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528556

 $\mathbf{\hat{Form}} \cdot \mathbf{990}$

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)

Open to Public

Department of the Treasury Internal Revenue Service

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

Ā	For th	ne 2006 ca	alendar	year, or tax year beginning	MAY 1	, 2006,	and ending	- /	PRIL:	30 , 20 07
В	Check if	applicable	Please	C Name of organization	· · · · · · · · · · · · · · · · · · ·				D Emplo	yer identification number
_		s change	use IRS label or	MARTINSBURG LODGE #*	120 LOYAL ORD	ER OF I	MOOSE		55	0221122
=	Name o		print or	Number and street (or PO box if	mail is not delivered to	street ad	dress) Room/	suite !	E Teleph	none number
=	Initial re	-	type See	201 WOODBURY AVENUE					(304	263-0578
=	Final re		Specific Instruc-	City or town, state or country, an	d ZIP + 4				F Account	ing method
<u></u>	Amende	ed return	tions	MARTINSBURG, WV 25404	1-4845				Ot	ther (specify)
$\overline{}$		ion pending		tion 501(c)(3) organizations and			DIC			e to section 527 organizations
			trus	ts must attach a completed Sched	dule A (Form 990 or 9	990-EZ).		-		'n for affiliates? ☐ Yes ✓ No
G	Websit	e: ► N/A					1			ber of affiliates ▶ N/A
.1	Organi	zation tyne	(check or	nly one) ► ✓ 501(c) (08) ⊲ (ins	ert no \ \ \ 4947(a)(1	or 🗆	, , ,		ates incli	uded? Yes No No t See instructions)
				·····			LI/d\ lo i			rn filed by an
κ.	receipts	nere ► are normali	ir the oi ly not moi	rganization is not a 509(a)(3) suppi re than \$25,000 A return is not requi	orting organization ar red. but if the organiza	d its gro ation choo	55 '			by a group ruling? Ves No
				a complete return				oup Exer	mption N	lumber ▶ 0002
							M Cł	neck >	 ✓ If	the organization is not required
				66, 8b, 9b, and 10b to line 12						Form 990, 990-EZ, or 990-PF)
L)	art I	Reven	ue, Ex	penses, and Changes in	Net Assets or	Fund B	alances (S	ee the	ınstru	ctions.)
	1	Contribu	ıtıons, ç	gifts, grants, and similar amo	unts received					
	а	Contribu	itions to	donor advised funds	•	1a	STATI	ite i		
	b	Direct po	ublic su	ipport (not included on line 1	la)	1b	REC	*F.F	脚件	
	С	Indirect	public s	support (not included on line	1a)	1c		Mari W Mize	#	
	d			ntributions (grants) (not inclu	ded on line 1a)	1d	405			
	е	Total (ad	ld lines	1a through 1d) (cash \$	nonca	sh \$	NOV C	1 21	7141e	
	2	Program	service	revenue including governmen	t_fees_and_eontrac	ts (from	Part VII, line	93)	2	464,119
	3	Members	ship du	es and assessments R.E.C.	EIVED O		COUNTS M	ANAGE	ME T	57,341
	4			ngs and temporary-cash inve	estments . ິທ		- OGL	EN	4.5	28
	5	Dividend	ls and I	nterest from securities	5 2011 19			.: .:.	5	
	6a	Gross re			, lo	6a		15,000	<u>'</u>	
	b	Less rer		4 1 1	<u> </u>	6b				1
	_c	Net renta	al incon	ne or (loss) Subtract line 6b nt income (describe	from line 6a	<u>.</u>] ·		. ;	6c	15,000
Ē	7				(A) Securities	Г	(B) Other		7	
Revenue	8a			rom sales of assets other	(A) Decurities	90	(b) Other		-	
~~		than inve	•			8a 8b		_	-l -l	
				er basis and sales expenses.		8c			-	
•				ttach schedule)	A) (D)	60			8d	
•	_	-) Combine line 8c, columns (/	, , ,			i	- ou	
2	9_			d activities (attach schedule) If a		gaming,	cneck nere			
•	а		,	not including \$ ported on line 1b) , . .	of	9a		32,645		
	ь			penses other than fundraising		9b		19,312	1	
				loss) from special events. Si				,	9c	13,333
	10a			nventory, less returns and al		10a	Ja	•		
	b			oods sold	iowances .	10b			7	
	c			ss) from sales of inventory (attac	h schedule). Subtra		Oh from line 1	0a	10c	
	11			from Part VII, line 103)	· · · · · ·				11	
	12			Add lines 1e, 2, 3, 4, 5, 6c, 7,		i1			12	549,821
	13			es (from line 44, column (B))					13	
ses	14	-		nd general (from line 44, colu	ımn (C))			•	14	
Expenses	15	_		m line 44, column (D))		•			15	
Ä	16			iliates (attach schedule)					16	
	17	Total expenses. Add lines 16 and 44, column (A)			17	574,134				
ş	18	Excess of	or (defic	cit) for the year Subtract line	17 from line 12				18	(24,313)
et Assets	19			ind balances at beginning of		3. colur	nn (A))		19	2,073,407
χY	20			in net assets or fund balance					20	0

