

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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

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 May 1, 2006, and ending April 30, 2007

- B Check if a: Address, Name, Initial, Final, Amended, Application pending

200704 080090002 29 IA MERRIT ISLAND LODGE NO 2073 2073 PO BOX 540333 MERRITT ISLAND FL 32954-0333

IRS #

D Employer identification number 591110621 Telephone number Accounting method: Cash, Accrual, Other

G Website:

J Organization type (check only one): 501(c)(8), 4947(a)(1), 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.

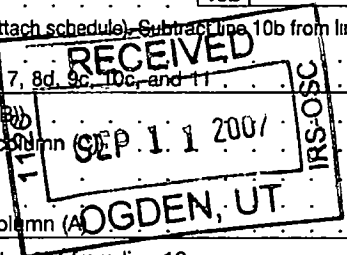
H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number 0002 M Check if the organization is not required to attach Sch. B

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes revenue from contributions, program services, and expenses for management and fundraising.

SCANNED OCT 30 2007



610 21

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	- 0 -			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1087.88			
23	Specific assistance to individuals (attach schedule)	- 0 -			
24	Benefits paid to or for members (attach schedule)	- 0 -			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	10200.00		0	0
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	- 0 -		0	0
25c	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)	- 0 -		0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	96303.26		0	0
27	Pension plan contributions not included on lines 25a, b, and c	- 0 -		0	0
28	Employee benefits not included on lines 25a - 27	- 0 -		0	0
29	Payroll taxes	11975.74		0	0
30	Professional fundraising fees	- 0 -		0	0
31	Accounting fees	- 0 -		0	0
32	Legal fees	- 0 -		0	0
33	Supplies	42382.19		0	0
34	Telephone	5149.54		0	0
35	Postage and shipping	4331.85		0	0
36	Occupancy	50614.06		0	0
37	Equipment rental and maintenance	688.88		0	0
38	Printing and publications	6839.60		0	0
39	Travel			0	0
40	Conferences, conventions, and meetings	5599.99		0	0
41	Interest	- 0 -		0	0
42	Depreciation, depletion, etc. (attach schedule)	- 0 -		0	0
43	Other expenses not covered above (itemize):				
43a	a	356224.44		0	0
43b	b			0	0
43c	c			0	0
43d	d			0	0
43e	e			0	0
43f	f			0	0
43g	g			0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	591397.43	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 \$ _____; (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? ► <u>Fraternalism</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
a The organization unites its members in the bonds of Fraternity benevolence and charity. This is accomplished through a year-round schedule of social & recreational activities for the member and their families estimated to number () _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	N/A
b _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►	

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	68525.39	45	63611.33
	46 Savings and temporary cash investments	15417.36	46	7659.09
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b 0	- 0 -	47c - 0 -
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b 0	0	48c - 0 - 0
	49 Grants receivable		0	49 - 0 - 0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		- 0 -	50a - 0 -
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		- 0 -	50b - 0 -
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	- 0 -	51c - 0 -
	52 Inventories for sale or use		25418.58	52 20921.70
	53 Prepaid expenses and deferred charges		- 0 -	53 - 0 -
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	- 0 -	54a - 0 -
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	- 0 -	54b - 0 -
	55a Investments—land, buildings, and equipment, basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	- 0 -	55c - 0 -
	56 Investments—other (attach schedule)		- 0 -	56 - 0 -
	57a Land, buildings, and equipment: basis	57a 1177216.87		
	b Less: accumulated depreciation (attach schedule)	57b	1177216.87	57c 1,212,697.93
58 Other assets, including program-related investments (describe ► NSF)		295.00	58 345.00	
59 Total assets (must equal line 74). Add lines 45 through 58		1286913.20	59 1,305,235.05	
Liabilities	60 Accounts payable and accrued expenses	315925.80	60	315450.80
	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)		265096.50	64b 263734.00
	65 Other liabilities (describe ►)		(1064.99)	65 1643.60
	66 Total liabilities. Add lines 60 through 65		579957.31	66 580828.40
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	- 0 -	67	- 0 -
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	N/A	70	N/A
	71 Paid-in or capital surplus, or land, building, and equipment fund	N/A	71	N/A
	72 Retained earnings, endowment, accumulated income, or other funds	N/A	72	N/A
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		706955.89	73 724406.65
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,286,913.20	74 1,305,235.05

