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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493278002177 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 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

In the contraction is at www IRS acv/form99

2016

☐ Yes ☐ No

Form **990** (2016)

Cat No 11282Y

nterna	l Reven	the Treas	re Information at	oout Form 990 and its instructions is		,	<u>n990</u>		Inspection
Che □ Add □ Na	ck ıf ap dress c me cha	plicable hange inge	C Name of organization Fraternal Order of Eagles #3582 Doing business as	ginning 06-01-2016 , and endin	g 05-31-20	017	D Employ 59-160		fication number
Fin Detur DAm	n/term ended		Number and street (or P O box if 1717 S US HWY 1 unit 10	f mail is not delivered to street address)	Room/suite		E Telephor (772) 4	ne number	
ш Арі	piicatio	in penain	City or town, state or province, or Fort Pierce, FL 34950	ountry, and ZIP or foreign postal code			G Gross re	•	91,576
· Tax	v over	npt status	F Name and address of princ Robert Davison 1267 Old Dixie Highway Vero Beach, FL 32960	· <u>-</u> <u>-</u>	Н(subor	s a group re dinates? Il subordinat ded?		□Yes ☑No
	ebsite		501(c)(3) 2 501(c)(8)	◀ (insert no)			o," attach a p exemption		instructions) ▶
(Form	n of org	ganızatıo	n 🗹 Corporation 🗌 Trust 🔲 A	ssociation Other	LY	ear of form	ation 1974	M State	of legal domicile FL
Pa Pantance Pantance		riefly de	nmary escribe the organization's mission in suffering of the body and mind	n or most significant activities through raising monies for National	and Local cl	narties			
Activities & Govern	3 1 4 1 5 - 6 -	Number Number Total nu Total nu	of voting members of the gover of independent voting members imber of individuals employed in imber of volunteers (estimate if r	discontinued its operations or disposining body (Part VI, line 1a) of the governing body (Part VI, line calendar year 2016 (Part V, line 2a) necessary)	1b)	· · · · · · · · · · · · · · · · · · ·	•	3 4 5 6 7a	200 0 0 150 76,844
	ь	Net unr	elated business taxable income fi	rom Form 990-T, line 34		 Pr	ior Year	7b	Current Year
Ravenue	9 10 11 (Program Investm Other re	nent income (Part VIII, column (A evenue (Part VIII, column (A), lin	2g)	•		6, 67,; 74,		102,600 102,600
8	13 (14 (15 (Grants a Benefits Salaries	and similar amounts paid (Part IX paid to or for members (Part IX , other compensation, employee	(, column (A), lines 1-3), column (A), line 4)benefits (Part IX, column (A), lines	5-10)		22,	0 0 417	6,100 (37,890
Expenses	b -	Total fun Other e	draising expenses (Part IX, column (D xpenses (Part IX, column (A), lin	olumn (A), line 11e)			41,		46,14 90,13
ances			e less expenses Subtract line 18		•	Beginning	10,	'ear	12,464 End of Year
Fund Balances	21 ⁻ 22	Total lia Net asse	sets (Part X, line 16)				15,	0	28,04: 28,04:
Jnder (nowl		lties of and beli		amined this return, including accomp te Declaration of preparer (other th					
Sign Here		Robe	ature of officer rt Davison Secretary or print name and title			20: Dal	17-10-04 ce		
Paid			Print/Type preparer's name Firm's name	Preparer's signature	Date	self	eck if f-employed m's EIN	PTIN	
	oare Onl		Firm's address				one no		

May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page 2
Par	t IIII Statement	of Program Service Acc	omplishments		
	Check If Sche	edule O contains a response or	note to any line in this Part III		
1	•	organization's mission			
To le	sson suffering of the l	oody and mind while encourang	ing a broad spirit of love and brother	hood by raising monies for Nat	cional and local charties
_	B 111				
2	-		ram services during the year which w		☐ Yes ☑ No
					∟ Yes ⊻ No
3	•	ese new services on Schedule () nificant changes in how it conducts, a	nny program	
3	_		-	any program	☐ Yes ☑ No
		ese changes on Schedule O			Li res Li No
4		-			
•	Section 501(c)(3) ar		plishments for each of its three larges required to report the amount of grar ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000) (2Aponess \$	moduling grante of \$, (maranda 4	,
	-				
4d	Other program son	ices (Describe in Schedule O)			
Tu	(Expenses \$	0 including g	rants of \$ 0) (Revenue \$	0)
4e	Total program ser		0	т	
			-		Form 990 (2016)

