

EXTENSION "COPY" ATTACHED

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 4/1/2005, and ending 3/31/2006

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

C Name of organization: LODGE 2113 BPOE-TITUSVILLE. D Employer identification number: 59-0919035. E Telephone number: (321) 268-2111. F Accounting method: HYBRID.

G Website: N/A

J Organization type (check only one): [X] 501(c) (8)

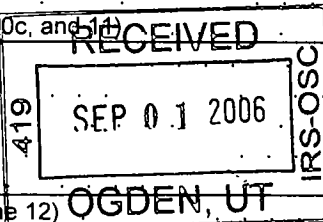
K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [X] No. I Group Exemption Number: 1156.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 435,151

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

Table with 21 rows and 4 columns (a, b, c, d). Includes revenue items like contributions, program service revenue, and expenses like fundraising and total expenses.



SCANNED SEP 21 2005

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 \$ <u>7,872</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	7,872	7,872	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	9,900	9,900	
26	Other salaries and wages	26	66,906	66,906	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	9,111	9,111	
30	Professional fundraising fees	30			
31	Accounting fees	31	1,000	1,000	
32	Legal fees	32			
33	Supplies	33	2,663	2,663	
34	Telephone	34	2,230	2,230	
35	Postage and shipping	35	1,318	1,318	
36	Occupancy	36	3,060	3,060	
37	Equipment rental and maintenance	37			
38	Printing and publications	38	10,568	10,568	
39	Travel	39			
40	Conferences, conventions, and meetings	40	5,200	5,200	
41	Interest	41	19,804	19,804	
42	Depreciation, depletion, etc (attach schedule)	42	48,281	48,281	
43	Other expenses not covered above (itemize)				
a	See attached statement	43a	194,389	194,389	
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	382,302	7,872	374,430

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 the 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? CHARITY	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a SUPPORT ELK AND LOCAL CHARITIES (Grants and allocations \$ 7,872) If this amount includes foreign grants, check here <input type="checkbox"/>	7,872
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)	7,872

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)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	73,816	45	63,170	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use	14,232	52	11,663	
	53 Prepaid expenses and deferred charges		53		
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments—land, buildings, and equipment basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule)		56			
57 a Land, buildings, and equipment, basis	57a	1,181,361			
b Less accumulated depreciation (attach schedule)	57b	597,454	57c		
58 Other assets (describe _____)		631,888	58		
59 Total assets (must equal line 74). Add lines 45 through 58		719,936	59	658,740	
Liabilities	60 Accounts payable and accrued expenses	19,699	60	8,370	
	61 Grants payable		61		
	62 Deferred revenue	47,255	62	57,909	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	304,500	64b	302,500	
	65 Other liabilities (describe <input type="checkbox"/> OTHER CURRENT LIABILITIES _____)	3,254	65	4,692	
66 Total liabilities. Add lines 60 through 65		374,708	66	373,471	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	343,663	67	283,779	
	68 Temporarily restricted		68		
	69 Permanently restricted	1,565	69	1,490	
	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		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	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)		345,228	73	285,269
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		719,936	74	658,740

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions) N/A

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return N/A

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

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
Name CHARLES ATWEL Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title EXALTED RULE Hr/WK 16			
Name RUSS BECKWITH Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title SECRETARY Hr/WK 25	6,600		
Name KEN STACER Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title TREASURER Hr/WK 10	3,300		
Name PAUL BRANT Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title LOYAL KNT Hr/WK 1			
Name JIM PARKS Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title LEADING KNT Hr/WK 1			
Name ALAN ADAMSON Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title LECT KNT Hr/WK 1			
Name ROBERT RYCHEL Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title ESQUIRE Hr/WK 1			
Name ALEX CORNETTC Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title TILER Hr/WK 1			
Name MIKE ANDERSON Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title INNER GUARD Hr/WK 1			
Name SEE ATTACHED Str PO BOX 2137 City TITUSVILLE ST FL ZIP 32781	Title Hr/WK			

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

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16

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 X

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.

75c X

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

d Does the organization have a written conflict of interest policy?

75d X

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)

Table with 5 columns: (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. Multiple rows for listing individuals.

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 X

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 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .

79 X

80 a 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 X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81 a Enter direct and indirect political expenditures (See line 81 instructions.)

81a

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

Yes No

82 a 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?	82a		X
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	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
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			
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
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		X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____			
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		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____			
90 a List the states with which a copy of this return is filed <input type="checkbox"/> _____			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	13	
91 a The books are in care of <input type="checkbox"/> Name SECRETARY Telephone no. <input type="checkbox"/> (321) 268-2111 Located at <input type="checkbox"/> PO BOX 2137 City TITUSVILLE ST FL ZIP + 4 <input type="checkbox"/> 32781-2137			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ 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 United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> _____	92	N/A	

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 MEMBER CONTRIBUTIONS					18,472
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					74,643
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					6,583
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					161,404
103 Other revenue					
a BINGO					49,997
b MISCELLANEOUS					11,244
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					322,343
105 Total (add line 104, columns (B), (D), and (E))					322,343

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)
▼	

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
N/A				

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 attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: *James P. Parks*

Type or print name and title: JAMES P. PARKS

Paid Preparer's Use Only

Preparer's signature: *Mark W. Clark*

Firm's name (or yours if self-employed), address, and ZIP + 4: C & M COASTAL ACCOUNTING, 1617 N RIDGEWOOD STE E-204,

