

**Return of Organization Exempt From Income Tax**

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

**2004**

**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 2004 calendar year ending on:**

April 30, 2005

**B Check if applicable:**

- Address change 34902 \*\*AUTO\*\*SCH 5-DIGIT 32952
- Name change MERRIT ISLAND LODGE NO 2073
- Initial return 2073
- Final return PO BOX 540333
- Amended return MERRITT IS FL 32954-0333
- Application pending

I  
P 45 R  
B 31 S

**D Employer identification number**  
59-1112621

**E Telephone number**  
(321) 452-8383

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates \_\_\_\_\_
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I Group Exemption Number** 0002
- M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** \_\_\_\_\_

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

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	44,445.32			
	b	Indirect public support	1b	-0-			
	c	Government contributions (grants)	1c	-0-			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		44,445.32		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		562,374.94		
	3	Membership dues and assessments	3		46,285.00		
	4	Interest on savings and temporary cash investments	4		133.96		
	5	Dividends and interest from securities	5		-0-		
	6a	Gross rents	6a	-0-			
	b	Less: rental expenses	6b	-0-			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		-0-		
7	Other investment income (describe) _____	7		-0-			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b	Less: cost or other basis and sales expenses	8a	-0-	8b	-0-	
	c	Gain or (loss) (attach schedule)	8b	-0-	8c	-0-	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-0-	8d	-0-	
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	-0-			
	b	Less: direct expenses other than fundraising expenses	9b	-0-			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		-0-		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	-0-			
	b	Less: cost of goods sold	10b	-0-			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		-0-		
Expenses	11	Other revenue (from Part VII, line 103)	11			-0-	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			653,239.22	
	13	Program services (from line 44, column (B))	13			n/a	
	14	Management and general (from line 44, column (C))	14			n/a	
	15	Fundraising (from line 44, column (D))	15			n/a	
	16	Payments to affiliates (attach schedule)	16			n/a	
	17	Total expenses (add lines 16 and 44, column (A))	17			595,773.58	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			57,465.64
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			607,948.13
		20	Other changes in net assets or fund balances (attach explanation)	20			24,429.47 ***
		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			689,843.24

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\*\*\* - Please see the footnote on PAGE 3 of the attached worksheet

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____)	4252.50	-0-		
23	Specific assistance to individuals (attach schedule)	-0-	-0-		
24	Benefits paid to or for members (attach schedule)	-0-	-0-		
25	Compensation of officers, directors, etc. . . . .	6671.00	-0-	-0-	-0-
26	Other salaries and wages . . . . .	84803.15	-0-	-0-	-0-
27	Pension plan contributions . . . . .	-	-0-	-0-	-0-
28	Other employee benefits . . . . .	-	-0-	-0-	-0-
29	Payroll taxes . . . . .	12094.77	-0-	-0-	-0-
30	Professional fundraising fees . . . . .		-0-	-0-	-0-
31	Accounting fees . . . . .	-0-	-0-	-0-	-0-
32	Legal fees . . . . .	2887.02	-0-	-0-	-0-
33	Supplies . . . . .	43611.85	-0-	-0-	-0-
34	Telephone . . . . .	4640.05	-0-	-0-	-0-
35	Postage and shipping . . . . .	3734.19	-0-	-0-	-0-
36	Occupancy . . . . .	68334.54	-0-	-0-	-0-
37	Equipment rental and maintenance . . . . .	634.44	-0-	-0-	-0-
38	Printing and publications . . . . .	4079.72	-0-	-0-	-0-
39	Travel . . . . .		-0-	-0-	-0-
40	Conferences, conventions, and meetings . . . . .	6696.38	-0-	-0-	-0-
41	Interest . . . . .	1162.42	-0-	-0-	-0-
42	Depreciation, depletion, etc. (attach schedule)		-0-	-0-	-0-
43a	Other expenses not covered above (itemize): a . . . . .	352171.55	-0-	-0-	-0-
b	.....		-0-	-0-	-0-
c	.....		-0-	-0-	-0-
d	.....		-0-	-0-	-0-
e	.....		-0-	-0-	-0-
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	595,773.58	n/a	n/a	n/a

**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 \$ n/a; (ii) the amount allocated to Program services \$ n/a;  
 (iii) the amount allocated to Management and general \$ n/a; and (iv) the amount allocated to Fundraising \$ n/a

