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Form **990-EZ**

Short Form 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)
 Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2007**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
Seminole Forest No. 193, Tall Cedars of Lebanon
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
955 West Parkway
 City or town, state or country, and ZIP + 4
Deland, FL 32724

D Employer identification number
52 1948554

E Telephone number
(843) 566-5482

F Group Exemption Number **0553**

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

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

K Check ☒ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **2,950**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	1,050
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	1,900
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
6	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 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0
8	Other revenue (describe ▶)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	2,950
10	Grants and similar amounts paid (attach schedule)	10	2,700
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe ▶)	16	0
17	Total expenses. Add lines 10 through 16	17	2,700
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	250
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,099
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,349

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,099	1,349
23	Land and buildings	0	0
24	Other assets (describe ▶)	0	0
25	Total assets	1,099	1,349
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,099	1,349

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? Fraternal

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 The organization raises money for the Muscular Dystrophy Association, paid directly to fraternity's parent organization, the Supreme Forest Tall Cedars of Lebanon of North America, as described on Sch O for line 10. The amount here represents that contribution through the Supreme Forest to MDA.

(Grants \$) If this amount includes foreign grants, check here ☐ 28a

29 This organization meets once a month, except for some summer months, when it does not meet at all. After meeting, the members go out to dinner. The organization pays nothing, the members pay for their own meals.

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30 There are no further accomplishments. The organization raises money throughout the year to contribute to the MDA and gets together for fellowship generally. There is nothing further to mention

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses. Add lines 28a through 31a

32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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
Charles Krutchen Deceased	Grand Tall Cedar, 1 hr	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)

Yes No

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

33

✓

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

✓

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

✓

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

35b

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

36

✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a

0

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

37b

✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

✓

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

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Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ; section 4912 ; section 4955

b 501(c)(3) and (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 an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . .

d Enter amount of tax on line 40c reimbursed by the organization . . .

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed.

42a The books are in care of Harvey King Telephone no. (386) 871-1835
 Located at 955 West Parkway, Deland, FL ZIP + 4 32724

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country:

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . 43 ☐

Please
Sign
Here

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.

Mike Hindley
 Signature of officer
Mike Hindley, Grand Tall Cedar
 Type or print name and title

3/8/16
 Date

Paid
Preparer's
Use Only

Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address and ZIP + 4

EIN

Phone no.

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SCHEDULE O
(Form 990)**Supplemental Information to Form 990**

OMB No 1545-0047

~~2008-207~~

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Seminole Forest No. 193, Tall Cedars of Lebanon

Employer identification number

52 : 1948554

Form 990, line 10: \$2,700 paid to Supreme Forest, Tall Cedars of Lebanon of NA for per capita dues and contrib. for MDA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51056K

Schedule O (Form 990) 2008