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED SHEET				

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

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a <input type="checkbox"/> None	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
	b 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?	✓	
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	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.	88a	✓
	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	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		N/A
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
	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?	89g	N/A
90a	List the states with which a copy of this return is filed ▶		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	11
91a	The books are in care of ▶ FRED JEWETT Telephone no. ▶ (321) 452-8383 Located at ▶ 3150N. CADETENAY PKWY. MCLELLAN ISL FL ZIP + 4 ▶ 32953		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	✓
	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? **91c**
 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** N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					497,181.69
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					0
g Fees and contracts from government agencies					
94 Membership dues and assessments					516,800.00
95 Interest on savings and temporary cash investments			14	376.95	
96 Dividends and interest from securities			14		
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	- 0 -	
101 Net income or (loss) from special events			02,09	- 0 -	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		- 0 -		376.95	548,861.69
105 Total (add line 104, columns (B), (D), and (E))					549,238.64

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).
93	Uniting members in the bonds of fraternity, benevolence and charity
94	Uniting members in the bonds of fraternity, benevolence and charity

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

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

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, for a disqualified person?
- 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).

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.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

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.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

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?

Yes	No

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 _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ()	

MERRITT ISLAND LODGE 2073

Balance Sheet

As of April 30, 2007

	<u>Apr 30, 07</u>
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · Cash	
1005.00 · Checking - Cash	48,902 76
1010.00 · Savings - Cash	7,659 09
1015.00 · Bingo - Cash	8,708 57
1025.00 · Petty Cash	6,000 00
Total 1000.00 · Cash	<u>71,270 42</u>
Total Checking/Savings	71,270 42
Other Current Assets	
1105.00 · NSF	345 00
1300.00 · Inventory	
1310.00 · Social Quarters Inventory	13,084 86
1315.00 · Kitchen Inventory	7,836 84
Total 1300.00 · Inventory	<u>20,921 70</u>
Total Other Current Assets	<u>21,266 70</u>
Total Current Assets	92,537 12
Fixed Assets	
1700.00 · Buildings and Property	
1705.00 · Lodge Home/Building	960,599 66
1715.00 · Building Lease and Improvements	92,717 30
Total 1700.00 · Buildings and Property	<u>1,053,316 96</u>
1800.00 · Furniture and Equipment	
1815.00 · Furniture, Fixtures & Equipment	159,380 97
Total 1800.00 · Furniture and Equipment	<u>159,380 97</u>
Total Fixed Assets	<u>1,212,697 93</u>
TOTAL ASSETS	<u><u>1,305,235.05</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 · Accounts Payable	-477 90
Total Accounts Payable	-477 90
Other Current Liabilities	
2200.00 · Payroll and Benefit Liabilities	
2205.00 · Compensation - Admin, Rec & Sec	1,613 50
Total 2200.00 · Payroll and Benefit Liabilities	1,613 50
2500.00 · Due to Other Fraternal Units	
2510.00 · Application Fees to MI	200 00
2515.00 · ABCD/Per Capita due to MI	308 00
Total 2500.00 · Due to Other Fraternal Units	<u>508 00</u>
Total Other Current Liabilities	<u>2,121.50</u>
Total Current Liabilities	1,643 60
Long Term Liabilities	
2550.00 · Certificates of Indebtedness	263 734 00
2555.00 · Accured Interests	315,450 80
Total Long Term Liabilities	<u>579,184 80</u>
Total Liabilities	580,828 40

1:34 PM
08/29/07
Accrual Basis

MERRITT ISLAND LODGE 2073
Balance Sheet
As of April 30, 2007

	<u>Apr 30, 07</u>
Equity	
3000.00 · Opening Bal Equity	650,020 05
3900.00 · Retained Earnings	47,005 29
Net Income	27,381 31
Total Equity	<u>724,406 65</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,305,235.05</u></u>