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a The lodge unites its members in the bonds of fraternity benevolence and charity. This is accomplished through a year-round schedule of social & recreational activities for the members & their families estimated to number ( ) (Grants and allocations \$ )	n/a
b (Grants and allocations \$ )	
c (Grants and allocations \$ )	
d (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45 Cash—non-interest-bearing	52531.79	45	67115.76	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b -0-	47c		
	48a Pledges receivable	48a -0-			
	b Less: allowance for doubtful accounts	48b -0-	-0-	48c	-0-
	49 Grants receivable		-0-	49	-0-
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		-0-	50	-0-
	51a Other notes and loans receivable (attach schedule)	51a -0-			
	b Less: allowance for doubtful accounts	51b -0-	-0-	51c	-0-
	52 Inventories for sale or use	15778.31	52	18929.91	
	53 Prepaid expenses and deferred charges		-0-	53	-0-
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	-0-	54	27642.04	
	55a Investments—land, buildings, and equipment: basis	55a -0-			
	b Less: accumulated depreciation (attach schedule)	55b -0-	-0-	55c	-0-
	56 Investments—other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a			
	b Less: accumulated depreciation (attach schedule)	57b	1,159,458.12	57c	1,165,664.08
58 Other assets (describe <input type="checkbox"/> )	100.00	58	50.00		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	1,227,868.22	59	1,279,401.79		
<b>Liabilities</b>	60 Accounts payable and accrued expenses	305,110.04	60	296,472.75	
	61 Grants payable		-0-	61	-0-
	62 Deferred revenue		-0-	62	-0-
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		-0-	63	-0-
	64a Tax-exempt bond liabilities (attach schedule)		-0-	64a	-0-
	b Mortgages and other notes payable (attach schedule)	312795.50	64b	290795.50	
	65 Other liabilities (describe <input type="checkbox"/> )	2014.55	65	2290.30	
<b>66 Total liabilities</b> (add lines 60 through 65)	619920.09	66	589558.55		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	-0-	67	-0-	
	68 Temporarily restricted		-0-	68	-0-
	69 Permanently restricted		-0-	69	-0-
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds		n/a	70	n/a
	71 Paid-in or capital surplus, or land, building, and equipment fund		n/a	71	n/a
	72 Retained earnings, endowment, accumulated income, or other funds		n/a	72	n/a
<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; column (B) must equal line 21)	607948.13	73	689843.24		
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,227,868.22	74	1,279,401.79		

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

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

<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ <u>          n/a</u></p> <p>(2) Donated services and use of facilities \$ <u>          n/a</u></p> <p>(3) Recoveries of prior year grants . . . \$ <u>          n/a</u></p> <p>(4) Other (specify):                  .....                  ..... \$ <u>          n/a</u></p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990. . . \$ <u>          n/a</u></p> <p>(2) Other (specify):                  .....                  ..... \$ <u>          n/a</u></p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>). . . . . ▶</p>	<p><b>a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>d</b></p> <p><b>e</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . ▶</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ <u>          n/a</u></p> <p>(2) Prior year adjustments reported on line 20, Form 990. . . . . \$ <u>          n/a</u></p> <p>(3) Losses reported on line 20, Form 990. . . \$ <u>          n/a</u></p> <p>(4) Other (specify):                  .....                  ..... \$ <u>          n/a</u></p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ <u>          n/a</u></p> <p>(2) Other (specify):                  .....                  ..... \$ <u>          n/a</u></p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>). . . . . ▶</p>	<p><b>a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>d</b></p> <p><b>e</b></p>
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**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
please see attached statement				

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of 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.		✓
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.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
81a	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Enter direct and indirect political expenditures. See line 81 instructions		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
82b	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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	✓	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		n/a
85b	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
85c	Dues, assessments, and similar amounts from members.		n/a
85d	Section 162(e) lobbying and political expenditures.		n/a
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		n/a
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		n/a
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		n/a
85h	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
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		n/a
86b	Gross receipts, included on line 12, for public use of club facilities		n/a
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		n/a
87b	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	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.		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
89b	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		n/a
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		n/a
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		n/a
90a	List the states with which a copy of this return is filed ▶ _____		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	12	
91	The books are in care of ▶ <u>FRED JEWETT</u> Telephone no. ▶ (_____) _____ Located at ▶ <u>3150 N. COURTENAY PKWY, MERRITT ISL, FL</u> ZIP + 4 ▶ <u>32953</u>		
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	92	0