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

No

No

Nο

No

Nο

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No

No

Nο

No

No

Νo

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No

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Νo

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No

No

Nο

Nο

Nο

No

Checklist of Required Schedules Part IV Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If "Yes," complete Schedule D, Part VI

Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

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12b

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14a

14b

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Yes

Form 990 (2016)

29

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

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24a

24b

24c

24d

25a

25b

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28b

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Yes

Form 990 (2016)

Page 4

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Nο

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Nο

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Nο

Nο

Nο

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	this return	2 _b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-'-		110
9	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
٥-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
.4a	but the diganization receive any payments for indoor tanning services during the tax years.	_ Tu		

OHH	990 (20	16)					Page t
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th Ba, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
	(Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction A	A. Governing Body and Management					
1a	Enter t	ne number of voting members of the governing body at the end of the tax year	1a	200		Yes	No
	body, c	e are material differences in voting rights among members of the governing in if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b		ne number of voting members included in line 1a, above, who are independent	1b	0			
2		officer, director, trustee, or key employee have a family relationship or a business director, trustee, or key employee?	s rela	tionship with any other	2		No
3		organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other pe			3		No
4	Did the	organization make any significant changes to its governing documents since the p	rior F	Form 990 was filed?	4		No
5	Did the	organization become aware during the year of a significant diversion of the organi	ızatıo	n's assets?	5		No
6	Did the	organization have members or stockholders?			6	Yes	
7a		organization have members, stockholders, or other persons who had the power to	elec	t or appoint one or more	7a	Yes	
L		rs of the governing body? . governance decisions of the organization reserved to (or subject to approval by) i			7a 7b	Yes	
U		s other than the governing body?		bers, stockholders, or		res	
8	Did the the foll	organization contemporaneously document the meetings held or written actions uowing	ndert	taken during the year by			
а	The go	verning body?			8 a	Yes	
b	Each co	ommittee with authority to act on behalf of the governing body?	•		8b	Yes	
9	organiz	e any officer, director, trustee, or key employee listed in Part VII, Section A, who c ation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se	ction E	3. Policies (This Section B requests information about policies not requir	red b	y the Internal Revenu	e Code		
	5 1 11					Yes	No
		organization have local chapters, branches, or affiliates?	of s	· · · · · · uch chapters, affiliates,	10a	Yes	
		inches to ensure their operations are consistent with the organization's exempt pur	•		10b	Yes	
	form?	e organization provided a complete copy of this Form 990 to all members of its gov		g body before filing the	11a	Yes	
		e in Schedule O the process, if any, used by the organization to review this Form S				.,	
		organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
	conflict				12b	Yes	
С	Schedu	organization regularly and consistently monitor and enforce compliance with the p le O how this was done	oolicy.	? If "Yes," describe in • • •	12c	Yes	
13	Did the	organization have a written whistleblower policy?			13		No
14	Did the	organization have a written document retention and destruction policy?			14	Yes	
15		process for determining compensation of the following persons include a review ai s, comparability data, and contemporaneous substantiation of the deliberation and					
а	The org	anization's CEO, Executive Director, or top management official			15a		No
b		fficers or key employees of the organization	•		15b		No
		to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxable	organization invest in, contribute assets to, or participate in a joint venture or simentity during the year?			16a		No
b	ın joint	" did the organization follow a written policy or procedure requiring the organization venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?			16b		
Se	ction (C. Disclosure			100		
17		States with which a copy of this Form 990 is required to be filed▶					
18		6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990		990-T (501(c)(3)s only)			
		le for public inspection. Indicate how you made these available. Check all that appl	•	- 0)			
19		rn website □ Another's website ☑ Upon request □ Other (explain in Scheel in Schedule O whether (and if so, how) the organization made its governing doci		•			
		and financial statements available to the public during the tax year	a. 11C()	is, commet or interest			
20		ne name, address, and telephone number of the person who possesses the organiz a Garcia 1717 S US HWY 1 unit 10 Fort Pierce, FL 34950 (772) 461-2750	zation	's books and records			

compensated employees, and former such persons

(A)