**LOOM/WOTM/MOOSE LEGION
FORM 990 WORKSHEETS - 2006 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.

37122.15

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 (b) & 1 (e))

37122.15

B. Entertainment

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

481410.27
15771.42

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

497,181.69

C. Membership dues

ABCD/Per Capita
Enrollment and other fees
Life Membership fees

516.00.00
80.00

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

51680.00

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

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

376.95

E. Gross Sale price from Sale of Securities:

(Enter totals here and attach a detailed list)

Less: Cost or other basis and sales expense

-0- (a)
-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)

Less: Cost or other basis and sales expense

-0- (a)
-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:

Less: pay-outs and other expenses

-0- (a)
-0- (b)

Net Income (Loss)

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

-0- (c)

**LOOM/WOTM/MOOSE LEGION
FORM 990 WORKSHEETS - 2006 TAX YEAR
EXPENDITURES**

EMPLOYER IDENTIFICATION
NO. 59 - 1112621

Page 2

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:		P. Occupancy:	
Moose International		Other Insurance	
Mooseheart/Moosehaven		Rents	
Endowment Fund	1087.88	Other Utilities	48586.70
Life Membership Fees	-0-	Real Estate Taxes	2027.36
Other Donations: (List)		Total (To Line 36)	50614.06

_____		Q. Equipment Rental & Maintenance	
_____		(To Line 37)	688.88
_____		R. Printing & Publications	
Miscellaneous donations		<u>6839.60</u>	(To Line
			Line
Total (To Line 22b)	1087.88	S. Conference, Conventions & Meetings	
G. Sick benefits		(To Line 40)	5599.99
Funeral expenses		T. Interest on Indebtedness	
Total (To Line 24)	-0-	(To Line 41)	-0-
H. Compensation of Admin/Recorder		U. Other Expenses:	
(To Line 25a)	10200.00	Repairs	43247.50
I. Salaries (To Line 26)	96303.26	Entertainment	17450.54
J. Withholding & S/S taxes	10052.43	State Association dues	425.00
Unemployment taxes	1933.31	Advertising	1260.90
Total (To Line 29)	11975.74	Sales Tax	26279.33
K. Accounting Fees		Other taxes	
(To Line 31)	-0-	Flowers	
L. Legal Fees (To Line 32)	-0-	Prizes	
M. Bar, Office, & Other		Bank Charges	233.71
Supplies (To Line 33)	42382.19	Licenses	1075.00
N. Telephone (To Line 34)	5149.54	Paid for Merchandise	255384.46
O. Postage and Shipping		Other (List)	
(To Line 35)	4331.85	<u>Comm. Fee Exp</u>	1058.00
		<u>OFFICERS Bond</u>	9810.00

		Miscellaneous	
		Total (To Line 43)	356254.44

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

FRED JEWETT 2315 CHASE HAMMOCK RD. MERRITT ISLAND, FL. 32953	ADMINISTRATOR/ MGR. SOCIAL QTRS.	\$31,200.00
JOSEPH COUGHLIN 5100 BANANA AVE COCOA, FL 32926	GOVERNOR	-0-
RICHARD AKELEWICZ 210 ANNALISA PLACE MERRITT ISLAND, FL. 32953	PAST JR GOVERNOR	-0-
EVERETTE GILES 3992 DUNDEE DR MERRITT ISLAND, FL. 32953	JR. GOVERNOR	-0-
WILLIAM D JACKSON ARTEMIS BLVD MERRITT ISLAND, FL 32953	PRELATE	-0-
ALAN DEMCO 1045 MEADOW LARK LN MERRITT ISLAND, FL 32953	TREASURER	-0-
WILLIAM CRESSMAN 454 PONDS DR PT ST JOHN, FL 32927	1 YEAR TRUSTEE	-0-
WILLIAM K HACK 5320 OAK COVE RD TITUSVILLE, FL 32780	2 YEAR TRUSTEE	-0-
NORMAN L MOORE 1525 S HARBOR DR MERRITT ISLAND, FL 32952	3 YEAR TRUSTEE	-0-

MAY, 2006 – APRIL, 2007