EZ, Part I, Line 20, Net Assets | Revaluation of fixed assets adjustment 6,878 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                  | <b>Explanation</b>               |
|--|----------------------------------|
| Form 990-EZ, Part I, Line 20, Net Assets | Reconciliation adjustment -1,938 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                     | <b>Explanation</b>   |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | FURNITURE AND EQUIPMENT Beginning of year 33,000, End of year 32,861 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                     | <b>Explanation</b>   |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | SOCIAL ROOM FURNITURE Beginning of year 12,500, End of year 19,517 |