

Return of Organization Exempt From Income Tax

2007

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



Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Apr 1, 2007, and ending Mar 31, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Lodge 2113 BPOE-Titusville. 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).

G Web site: N/A

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

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 694,072.

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

Table with 21 rows and 3 columns: Description, Amount, Total. Includes lines 1-21 for revenue, expenses, and net assets. Total revenue: 523,152. Total expenses: 318,142. Net assets at end of year: 406,424.

SCANNED JUL 1 2008

EXAMINER'S STAMP

**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 *instruct.*)

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ <u>13,783.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>	13,783.	13,783.		
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b>	8,559.	8,559.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>	0.	0.	0.	0.
<b>c</b> 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)	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	54,741.	54,741.	0.	0.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	0.	0.	0.	0.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	0.	0.	0.	0.
<b>29</b> Payroll taxes	<b>29</b>	5,475.	5,475.	0.	0.
<b>30</b> Professional fundraising fees	<b>30</b>	0.	0.	0.	0.
<b>31</b> Accounting fees	<b>31</b>	1,725.	1,725.	0.	0.
<b>32</b> Legal fees	<b>32</b>	0.	0.	0.	0.
<b>33</b> Supplies	<b>33</b>	6,300.	6,300.	0.	0.
<b>34</b> Telephone	<b>34</b>	2,884.	2,884.	0.	0.
<b>35</b> Postage and shipping	<b>35</b>	1,245.	1,245.	0.	0.
<b>36</b> Occupancy	<b>36</b>	0.	0.	0.	0.
<b>37</b> Equipment rental and maintenance	<b>37</b>	0.	0.	0.	0.
<b>38</b> Printing and publications	<b>38</b>	10,256.	10,256.	0.	0.
<b>39</b> Travel	<b>39</b>	0.	0.	0.	0.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	5,044.	5,044.	0.	0.
<b>41</b> Interest	<b>41</b>	21,792.	21,792.	0.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	24,898.	24,898.	0.	0.
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> <u>Badges/Pins/Keys</u>	<b>43a</b>	1,248.	1,248.	0.	0.
<b>b</b> <u>Bank Charges</u>	<b>43b</b>	3,173.	3,173.	0.	0.
<b>c</b> <u>Insurance</u>	<b>43c</b>	9,782.	9,782.	0.	0.
<b>d</b> <u>Janitorial Expenses</u>	<b>43d</b>	16,110.	16,110.	0.	0.
<b>e</b> <u>Kitchen &amp; Bar Supplies</u>	<b>43e</b>	21,228.	21,228.	0.	0.
<b>f</b> <u>Lease Expense</u>	<b>43f</b>	3,649.	3,649.	0.	0.
<b>g</b> <u>See Other Expenses Stmt</u>	<b>43g</b>	106,250.	106,250.	0.	0.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	318,142.	318,142.	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 (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? <b>Charity</b> 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.)
<b>a Support Elk and Local Charities</b> ----- ----- ----- ----- (Grants and allocations \$ <b>13,783.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>318,142.</b>
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>318,142.</b>

**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
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing	59,911.	<b>45</b>	24,476.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47 a</b> Accounts receivable	<b>47 a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable	<b>48 a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48 b</b>		<b>48 c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			<b>50 a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50 b</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use	17,152.	<b>52</b>	9,674.
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54 a</b> Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54 a</b>
	<b>b</b> Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54 b</b>
<b>55 a</b> Investments – land, buildings, & equipment: basis	<b>55 a</b>			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>55 b</b>		<b>55 c</b>	
<b>56</b> Investments – other (attach schedule)			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57 a</b> 1,127,592.			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57 b</b> 692,535.	513,924.	<b>57 c</b>	435,057.
<b>58</b> Other assets, including program-related investments (describe ▶ _____ )			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	590,987.	<b>59</b>	469,207.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	0.	<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	89,971.	<b>62</b>	60,908.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	298,500.	<b>64 b</b>	0.
	<b>65</b> Other liabilities (describe ▶ <u>See Line 65 Stmt</u> )	1,102.	<b>65</b>	1,875.
<b>66 Total liabilities.</b> Add lines 60 through 65	389,573.	<b>66</b>	62,783.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	199,924.	<b>67</b>	404,934.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted	1,490.	<b>69</b>	1,490.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	201,414.	<b>73</b>	406,424.
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	590,987.	<b>74</b>	469,207.	

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

		N/A
<b>a</b>	Total revenue, gains, and other support per audited financial statements	a
<b>b</b>	Amounts included on line <b>a</b> 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 <b>b1</b> through <b>b4</b>	b
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	c
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify) _____	d2
	Add lines <b>d1</b> and <b>d2</b>	d
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	e

**Part IV-B: Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

		N/A
<b>a</b>	Total expenses and losses per audited financial statements	a
<b>b</b>	Amounts included on line <b>a</b> 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 <b>b1</b> through <b>b4</b>	b
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	c
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify) _____	d2
	Add lines <b>d1</b> and <b>d2</b>	d
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	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 1.00	0.	0.	0.
Debbie Lawrence 7220 Oakwood Ave Cocoa FL 32927	Chaplain 1.00	0.	0.	0.
David S Wiggin 1474 Kidak Dr Titusville, FL 32796	Exalted Ruler 16.00	0.	0.	0.
Jim Wentworth, Jr 6214 Baker Circle Cocoa FL 32927	Leading Knight 1.00	0.	0.	0.
Marshall W Lawrence 7220 Oakwood Ave Cocoa, FL 32927	Loyal Knight 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		
<b>b</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)	<b>75 b</b>	<b>X</b>
<b>c</b> 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	<b>75 c</b>	<b>X</b>
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75 d</b>	<b>X</b>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
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<b>Part VI Other Information (See the instructions.)</b>	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	<b>76</b>	<b>X</b>
<b>77</b> 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.	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78 a</b>	<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78 b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> 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?	<b>80 a</b>	<b>X</b>
<b>b</b> If 'Yes,' enter the name of the organization . . . . . ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	<b>81 a</b>	
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions)	<b>81 a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81 b</b>	<b>X</b>