(F)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

(C)

(D)

(E)

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Name and Title	Average hours per week (list any hours for related	(ne bo	ox, ι n of or/t	t ch unle: ficei	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Robert Davison President	10 10	Х						0	0	0
(2) Robert Cameron Trustee	25 0		x					0	0	0
(3) Mike Speilman Trustee	25 0		х					0	0	0
(4) Angela Garcia Secretary	20			х				0	0	0
(5) Dennis Conner Vice President	5			x				0	0	0
(6) David Sanders Treasurer	15 0			×				0	0	0
(7) Mark Moreland Auditor	10 25			×				0	0	0
										5 005 (52) 5
										Form 990 (2016)

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (F)

Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total			>		

1b Sub-Total				▶ _			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				▶	0	C	0

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule I for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

1b Sub-Total				▶ _			•	
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶				
d Total (add lines 1h and 1c)			 _	▶□	0	0		0

1b Sub-Total			 -	>			<u> </u>	_
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶□				
d Total (add lines 1b and 1c)				▶	0	0		0

1b	Sub-Total						>					
c '	c Total from continuation sheets to Part VII, Section A											
d	Total (add lines 1b and 1c)						▶		0		0	(
2	Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than	\$10	00,000	

Yes

3

4

5

(B)

Description of services

No

Νo

No

No

(C)

Compensation

Form 990 (2016)

Part	VIII Statement of Revenue					rage J
	Check if Schedule O contains a	response or note to a	any line in this Part VII	ı		🗆
			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a		revenue		512-514
nts nts	b Membership dues	1b	_			
iral 10 u	c Fundraising events	1c	_			
S. G Arr	d Related organizations	1d	_			
iii. Ia	e Government grants (contributions)		_			
ons, Gifts, Grants Similar Amounts	e Government grants (contributions)	1e	<u> </u>			
ion	f All other contributions, gifts, grants, and similar amounts not included	1f				
Contributions, Gifts, Grants and Other Similar Amounts	above L		_			
Ē	g Noncash contributions included in lines 1a-1f \$	_				
Col	h Total.Add lines 1a-1f	•	0			
	T	-	ness Code			T
Program Service Revenue	2a					
<u>بر</u> بر	h					
Ce F	b —					
ervi	d —					
ιS	e ————					
grar	f All other program service revenue					
Ρ̈́	gTotal.Add lines 2a-2f	>	0			
	3 Investment income (including divider	ods interest and oth	ner			
	sımılar amounts)	•	▶			
	4 Income from investment of tax-exem	pt bond proceeds	•			
	5 Royalties		•			
	(I) Real	(II) Persona				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or	0	0			
	(loss)					
	d Net rental income or (loss)		<u>•</u>			
	(ı) Securitie	s (II) Other				
	7a Gross amount from sales of					
	assets other than inventory					
	b Less cost or					
	other basis and sales expenses					
	C Gain or (loss)	0	0			
	d Net gain or (loss)	·	>			
	8a Gross income from fundraising even					
ne	(not including \$ of contributions reported on line 1c)					
Ver	See Part IV, line 18	а				
Other Revenue	b Less direct expenses	b				
ler	c Net income or (loss) from fundraisir		<u> </u>			
Ott	9a Gross income from gaming activities See Part IV, line 19	5				
		a 51,	198			
	b Less direct expenses	b 25,	439			
	c Net income or (loss) from gaming a	ctivities	25,75	25,759	0	0
	10aGross sales of inventory, less returns and allowances					
	returns and anowances	a 140,	378			
	b Less cost of goods sold	b 63,	534			
	C Net income or (loss) from sales of ir	nventory •	76,84	.4	76,844	0
	Miscellaneous Revenue	Business Cod	de			
	11a					
	b					
	с					
	d All other revenue			0 (0	0
	e Total. Add lines 11a-11d		•			
	12 Total revenue. See Instructions .		,			
			102,60	25,759	76,844	0 Form 990 (2016)