/ng

2,049,094

Form **990** (2006)

Net assets or fund balances at end of year Combine lines 18, 19, and 20

21

Part II. Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions) Do not include amounts reported on line (C) Management (B) Program (A) Total 6b, 8b, 9b, 10b, or 16 of Part I services and general 22a Grants paid from donor advised funds (attach schedule) 51,449 noncash \$ _____ If this amount includes foreign grants, check here ightharpoonup22a 51,449 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _ 22b If this amount includes foreign grants, check here ightharpoonupSpecific assistance to individuals (attach 23 24 Benefits paid to or for members (attach 24 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach 25a 36,400 **b** Compensation of former officers, directors. key employees, etc listed in Part V-B (attach 25b schedule) . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and 25c persons described in section 4958(c)(3)(B) (attach schedule) 26 Salaries and wages of employees not included 99,620 on lines 25a, b, and c 26 Pension plan contributions not included on 27 lines 25a, b, and c 27 28 Employee benefits not included on lines 28 25a - 27 29 24,160 29 Payroll taxes 30 30 Professional fundraising fees . 1,916 Accounting fees . . 31 31 20.000 32 Legal fees . . 32 8.857 33 33 Supplies Telephone . . . 5,109 34 34 35 2,405 35 Postage and shipping 36 70,067 36 Occupancy . . . 37 37 Equipment rental and maintenance. . . 2,791 38 38 Printing and publications . 39 39 Travel . . 40 40 Conferences, conventions, and meetings. 41 41 42 42 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (itemize). PAID FOR MERCHANDISE 118,950 43a REPAIRS & MAINTENANCE 43b 20,765 **INSURANCE** 20,853 43c **ENTERTAINMENT** 43d 23.988 GAMING EXPENSE 43e 13,778 43f SEE ATTACHED STATEMENT 43g 53,026 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 574,134 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? . F 🔲 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	Statemen	t of Prog	ram Service A	ccompli	shment	s (See	the inst	ructions.)			
Form 990	ıs avaılable	for public	inspection and,	for some	people,	serves	as the p	rimary or	sole source	e of informat	ion abo
particular	organızatıon	How the	oublic perceives	an organı	zation in	such o	cases may	y be deterr	nined by th	ne information	n prese

out a ented 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.

Pic	grants and accomplishments.	
Wh	at is the organization's primary exempt purpose? ► FRATERNAL, FAMILY & COMMUNITY BENEVOLEN	
of (organizations must describe their exempt purpose achievements in a clear and concise manner State the number clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
а	THE LODGE UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY BENEVOLENCE AND	
	CHARITY. THIS IS ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND	
	RECREATIONAL ACTIVITIES FOR THE MEMBERS AND THEIR FAMILIES.	
	(Grants and allocations \$ N/A) If this amount includes foreign grants, check here ▶ □	N/A
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
_		
Ç		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	N/A