Part VI Other Information (continued)		Yes	No
<b>82 a</b> 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
<b>b</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		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?			X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	
<b>b</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	
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	
<b>h</b> 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	
<b>86</b> 501(c)(7) organizations Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87</b> 501(c)(12) organizations Enter <b>a</b> Gross income from members or shareholders	87a	N/A	
<b>b</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	
<b>88 a</b> 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
<b>b</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
<b>89 a</b> 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> , section 4955 <u>N/A</u>			
<b>b</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	
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization			
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			X
<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
<b>g</b> 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
<b>90 a</b> List the states with which a copy of this return is filed <u>See States Filed In</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		9
<b>91 a</b> The books are in care of <b>Secretary</b> Telephone number <b>(321) 269-3146</b> Located at <b>1770 S Park Ave, Titusville, FL</b> ZIP + 4 <b>32780-3326</b>			
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 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   
 and enter the amount of tax-exempt interest received or accrued during the tax year  92

**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					85,083.
95 Interest on savings & temporary cash invmnts	522100	604.			
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	531390	240,111.			
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					160,315.
103 Other revenue. a _____					
b RV Income					178.
c Showcase Sales					254.
d Bulletin Ads					4,460.
e Misc Income					22,441.
104 Subtotal (add columns (B), (D), and (E))		240,715.			272,731.
105 Total (add line 104, columns (B), (D), and (E))					513,446.

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) 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).



**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	-----			
<b>Totals</b>				

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	-----			
<b>Totals</b>				

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: David Wiggan Date: 4/14/08  
 Type or print name and title: DAVID WIGGAN, EXALTED RULER

Paid Preparer's Use Only

Preparer's signature: Rhonda L Hinds Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or FTIN (See General Instruction X): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Rhonda L Hinds & Associates, 595 N Courtenay Pkwy Suite 2 Merritt Island

BAA

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

**Lodge 2113 BPOE-Titusville**

**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	\$125,000.
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	\$500,000.
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 2006 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 2008 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) and cellulose biomass ethanol plant 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	319.

**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 2007	17	24,564.
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		

**Section B - Assets Placed in Service During 2007 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		74.	5.0 yrs	HY	200DB	15.
c 7-year property						
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 2007 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	24,898.
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 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 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the 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):				
<b>Licenses &amp; Taxes</b>	<b>3,479.</b>	<b>3,479.</b>	<b>0.</b>	<b>0.</b>
<b>Misc Expense</b>	<b>6,573.</b>	<b>6,573.</b>	<b>0.</b>	<b>0.</b>
<b>Music</b>	<b>8,755.</b>	<b>8,755.</b>	<b>0.</b>	<b>0.</b>
<b>Per Capita - Grand Lodge</b>	<b>10,937.</b>	<b>10,937.</b>	<b>0.</b>	<b>0.</b>
<b>Per Capita - State</b>	<b>2,140.</b>	<b>2,140.</b>	<b>0.</b>	<b>0.</b>
<b>Protocol</b>	<b>295.</b>	<b>295.</b>	<b>0.</b>	<b>0.</b>
<b>Repairs &amp; Maintenance</b>	<b>11,157.</b>	<b>11,157.</b>	<b>0.</b>	<b>0.</b>
<b>Sales Tax Expense</b>	<b>15,063.</b>	<b>15,063.</b>	<b>0.</b>	<b>0.</b>
<b>Showcase Expenses</b>	<b>28.</b>	<b>28.</b>	<b>0.</b>	<b>0.</b>
<b>Utilities</b>	<b>47,823.</b>	<b>47,823.</b>	<b>0.</b>	<b>0.</b>
<b>Total</b>	<b>106,250.</b>	<b>106,250.</b>	<b>0.</b>	<b>0.</b>

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees 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
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Russell F Beckwith, PER</b> 1770 S Park Ave Titusville, FL 32780	4-year Trustee 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Evelyn A Isbell</b> 1665 Thoreau St Titusville, FL 32780	2-Year Trustee 1.00	2,853.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Deanna Wiggin</b> 1474 Kodak Dr Titusville FL 32796	Tiler 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Charles G Atwell, PER</b> 1925 Sun Valley Street Titusville, FL 32780	Esquire 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Robert M Hubbell</b> 3206 S Hopkins Ave #230A Titusville, FL 32780	5-Year Trustee 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Frankie G Crawford</b> 136 McNeela Dr Titusville, FL 32796	Secretary 25.00	5,706.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>David Jones</b> 4315 Beacon St Titusville FL 32780	Inner Guard 1.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

**List of Officers, Directors, Trustees, & Key Employees 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
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Danny Wentworth</b> 450 Frost St Palm Bay FL 32908	Lecturing Knight 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Christopher Gariepy, PER</b> PO Box 10065 Cocoa, FL 32927	Trustee 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Eugene F Schmidt</b> 940 Wild Pine Rd Mims, FL 32754	Treasurer 10.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> <b>Michael W Anderson</b> 1532 W Powderhorn Rd Titusville, FL 32796	Trustee 1.00	0.	0.	0.

Form 990, Part VI, Page 7, Line 90a  
**States Filed In**

Florida

Form 990, Page 4, Part IV, Line 65  
**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Payroll Liabilities	1,102.	1,875.
Total	<u>1,102.</u>	<u>1,875.</u>