

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning Apr 1, 2006, and ending Mar 31, 2007

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

C Name of organization: Lodge 2113 BPOE-Titusville, P. O. Box 2137, Titusville, FL 32781-2137

D Employer Identification Number: 59-0919035, E Telephone number, F Accounting method: Hybrid

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes. I Group Exemption Number: 1156. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

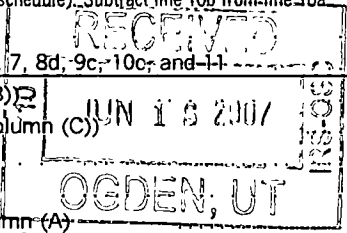
J Organization type (check only one): 501(c) 8

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 388,642.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes items like Contributions, Program service revenue, Membership dues, Gross rents, Other investment income, Special events, and Total revenue/expenses.



SCANNED JUL 24 2007

EXEMPT STATUS

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

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
22a Grants paid from donor advised funds (attach sch) (cash \$ <u>8,494.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	8,494.	8,494.		
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	7,526.	7,526.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	56,514.	56,514.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	5,760.	5,760.	0.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	355.	355.	0.	0.
32 Legal fees	32	4,825.	4,825.	0.	0.
33 Supplies	33	5,879.	5,879.	0.	0.
34 Telephone	34	2,683.	2,683.	0.	0.
35 Postage and shipping	35	1,165.	1,165.	0.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	10,645.	10,645.	0.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40	4,111.	4,111.	0.	0.
41 Interest	41	19,576.	19,576.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	70,183.	70,183.		
43 Other expenses not covered above (itemize)					
a <u>Badges/Pins/Keys</u>	43a	591.	591.	0.	0.
b <u>Bank Charges</u>	43b	3,171.	3,171.	0.	0.
c <u>Dignitary Expenses</u>	43c	266.	266.	0.	0.
d <u>Insurance</u>	43d	11,168.	11,168.	0.	0.
e <u>Janitorial Expenses</u>	43e	16,925.	16,925.	0.	0.
f <u>Kitchen & Bar Supplies</u>	43f	7,244.	7,244.	0.	0.
g <u>See Other Expenses Stmt</u>	43g	117,471.	117,471.	0.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	354,552.	354,552.	0.	0.

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

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 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 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a Support Elk and Local Charities ----- ----- ----- ----- ----- (Grants and allocations \$ 8,494.) If this amount includes foreign grants, check here <input type="checkbox"/>	354,552.
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 (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)	354,552.

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	63,170.	45	59,911.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use	11,663.	52	17,152.
	53 Prepaid expenses and deferred charges		53	
	54 a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b
55 a Investments – land, buildings, & equipment basis	55 a			
b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 1,181,561.			
b Less accumulated depreciation (attach schedule)	57 b 667,637.	583,907.	57 c	513,924.
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		658,740.	59	590,987.
LIABILITIES	60 Accounts payable and accrued expenses	8,370.	60	0.
	61 Grants payable		61	
	62 Deferred revenue	57,909.	62	89,971.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	302,500.	64 b	298,500.
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u>)	4,692.	65	1,102.
	66 Total liabilities. Add lines 60 through 65		373,471.	66
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	283,779.	67	199,924.
	68 Temporarily restricted		68	
	69 Permanently restricted	1,490.	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 and column (B) must equal line 21)		285,269.	73
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		658,740.	74	590,987.

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 and deferred compensation plans	(E) Expense account and other allowances
Charles H Gudgel 2220 Talmadge Drive Titusville, FL 32780	Organist 1	0.	0.	0.
James P Parks, PER 4305 Best Ave Titusville, FL 32780	Exalted Ruler 16	0.	0.	0.
David S Wiggin 1474 Kidak Dr Titusville, FL 32796	Leading Knight 1	0.	0.	0.
Alan Adamson 2080 London Town Lane Titusville, FL 32796	Loyal Knight 1	0.	0.	0.
Marshall W Lawrence 7220 Oakwood Ave Cocoa, FL 32927	Lecturing Knight 1	0.	0.	0.
See List of Officers, Etc. Statement				

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 as board meetings ▶ -----		
75 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)	75 b	X
75 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 the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions.	75 c	X
75 d Does the organization have a written conflict of interest policy?	75 d	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)	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	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?	78 a	X
78 b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	
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?	80 a	X
80 b If 'Yes,' enter the name of the organization ▶ ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions.)	81 a	
81 b Did the organization file Form 1120-POL for this year?	81 b	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?		X
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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.		
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86 a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88 a	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		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 _____, section 4912 _____, section 4955 _____		
89 b	501(c)(3) and 501(c)(4) organizations. 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	N/A	
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed	N/A	
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		6
91 a	The books are in care of <u>Secretary</u> Telephone number <u>(321) 269-3146</u> Located at <u>1770 S Park Ave, Titusville, FL</u> ZIP + 4 <u>32780-3326</u>		
91 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		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

92

and enter the amount of tax-exempt interest received or accrued during the tax year

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 _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					54,617.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					5,545.
102 Gross profit or (loss) from sales of inventory					173,912.
103 Other revenue a _____					
b RV Income					5,227.
c Showcase Sales					1,173.
d Bulletin Ads					2,730.
e See Other Revenue Stmt					11,787.
104 Subtotal (add columns (B), (D), and (E))					254,991.
105 Total (add line 104, columns (B), (D), and (E))					254,991.