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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:					562,374.94
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					-0-
g Fees and contracts from government agencies					46,285.00
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments			14	133.96	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					-0-
b not debt-financed property . . . . .					-0-
98 Net rental income or (loss) from personal property					-0-
99 Other investment income . . . . .					-0-
100 Gain or (loss) from sales of assets other than inventory			18	-0-	-0-
101 Net income or (loss) from special events . . . . .			02,09	-0-	-0-
102 Gross profit or (loss) from sales of inventory					-0-
103 Other revenue: a _____					-0-
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				133.96	608,659.94
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					608,793.90

**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 page 34 of the instructions.)

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

**Please Sign Here**

Signature of officer: Fred Jewett Date: 9-6-2005

Type or print name and title: FRED JEWETT ADMINISTRATOR

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**LOYAL ORDER OF MOOSE  
FORM 990 WORKSHEETS - 2004 TAX YEAR  
RECEIPTS**

EMPLOYER IDENTIFICATION

NO. 59 - 1112621

Page 1

**DESCRIPTION**

A. Collections for Mooseheart or Moosehaven, the Endowment Fund, Lodge building fund, charities, etc.

44,445.32

List separately on schedule B total charitable contributions of more than \$1,000 from any one contributor, and total non-charitable contributions of more than \$5,000 from any one contributor and enter here.  
(Note: Even if you have no reportable contributions, the first page of schedule B must be completed.)

**Total (To Part I, Lines 1 (a) & 1 (d) )**

44,445.32

B. Entertainment

Merchandise sales (include sales tax)  
Member gaming  
Other Fund Raisers: (List separately)

547,758.44

14,616.50

**Total (To Part I, Line 2 & Part VII, Line 93(a), Column(e) )**

562,374.94

C. Membership dues

ABCD (A Big Charity Dollar)  
Enrollment and other fees  
Life Membership fees

46,080.00

205.00

**Total (To Part I, Line 3 & Part VII, Line 94, Column(e) )**

46,285.00

D. Interest on investments - include Savings accts., CD's and NOW's

**Total (To Part I, Line 4 & Part VII, Line 95, Column(d) )**

133.96

E. Gross Sale price from Sale of Securities:

(Enter totals here and attach a detailed list)

- 0 - (a)

Less: Cost or other basis and sales expense

- 0 - (b)

**Gain (Loss) (To Part I, Lines 8a, b & c, Column (A) )**

- 0 - (c)

Gross Sales price from Sale of other assets:

(Enter totals here and attach a detailed list)

- 0 - (a)

Less: Cost or other basis and sales expense

- 0 - (b)

**Gain (Loss) (To Part I, Lines 8a, b & c, Column (B) )**

- 0 - (c)

Total Gain (Loss) (c) + (c) from above

**(To Part I, Line 8d & Part VII, Line 100, Column (d) )**

- 0 -

Gross proceeds from Bingo and other Non-member gaming:

- 0 - (a)

Less: pay-outs and other expenses

- 0 - (b)

**Net Income (Loss)**

**(To Part I, Lines 9a, b & c, and Part VII, Line 101 Column (D) )**

- 0 - (c)

**LOYAL ORDER OF MOOSE  
FORM 990 WORKSHEETS - 2004 TAX YEAR  
EXPENDITURES**

EMPLOYER IDENTIFICATION  
NO. 59 - 1112621

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Transfer amounts on this page to Part II, Column (a)