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,000	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22	100			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	37,896			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
_	Legal	0			
c	Accounting	0			
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	1,500			
13	Office expenses	900			
14	Information technology	3,000			
15	Royalties	0			
	Occupancy	34,367			
	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	2,500			
	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	3,876			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a				
	b				
	C C				
	d All other expenses				
	e All other expenses	00.120	0	0	
	Total functional expenses. Add lines 1 through 24e	90,139	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
		1			1

Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D Less accumulated depreciation

1 2

Assets

11

12

13

14

15

16

17

18

19

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24

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26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Check if Schedule O contains a response or note to any line in this Part IX .			
	(A) Beginning of year		(B) End of ye
Cash-non-interest-bearing	12,646	1	
Savings and temporary cash investments	0	2	
Pledges and grants receivable, net	0	3	

Page **11**

23,792

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28.042

28,042

28,042

Form **990** (2016)

28,042

4,250

_	Savings and temporary cash investments	·	_	•
3	Pledges and grants receivable, net	0	3	;
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	;
_	I amount of the common than from a the control find managed (and defined made)		i	

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			102,603
2	Total expenses (must equal Part IX, column (A), line 25)	2			90,139
3	Revenue less expenses Subtract line 2 from line 1	3			12,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			15,578
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			28,042
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	, , , , , , , , , , , , , , , , , , ,			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

Νo

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software Version: v1.00 **EIN:** 59-1606879

Name: Fraternal Order of Eagles #3582

Software ID: 16000425

Form 990 (2016)

Form 990, Part III, Line 4a:

To lessen suffering of the body and mind through fundraising through local and National Charities

organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** Fraternal Order of Eagles #3582 59-1606879 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

DLN: 93493278002177 OMB No 1545-0047

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d)
		(=,=	(-,	(-,	Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
KE					,
Keverkie					
۲ ۲					
	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus				
\dashv	line 2)	<u> </u>			
	4 Cash prizes				
နှင့် မြ	5 Noncash prizes				
š	6 Rent/facility costs				
š	7 Food and beverages				
Ulrect Expenses	8 Entertainment				
ě	9 Other direct expenses				
_	10 Direct expense summary Add lines 4	through 9 in column (d)		•	
	11 Net income summary Subtract line 10	- , ,			
- 1	11 Net income summary Subtract line 10	<u> </u>	<u> </u>		
Par	Gaming, Complete if the org	anization answered "Ye	s" on Form 990, Part I	V. line 19, or reported	more than \$15,000
Par	Gaming. Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
			s" on Form 990, Part I (b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
		anization answered "Ye		V, line 19, or reported (c) Other gaming	
	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))
Reversie			(b) Pull tabs/Instant		(d) Total gaming (add col (a) through col (c))
Reversie	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)) 51,198
Reversie	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 27,642	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	(a) Bingo 3,032	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 27,642	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 27,642	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	(a) Bingo 3,032 0	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 27,642	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Keverine	on Form 990-EZ, line 6a. 1 Gross revenue .	(a) Bingo 3,032 0 0	(b) Pull tabs/Instant bingo/progressive bingo 20,524	(c) Other gaming 27,642	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue .	(a) Bingo 3,032 0 0 1,153	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0	(c) Other gaming 27,642 0	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo 3,032 0 0 1,153 Yes 0 %	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 Yes 0 %	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo 3,032 0 0 1,153 Yes 0 % No	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 Yes 0 %	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198
Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2	(a) Bingo 3,032 0 0 1,153 Yes 0 % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0 % No	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198 0 25,439
Direct Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032 0 0 1,153 Yes 0 % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0 % No n (d)	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198 0 0 25,439
Ulrect Expenses Reverkie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 8 Net gaming income summary Subtract	(a) Bingo 3,032 0 0 1,153 Yes 0.% No through 5 in column (d) tt line 7 from line 1, column ion conducts gaming activities	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0.% No n (d)	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198 0 0 25,439
DIFECT EXPENSES REVEINE	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032 0 0 1,153 Yes 0% No through 5 in column (d) through 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0.% No n (d)	(c) Other gaming 27,642 0 19,896 Yes 0 %	(d) Total gaming (add col (a) through col (c)) 51,198 0 0 25,439
Ulrect Expenses Reverkie	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 8 Net gaming income summary Subtract	(a) Bingo 3,032 0 0 1,153 Yes 0% No through 5 in column (d) through 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0.% No n (d)	(c) Other gaming 27,642 0 19,896 ✓ Yes 0 % No ▶ ▶	(d) Total gaming (add col (a) through col (c)) 51,198 0 25,439 25,439
Ф Direct Expenses Reversite	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032 0 0 1,153 Yes 0 % No through 5 in column (d) tt line 7 from line 1, column ion conducts gaming activities in each of actions	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0.% No n (d)	(c) Other gaming 27,642 0 19,896 ✓ Yes 0.% No ▶ ▶	(d) Total gaming (add col (a) through col (c)) 51,198 0 25,439 25,439
Direct Expenses Reversie	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo 3,032 0 0 1,153 Yes 0 % No through 5 in column (d) tt line 7 from line 1, column ion conducts gaming activities in each of actions	(b) Pull tabs/Instant bingo/progressive bingo 20,524 0 4,390 ✓ Yes 0 % No	(c) Other gaming 27,642 0 19,896 ✓ Yes 0.% No ▶ ▶	(d) Total gaming (add col (a) through col (c)) 51,198 0 0 25,439 25,759

