

Department of the Treasury
Internal Revenue Service

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.

2006

**Open to Public
Inspection**

A For the 2006 calendar year, or tax year beginning _____, **2006, and ending** _____, **20**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization ROYAL ORDER OF JESTERS-COURT 113</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 CHALCOTT PLACE</p> <p>City or town, state or country and ZIP + 4 SUMMERVILLE SC 29485</p>	<p>D Employer identification number 23-7063960</p> <p>E Telephone number</p> <p>F Group Exemption Number . . . ▶</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ _____

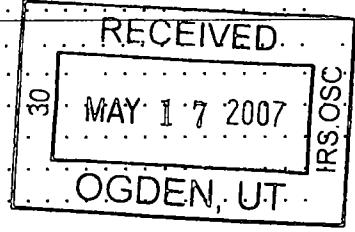
J Organization type (check only one) - 501(c) (10) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ **99,417**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See page 47 of the instructions)	
	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments		3 46,889
	4 Investment income		4 1,232
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c
	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	51,296
b Less direct expenses other than fundraising expenses	6b	43,971	
c Net income or (loss) from special events and activities (line 6a less line 6b)		7c 7,325	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c
	8 Other revenue (describe ▶ _____)		8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 55,446
Expenses	10 Grants and similar amounts paid (attach schedule)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors		13
	14 Occupancy, rent, utilities, and maintenance		14 6,962
	15 Printing, publications, postage, and shipping		15 2,724
	16 Other expenses (describe ▶ STMI30)		16 45,121
	17 Total expenses (add lines 10 through 16)		17 54,807
	18 Excess or (deficit) for the year (line 9 less line 17)		18 639
Assets	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 35,869
	20 Other changes in net assets or fund balances (attach explanation)		20
	21 Net assets or fund balances at end of year (combine lines 18 through 20)		21 36,508



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 51 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,869	22 36,508
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	35,869	25 36,508
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,869	27 36,508

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	Part III Statement of Program Service Accomplishments (See page 51 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? <u>FRATERNAL</u>	
	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	<u>HELPING CRIPPLED CHILDREN</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 52 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

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?	N/A	
38a	a 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?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

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

- 40 a 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	N/A	
40e	N/A	

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

42 a The books are in care of ▶ % CHARLIE MILLER Telephone no ▶ 843-871-1302
 Located at ▶ 100 CHALCOTT PLACE SUMMERVILLE SC ZIP + 4 ▶ 29485

- 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		X
42c		X

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.

Thomas O. Morris Jr. Signature of officer Date 05-14-07
 THOMAS O. MORRIS JR. TREASURER Type or print name and title

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 SC EIN Phone no ▶

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

ROYAL ORDER OF JESTERS-COURT 113

Employer identification number

23-7063960

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4g regarding lobbying activities, property transactions, grants, and donor advised funds.

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

ROYAL ORDER OF JESTERS-COURT 113

Your Social Security Number

23-7063960

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

Statement #130

<u>Description</u>	<u>Amount</u>
AFFILIATES MEMBERSHIP DUES	5,237
CONFERENCES, CONVENTIONS, MEETINGS	35,008
SUPPLIES	<u>4,876</u>
TOTAL	<u><u>45,121</u></u>

Federal Supporting Statements

2006 PG 01

Your Social Security Number

23-7063960

(Name(s) as shown on return)

ROYAL ORDER OF JESTERS-COURT 113

Statement #101

FORM 990EZ, PART I, LINE 6 SPECIAL EVENTS SCHEDULE

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
ROYAL ORDER BASH	51,296	—	51,296	43,971	7,325
TOTAL	<u>51,296</u>	<u>—</u>	<u>51,296</u>	<u>43,971</u>	<u>7,325</u>