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
F. Grants & Allocations:	<u>4252.50</u>	P. Occupancy:	<u>17,789.13</u>
Moose International	_____	Other Insurance	_____
Mooseheart/Moosehaven	_____	Rents	_____
Endowment Fund	_____	Other Utilities	<u>49,495.61</u>
Life Membership Fees	_____	Real Estate Taxes	<u>1,049.80</u>
Other Donations: (List)	_____	<b>Total (To Line 36)</b>	<b><u>68,334.54</u></b>
_____	_____	Q. Equipment Rental & Maintenance	_____
_____	_____	<b>(To Line 37)</b>	<b><u>634.44</u></b>
_____	_____	R. Printing & Publications	_____
_____	_____	<b>(To Line 38)</b>	<b><u>4079.72</u></b>
Miscellaneous donations	_____	S. Conference, Conventions & Meetings	_____
<b>Total (To Line 22)</b>	<b><u>4252.50</u></b>	<b>(To Line 40)</b>	<b><u>6696.38</u></b>
G. Sick benefits	_____	T. Interest on Indebtedness	_____
Funeral expenses	_____	<b>(To Line 41)</b>	<b><u>1162.42</u></b>
<b>Total (To Line 24)</b>	<b><u>- 0 -</u></b>	U. Other Expenses:	_____
H. Compensation of Lodge Administrator	_____	Repairs	<u>31,965.41</u>
<b>(To Line 25)</b>	<b><u>6671.00</u></b>	Entertainment	<u>15,420.00</u>
I. Salaries <b>(To Line 26)</b>	<b><u>84,803.15</u></b>	State Association dues	<u>850.00</u>
J. Withholding & S?S taxes	_____	Advertising	<u>1,045.00</u>
Unemployment taxes	_____	Sales Tax	<u>28,620.06</u>
<b>Total (To Line 29)</b>	<b><u>12,094.77</u></b>	Other taxes	<u>50.00</u>
K. Accounting Fees	_____	Flowers	<u>82.32</u>
<b>(To Line 31)</b>	<b><u>- 0 -</u></b>	Prizes	<u>4,574.25</u>
L. Legal Fees <b>(To Line 32)</b>	<b><u>2887.02</u></b>	Bank Charges	<u>- 0 -</u>
M. Bar, Office, & Other	_____	Licenses	<u>1,386.25</u>
Supplies <b>(To Line 33)</b>	<b><u>43611.85</u></b>	Paid for Merchandise	<u>208,741.64</u>
N. Telephone <b>(To Line 34)</b>	<b><u>4640.05</u></b>	Other (List)	_____
O. Postage and Shipping	_____	<b>Committee Exp</b>	<u>36,819.86</u>
<b>(To Line 35)</b>	<b><u>3734.19</u></b>	_____	<u>1,190.00</u>
		_____	_____
		Miscellaneous	<u>21426.76</u>
		<b>Total (To Line 43)</b>	<b><u>352,171.77</u></b>

**Add Part II Column (a), enter Total on Line 44 and carry Line 44 total to Part I, Line 17**



**LOYAL ORDER OF MOOSE  
FORM 990 WORKSHEETS - 2004 TAX YEAR  
BALANCE SHEET (PART 1)**

EMPLOYER IDENTIFICATION

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	<u>Beginning of Year</u>	<u>End of Year</u>
<u>Cash - non-interest bearing:</u> <b>(To Line 45)</b>	<u>52531.79</u>	<u>67,115.76</u>
<u>Inventories for sale or use:</u> <b>(To Line 52)</b>	<u>15778.31</u>	<u>18,929.91</u>
<u>Investments - Securities:</u> CD's, Bond, etc. (List separately and attach) <b>(To Line 54)</b>	<u>- 0 -</u>	<u>27,642.04</u>
<u>Depreciable Assets:</u> Amount Invested in Lodge Home and Other Real Estate	<u>1,035,103.20</u>	<u>1,035,103.20</u>
Furniture and fixtures, paraphernalia	<u>124,354.92</u>	<u>130,560.88</u>
<b>Total (To Line 57a &amp; 57c)</b>	<u>1,159,458.12</u>	<u>1,165,664.08</u>
<u>Other Assets:</u> Emblems	<u>100.00</u>	<u>50.00</u>
N.S.F. Checks	<u>100.00</u>	<u>50.00</u>
<b>Total (To Line 58)</b>	<u>100.00</u>	<u>50.00</u>
<u>Accounts Payable and Accrued Expenses:</u> Compensation due Administrator	<u>2120.25</u>	<u>2269.25</u>
Social Security, Withholding and Unemployment Taxes	<u>1560.86</u>	<u>4563.40</u>
Unpaid Sales Tax	<u>-</u>	<u>-</u>
Unpaid Rent	<u>-</u>	<u>-</u>
Other Unpaid Taxes	<u>-</u>	<u>-</u>
Unpaid Interest	<u>295,423.68</u>	<u>280,053.55</u>
Other Unpaid Bills	<u>6,005.25</u>	<u>9,586.55</u>
Indebtedness House Committee Merchandise	<u>-</u>	<u>-</u>
Other Unpaid House Committee Bills	<u>-</u>	<u>-</u>
Unpaid Risk Pool Assessment	<u>-</u>	<u>-</u>
<b>Total (To Line 60)</b>	<u>305,110.04</u>	<u>296,472.75</u>
<u>Mortgages and Other Notes Payable:</u> First Mortgage Indebtedness on Real Estate	<u>-</u>	<u>-</u>
Other Mortgage Indebtedness	<u>312,795.50</u>	<u>290,795.50</u>
Certificates of Indebtedness	<u>-</u>	<u>-</u>
Notes Payable (List separately and attach)	<u>-</u>	<u>-</u>
Indebtedness on Furniture and Fixtures	<u>-</u>	<u>-</u>
<b>Total (To Line 64b)</b>	<u>312,795.50</u>	<u>290,795.50</u>
<u>Other Liabilities:</u> Moose International	<u>2014.55</u>	<u>2,290.30</u>
<b>Total (To Line 65)</b>	<u>2014.55</u>	<u>2,290.30</u>