Note: Line 105 plus line 1e, 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).
N/a	N/a

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

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C)	(D)	(E)
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums?

b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums?

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				N/A	
				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: **6-14-07**

Type or print name and title: **DAVID WIGG**

Paid Preparer's Use Only	Preparer's signature: <i>[Handwritten Signature]</i>	Date: 06/05/07	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4: RHONDA L HINDS & ASSOCIATES CPA PA 595 N COURTENAY PKWY SUITE 202 MERRITT ISLAND FL 32953-4851	EIN: (321) 454-2266	Phone no: (321) 454-2266	

**Depreciation and Amortization
(Including Information on Listed Property)**

2006

Attachment
Sequence No **67**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Lodge 2113 BPOE-Titusville

Identifying number

59-0919035

Business or activity to which this form relates

Form 990 / Form 990EZ

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	\$108,000.
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	\$430,000.
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2007. 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 qualified New York Liberty or Gulf Opportunity 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 2006	17	70,154.
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 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		200.	7.0 yrs	HY	200DB	29.
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 2006 Tax Year Using the Alternative Depreciation System

20a 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	
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 instructions	22	70,183.
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?		Yes		No		24b If 'Yes,' is the evidence written?		Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use											
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28			
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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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)

	Yes	No
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? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize).				
Licenses & Taxes	866.	866.	0.	0.
Misc Expense	2,457.	2,457.	0.	0.
Music	14,885.	14,885.	0.	0.
Per Capita - Grand Lodge	11,937.	11,937.	0.	0.
Per Capita - State	2,336.	2,336.	0.	0.
Pest Control	678.	678.	0.	0.
Protocol	548.	548.	0.	0.
Releases	25.	25.	0.	0.
Repairs & Maintenance	13,487.	13,487.	0.	0.
Ritual Expenses	540.	540.	0.	0.
Sales Tax Expense	15,796.	15,796.	0.	0.
Showcase Expenses	322.	322.	0.	0.
Utilities	53,594.	53,594.	0.	0.
Total	117,471.	117,471.	0.	0.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
<u>Russell F Beckwith, PER</u> <u>1770 S Park Ave</u> <u>Titusville, FL 32780</u>	<u>Secretary</u> <u>25</u>	<u>6,228.</u>	<u>0.</u>	<u>0.</u>
<u>Evelyn A Isbell</u> <u>1665 Thoreau St</u> <u>Titusville, FL 32780</u>	<u>Treasurer</u> <u>10</u>	<u>1,298.</u>	<u>0.</u>	<u>0.</u>
<u>Alexander Cornetto</u> <u>PO Box 394</u> <u>Titusville, FL 32781</u>	<u>Tiler</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Charles G Atwell, PER</u> <u>1925 Sun Valley Street</u> <u>Titusville, FL 32780</u>	<u>Esquire</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Robert M Hubbell</u> <u>3206 S Hopkins Ave #230A</u> <u>Titusville, FL 32780</u>	<u>Inner Guard</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Frankie G Crawford</u> <u>136 McNeela Dr</u> <u>Titusville, FL 32796</u>	<u>Chaplain</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Duane G Cowen, PER</u> <u>5495 Barna Ave</u> <u>Titusville, FL 32780</u>	<u>Trustee</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Harry C Binderup</u> <u>2200 Kansas St</u> <u>Titusville, FL 32780</u>	<u>Trustee</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

Continued

(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 and deferred compensation	(E) Expense account and other allowances
<u>Christopher Gariepy, PER</u> <u>PO Box 10065</u> <u>Cocoa, FL 32927</u>	<u>Trustee</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Eugene F Schmidt</u> <u>940 Wild Pine Rd</u> <u>Mims, FL 32754</u>	<u>Trustee</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Michael W Anderson</u> <u>1532 W Powderhorn Rd</u> <u>Titusville, FL 32796</u>	<u>Trustee</u> <u>1</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 8, Part VII, Line 103

Other Revenue Stmt

Other revenue	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
<u>Bulletin Boosters</u>					<u>2,725.</u>
<u>Key Card Income</u>					<u>318.</u>
<u>Misc Income</u>					<u>8,744.</u>
Total					<u><u>11,787.</u></u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
<u>Payroll Liabilities</u>	<u>4,692.</u>	<u>1,102.</u>
Total	<u><u>4,692.</u></u>	<u><u>1,102.</u></u>