Sche	dule G (Form	990 or 990-EZ) 2016					Page :	
11	Does the or	ganızatıon conduct gam	ing activities with nonmember	·s?		Yes	✓ No	
12		nization a grantor, benef dminister charitable gar		a member of a partnership or other entity		✓ Yes		
13	Indicate the	percentage of gaming	activity conducted in					
а	The organiz	ation's facility			13a		100 %	
b	An outside f	facility			13b		0 %	
14	Enter the na	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name 🕨	Linda Griffith						
	Address ►	1717 South Us HWY STE 10 Fort Pierce, FL 3495	-					
15a	Does the or revenue?	ganization have a contra		om the organization receives gaming		□Yes	✓ No	
b		_	ig revenue received by the org I by the third party $ hline$ \$	ganization 🕨 \$ and th	ne			
С	If "Yes," ent	ter name and address of	the third party					
	Name ►							
	Address ►							
16	Gaming mai	nager information						
	Name ▶	Linda Griffith						
	Gaming mai	nager compensation 🕨 :	\$	<u>0</u>				
	Description	of services provided >	Reporting income and payou	its to membership				
	☐ Directo	r/officer	✓ Employee	☐ Independent contractor				
17	Mandatory o							
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent 						□Yes	☑ No	
		<u> </u>	ctivities during the tax year 🕨	•				
Par	III,		, 15c, 16, and 17b, as app	tions required by Part I, line 2b, column blicable. Also complete this part to provid				
	Retu	ırn Reference		Explanation				
				Sched	ule G (F	orm 990 or	990-FZ) 201	

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SCHEDIII	ΕO	Supplemental Information to Form 9	990 or 990-F7	OMB No 1545-0047	
SCHEDULE O (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. Department of the Treasury Department of the Treasury Department of the Treasury 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 www.irs.gov/form990.			ecific questions on information.	2016 Open to Public Inspection	
Name of the organization Fraternal Order of Eagles #3582		12	Employer identification number 59-1606879		
990 Schedul	e O, Sup	plemental Information	•		
Return Reference		Explanation			
Form 990, Part VI, Section A, Line 6	Every Me	ember has equal Voting right and responsibilities			

Return Explanation

Form 990,
Part VI,
Section A,
Line 7a

Return Explanation
Reference

Line 7b

Form 990,
Part VI,
Section A,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. Posted on bulletin board Part VI, Section B.

Line 11b

Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B.

An independent Auditor monitors all committees, officers, and members for compliance

Return Explanation Reference Form 990. Available by appointment with Aerie Secretary Part VI,

Section C, Line 19