

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year or tax year beginning May 4, 2005 and ending April 30, 2006

B Check if applicable: Address changed, Name changed, Initial return, Final return, Amended return, Application pending

1406 MELBOURN 29 IA 200604 08 00 9 0002
MELBOURNE LODGE NO 1406 LOYAL ORDER
PO BOX 121506
MELBOURNE FL 32912-1506

Employer identification number: 59-0582202
Telephone number: (321) 725-5215
Accounting method: Cash, Accrual, Other (specify) _____

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: 002
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(8) (insert no.), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	16,601		
	b	Indirect public support	1b	0		
	c	Government contributions (grants)	1c	0		
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	16,601.16		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	20,898.48		
	3	Membership dues and assessments	3	20,414.00		
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	8a	42,568.65		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	42,568.65		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including contributions reported on line 1a)	9a	131,416.00		
	b	Less: direct expenses other than fundraising expenses	9b	133,767.06		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-2,351.06		
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
Net Assets	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0		
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	286,151.23		
	Expenses	13	Program services (from line 44, column (B))	13	94,425.16	
		14	Management and general (from line 44, column (C))	14	152,717.65	
		15	Fundraising (from line 44, column (D))	15		
		16	Payments to affiliates (attach schedule)	16		
		17	Total expenses (add lines 13 and 14, column (A))	17	247,142.81	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	39,008.48	
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	258,189.48	
20		Other changes in net assets or fund balances (attach explanation)	20			
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	297,238.81		

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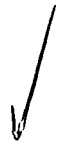
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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1956.50			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	697.00		0	0
26	Other salaries and wages	38,802.34		0	0
27	Pension plan contributions			0	0
28	Other employee benefits			0	0
29	Payroll taxes	10521.15		0	0
30	Professional fundraising fees			0	0
31	Accounting fees			0	0
32	Legal fees			0	0
33	Supplies	42057.01		0	0
34	Telephone			0	0
35	Postage and shipping	1324.89		0	0
36	Occupancy	30206.96		0	0
37	Equipment rental and maintenance			0	0
38	Printing and publications	797.86		0	0
39	Travel			0	0
40	Conferences, conventions, and meetings	898.68		0	0
41	Interest	97.90	94,425.76	0	0
42	Depreciation, depletion, etc. (attach schedule)			0	0
43	Other expenses not covered above (itemize):				
a	Repairs	10,644.52		0	0
b	Advertising	302.21		0	0
c	Sales tax	9,631.06		0	0
d	BANK charge	100.19		0	0
e	LIcENCES	300.00		0	0
f	Service + Support	635.48		0	0
g	SPECIAL PROJECTS	3743.95		0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	152717.65	94,425.76		

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____



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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure this return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Fraternalism</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
a The organization unites its members in the bonds of fraternity benevolence and charity. This is accomplished through a year-round schedule of social & recreational activities for the members & their families estimated to number () _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	n/a
b _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►	



Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	14,579.79	45	64,344.87
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	47b 0	47c	
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0 48c	0
	49 Grants receivable		0 49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7171.94	52	9,221.94
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule)	19,769.78	54	23,766.44
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c	199,947.63	
58 Other assets (describe ►)	2085.00	58		
59 Total assets (must equal line 74). Add lines 45 through 58.	260,526.84	59	297,280.88	
Liabilities	60 Accounts payable and accrued expenses	1396.68	60	
	61 Grants payable		0 61	0
	62 Deferred revenue		0 62	6019.44 0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		0 64a	0
	b Mortgages and other notes payable (attach schedule)	482.93	64b	
	65 Other liabilities (describe ►)	457.75	65	
66 Total liabilities. Add lines 60 through 65		66	-6019.44	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	258,189.48	67	29,126.44
	68 Temporarily restricted		0 68	0
	69 Permanently restricted		0 69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	n/a	70	n/a
	71 Paid-in or capital surplus, or land, building, and equipment fund	n/a	71	n/a
	72 Retained earnings, endowment, accumulated income, or other funds	n/a	72	n/a
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	258,189.48	73	297,280.88	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	260,526.84	74	291,261.44	



Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	n/a
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	n/a	
2	Donated services and use of facilities	b2	n/a	
3	Recoveries of prior year grants	b3	n/a	
4	Other (specify):	b4	n/a	
	Add lines b1 through b4		b	n/a
c	Subtract line b from line a		c	n/a
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 8b	d1	n/a	
2	Other (specify):	d2	n/a	
	Add lines d1 and d2		d	n/a
e	Total revenue (Part I, line 12). Add lines c and d		e	n/a

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	n/a
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	n/a	
2	Prior year adjustments reported on Part I, line 20	b2	n/a	
3	Losses reported on Part I, line 20	b3	n/a	
4	Other (specify): n/a	b4	n/a	
	Add lines b1 through b4		b	n/a
c	Subtract line b from line a		c	n/a
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	n/a	
2	Other (specify):	d2	n/a	
	Add lines d1 and d2		d	n/a
e	Total expenses (Part I, line 17). Add lines c and d		e	n/a

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See attached Schedule				



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . 81a none		
b Did the organization file Form 1120-POL for this year?	81b	✓



Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	n/a	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	n/a	
	c Dues, assessments, and similar amounts from members	85c	n/a
	d Section 162(e) lobbying and political expenditures	85d	n/a
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	n/a
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	n/a
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	n/a
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	n/a
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	n/a
	b Gross receipts, included on line 12, for public use of club facilities	86b	n/a
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	n/a
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	n/a
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		n/a
	b 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	n/a
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		n/a
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		n/a
90a	List the states with which a copy of this return is filed ▶		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91a	The books are in care of ▶ <u>William Mayes</u> Telephone no. ▶ <u>(321) 725-5215</u> Located at ▶ <u>157 DAYTON BLVD MELBOURNE FL</u> ZIP + 4 ▶ <u>32904</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	<input checked="" type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	<input type="checkbox"/>



Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					20891848
f Medicare/Medicaid payments					0
g Fees and contracts from government agencies					16,601/16
94 Membership dues and assessments					2044/00
95 Interest on savings and temporary cash investments			14		
96 Dividends and interest from securities			14		
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18		42,568/15
101 Net income or (loss) from special events			02,09		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					2865123

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	uniting members in the bonds of fraternity, benevolence and charity
94	uniting members in the bonds of fraternity, benevolence and charity

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here

Signature of officer: William C. Mayes

Type or print name and title: WILLIAM C. MAYES LOD

Paid Preparer's Use Only

Preparer's signature: _____

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

LOYAL ORDER OF MOOSE
MOOSE LODGE Melbourne NO. 1406
OFFICER/CHAIRMAN/APPOINTED OFFICER/ESCORT REPORT

Title	MID	Name	Start Date	Home Phone
ADMINISTRATOR	001722347	William Mayes	05/01/2005	(321) 984-1467
Club Manager	001722347	William Mayes	07/24/2005	(321) 984-1467
Governor	010434648	David Bennett	07/24/2005	(321) 254-0781
Governor	010434648	David Bennett	11/08/2005	(321) 254-0781
Junior Governor	002258644	Michael Sweeney	11/08/2005	(321) 728-0108
Junior Past Governor	010418544	John Ragas	11/08/2005	(321) 727-9834
Prelate	000779171	Terrence McCabe	11/08/2005	(321) 223-0446
Treasurer	010578455	Harold Byrne	11/08/2005	(321) 953-4951
Trustee	010741291	Jackson Bragg	11/08/2005	
Trustee	009217100	Joseph Gehrlein	11/08/2005	(321) 727-8451
Trustee	016526577	Walter Exell	11/08/2005	(321) 259-0257

Total Positions Reported: 11

Part V-A