**STATEMENT RE: PART I, LINE 20: Schedule a difference on line 20 and attach a statement:  
"Bookkeeping system uses cash basis and single entry method."**

**LOYAL ORDER OF MOOSE  
FORM 990 WORKSHEETS - 2004 TAX YEAR  
BALANCE SHEET (PART 2)**

EMPLOYER IDENTIFICATION

NO. 59-1112621

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**ASSETS**

**990 Line Number**

1. Actual Cash - General Checking	45	67115	76
2. Actual Cash - Other Auth. Checking	45		
3. Escrow	45		
4. Petty Cash	45		
5. N. S. F. Checks	58		
6. Inventory - Social Quarters	52	18929	91
7. Inventory - Food Service	52		
8. Inventory - Other	52		
9. Lodge Home / Building	57a & 57c	1,835,103	20
10. Other Property / Real Estate	57a & 57c		
11. Furniture & Fixtures	57a & 57c	130520	88
12. Leasehold / Bldg. Improvements	57a & 57c		
13. Other Receivables	58	50	00
14. Security Deposits	58		
15. CD's, Savings, etc.	54	27642	04
16.			
17.			
18.			
19.			
20.			
21.			
<b>TOTAL ASSETS (Sum of Lines 1 - 21)</b>	59	1,279,401	79

**LIABILITIES**

**990 Line Number**

1. Accounts Payable	60	9586	55
2. Notes Payable	64b	-0	-
3. Indebtedness on Furniture & Fixtures	64b	-0	-
4. Moose International Indebtedness	65	2290	30
5. Life Membership	60	-0	-
6. Endowment Fund	60	-0	-
7. Compensation due Administrator	60	2269	25
8. Payroll Tax	60	4563	40
9. Wage Garnishments	60	-0	-
10. Monies Due to Other Units	60	-0	-
11. Unpaid Interest	60	280,053	55
12. Real Estate Tax	60	-0	-
13. First Mortgage Indebtedness on Real Estate	64b	-0	-
14. Other Mortgage Indebtedness	64b	-0	-
15. Certificate of Indebtedness	64b	290,795	50
16.			
17.			
18.			
19.			
<b>TOTAL LIABILITIES (Sum of Lines 1-19)</b>	66	589,558	55
<b>NET ASSETS (Total Assets less Total Liabilities)</b>	67 & 73	689,843	24
<b>TOTAL (Must be same as TOTAL ASSETS)</b>	74	1,279,401	79

FRED JEWETT 2315 CHASE HAMMOCK RD. MERRITT ISLAND, FL. 32953	ADMINISTRATOR/ MGR. SOCIAL QTRS.	\$24,980.32
DENNIS WILTSHIRE 5724 JOSEPHS COURT MERRITT ISLAND, FL. 32953	GOVERNOR	-0-
THOMAS MEADOWS 1460 BISHOP RD MERRITT ISLAND, FL. 32953	JR. PAST GOVERNOR	-0-
ROBERT HOLLOWELL 1420 CENTRAL AVE MERRITT ISLAND, FL. 32952	JR. GOVERNOR	-0-
FRANK OWEN 1512 LITTLER DR TITUSVILLE, FL 32780	PRELATE	-0-
NORMAN L MOORE 1525 SOUTH HARBOR DR MERRITT ISLAND, FL 32952	TREASURER	-0-
RICHARD O'BRIEN 320 ARTEMIS BLVD MERRITT ISLAND, FL 329532	1 YEAR TRUSTEE	-0-
LESTER LOOMIS 3381 BAYFIELD ST COCOA, FL 32926	2 YEAR TRUSTEE	-0-
EDWARD L SHARP PO BOX 542373 MERRITT ISLAND, FL 32954	3 YEAR TRUSTEE	-0-

MAY, 2004 – APRIL, 2005

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