Depreciation and Amortization

(Including Information on Listed Property)

2005

(Rev. January 2006)

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return LODGE 2113 BPOE-TITUSVILLE	Business or activity to which this form relates 990	Identifying number 59-0919035
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	105,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost		
6				
7 Listed property Enter the amount from line 29			7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	
9 Tentative deduction Enter the smaller of line 5 or line 8			9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562			10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			12	
13 Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12			▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	47,943
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		300	7	HY	200DB	43
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			27 5 yrs.	MM	S/L	
			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	295
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	48,281
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 25: Special allowance for certain aircraft... 25

26 Property used more than 50% in a qualified business use

Table for Section 26 with columns (a) through (i). Row 1: COMPUTER, 10/4/2004, 100 00%, 923, 923, 5, 200DB - HY, 295

27 Property used 50% or less in a qualified business use

Table for Section 27 with columns (a) through (i). Rows with S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28 295

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows 30-36: 30 Total business/investment miles driven, 31 Total commuting miles driven, 32 Total other personal miles driven, 33 Total miles driven, 34-36 Availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with columns Yes/No. Rows 37-41: 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Row 42: Amortization of costs that begins during your 2005 tax year (see instructions) 43 Amortization of costs that began before your 2005 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

Line 22 (990) - Grants and allocations

	Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country	Amount given	Relationship
1		ELKS CHARITIES	HARRY ANNA TRUST	24175 SE HWY 450	UMATILLA	FL	32784		2,129	
2		ELKS CHARITIES	FLA ELKS YOUTH CAMP	24175 SE HWY 450	UMATILLA	FL	32784		3,376	
3		ELKS CHARITIES	ELKS NAT'L FOUNDATION	2750 N LAKEVIEW AVE	CHICAGO	IL	60614		609	
4		YOUTH/CIVIC	VARIOUS ORG'S	LOCAL	TITUSVILLE	FL	32781		1,758	
5	Totals								7,872	

Line 43 (990) - Other Deductions

194,389

194,389

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 BINGO PRIZES	47,012		47,012	
2 MUSIC	15,300		15,300	
3 DIGNITARY EXPENSES	193		193	
4 INSURANCE	11,068		11,068	
5 JANITORIAL EXPENSES	14,698		14,698	
6 PER CAPITA - GRAND LODGE	11,382		11,382	
7 PER CAPITA - STATE	2,439		2,439	
8 REPAIRS & MAINT	7,536		7,536	
9 BANK CHARGES	2,579		2,579	
10 MISC EXPENSES	2,934		2,934	
11 BADGES/PINS/KEYS	91		91	
12 PEST CONTROL	407		407	
13 ER/SEC SEMINAR	346		346	
14 SHOWCASE EXPENSES	476		476	
15 RELEASES	40		40	
16 LISC & TAXES	990		990	
17 RITUAL EXPENSES	2,550		2,550	
18 PROTOCOL	386		386	
19 KITCHEN & BAR SUPPLIES	10,079		10,079	
20 UTILITES	47,707		47,707	
21 SALES TAX EXPENSES	16,176		16,176	

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	LAND	166,500	166,500
2			
3			
4			
5			
6	Total land (net of any amortization)	166,500	166,500

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	BUILDINGS	742,345	742,345	348,152	371,721
8	FURNISHINGS	272,216	272,516	201,021	225,733
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	1,014,561	1,014,861	549,173	597,454
18	Buildings and equipment (less accumulated depreciation)			465,388	417,407
19	Total land, buildings and equipment			631,888	583,907

Category or Item	Cost/Other Basis	Accumulated Depreciation	Book Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11 Total			

Line 64b (990) - Mortgages and other notes payable

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	BONDS PAYABLE - MEMBERS	<input type="checkbox"/>		304,500	302,500
19	Totals		19	304,500	302,500
	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1		4/1/2001	VARIOUS	AT MATURITY	

Line 65 (990) - Other liabilities

3,254

4,692

		Beginning	End
1	OTHER CURRENT LIABILITIES	3,254	4,692
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 10c (990) - Gross Profit from Sale of Inventory

	Category	Gross Sales	Cost of Goods Sold	Net
1	FOOD SALES	164,640	69,503	95,137
2	BAR SALES	109,572	43,305	66,267
3				
4				
5				
6				
7				
8				
9				
10				
11	Totals	274,212	112,808	161,404

990(List) PG 5 - PART V-A

Total:

1	CHUCK GUDGEL - TITUSVILLE, FL - ORGANIST	1
2	DAVE WIGGIN - TITUSVILLE, FL - CHAPLAIN	2
3	HARRY BINDERUP - TITUSVILLE - TRUSTEE	3
4	RALPH HOOD - TITUSVILLE - TRUSTEE	4
5	DUANE COWEN - TITUSVILLE - TRUSTEE	5
6	GENE SCHMIDT - TITUSVILLE - TRUSTEE	6
7	CHRISTOPHER GARIEPY - TITUSVILLE - TRUSTEE	7
8		8
9		9
10		10

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization LODGE 2113 BPOE-TITUSVILLE	Employer identification number 59-0919035
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 2137	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TITUSVILLE, FL 32781-2137	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ SECRETARY

Telephone No ▶ (321) 268-2111 FAX No ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 1156. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 11/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning 4/1/2005 and ending 3/31/2006

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.