Pa	art IV	Balance Sheets (See the instructions.)				
1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within i	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			57,107	45	73,309
	46	Savings and temporary cash investments .			<u></u>	46	
				İ			
	47a	Accounts receivable	47a	1,495			
	b	Less allowance for doubtful accounts .	47b		1,460	47c	1,495
	1	Pledges receivable	48a				
	_	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers	tors, trustees, and		500		
	١.	key employees (attach schedule)				50a	
	, p	Receivables from other disqualified persons (a				50b	
s		4958(f)(1)) and persons described in section 495		300			
	ъта	Other notes and loans receivable (attach	51a				
Assets	L.	schedule)	51b			51c	
As		Less allowance for doubtful accounts .	210		7,558	52	7.558
	52	Inventories for sale or use			7,000	53	7,556
	53	Prepaid expenses and deferred charges	٠.	 ✓ Cost ☐ FMV	26,497		0
	1	Investments—publicly-traded securities	•		20,437	54b	
		Investments—other securities (attach schedu	ie)	Cost FMV		340	
	ooa	Investments—land, buildings, and equipment: basis	55a				
	h	Less accumulated depreciation (attach				•	
	5	schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	1	Land, buildings, and equipment basis .	57a	2,023,141			
	l .	Less. accumulated depreciation (attach					
		schedule)	57b	0	2,021,738	57c	2,023,141
	58	Other assets, including program-related investigation	stment	s			
		(describe ►		58			
	59	Total assets (must equal line 74) Add lines			2,114,360	59	2,105,503
	60	Accounts payable and accrued expenses .			5,625	60	13,754
	61	Grants payable				61	
	62	Deferred revenue				62	
es	63	Loans from officers, directors, trustees, and	key e	employees (attach			
Liabilities		echadula)		· ´ `		63	
iab		Tax-exempt bond liabilities (attach schedule)				64a	
_	b	Mortgages and other notes payable (attach s	chedu	le)	35,328	64b	42,655
	65	Other liabilities (describe ►)		65	
		-					
	66	Total liabilities. Add lines 60 through 65	<u></u> -		40,953	66	56,409
	Orga	nizations that follow SFAS 117, check here ▶	√ a	nd complete lines			
es		67 through 69 and lines 73 and 74.			0.070.407		
ПĊ	67	Unrestricted		-	2,073,407	67	2,049,094
ala	68	Temporarily restricted		· · · -	-	68	
8	69	Permanently restricted		· _ · · ·		69	
ŭ	Orga	nizations that do not follow SFAS 117, check	here I	► LJ and			
느	70	complete lines 70 through 74.	_			70	
Net Assets or Fund Balances	70 71	Capital stock, trust principal, or current funds		unmont find		70 71	
set	72	Paid-in or capital surplus, or land, building, a			-	72	
As	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances. Add lines				12	
اة	, 3	70 through 72 (Column (A) must equal line 1					
z		equal line 21)	o anu	Column (D) must	2,073,407	73	2,049,094
	74	Total liabilities and net assets/fund balance:	s. Add	lines 66 and 73	2,114,360	74	2,105,503
					<u> </u>		<u>_,,,</u>

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	lited Financial Staten	nents With Rev	enue pe	r Ret	turn (See the
а	Total reve	enue, gains, and other support per audit	ed financial statements			а	_	N/A
b	Amounts	included on line a but not on Part I, line	12					
1		alized gains on investments		b1				
2		services and use of facilities		b2		1		
3		es of prior year grants		b3		-		
4	Other (sp	ecify)		b4				
	Add lines	b1 through b4		DT		b	•	
С		line b from line a				C		
d		included on Part I, line 12, but not on Ii			•			
1		nt expenses not included on Part I, line		d1]		
2	Other (sp	ecify)						
				d2				
_	Add lines	d1 and d2				d		
e Per	rt IV-B	enue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Au				e oor D		
					penses		eturi	N/A
a b		enses and losses per audited financial s included on line a but not on Part I, line			•	а	 	IN/A
1		services and use of facilities		b1				
2		adjustments reported on Part I, line 20		b2		1		
3		eported on Part I, line 20		b3		1		
4		ecify)				1		
				b4				
	Add lines	b1 through b4				b		
С	Subtract	line b from line a				С		
d		included on Part I, line 17, but not on lii						
1		nt expenses not included on Part I, line		d1		4		
2	Other (sp	ecify)		d2				
	Add lines	d1 and d2				d		
е		penses (Part I, line 17) Add lines c and	d		•	e		
Par	t V-A	Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees ar even if they were not o	(List each perso compensated) (S	n who wa	s an o	fficer, ons)	, director, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	ions to en ns & defe sation pla	erred	(E) Expense account and other allowances
DA	VID K. HAI	NES	GOVERNOR					
	RTINSBU			0			0	0
	AD SHERE	·	JR. GOVERNOR					
		OWN, WV		0			0	0
	MES E. DU		PRELATE				•	
	RTINSBUR NALD W. I	- · · · · · · · · · · · · · · · · · · ·		0			0	0
	RTINSBU		PAST	o			0	0
	EVEN M. N		JR. GOVERNOR					
	RTINSBU		TREASURER	0			0	o
	RY C. RA		TRUSTEE					
MΑ	RTINSBU	RG, WV	-	0	İ		0	0
	HARD B.		TRUSTEE					
	RTINSBU			0			0	0
	HAEL J. C		TRUSTEE					
	RTINSBUF	_ :		0			0	0
	AISON A. I		ADMINISTRATOR	A			_	
ГAL	LING WA	TERS, WV		36,400			0	0
					1			

	V-A Current Officers, Directors, Trustees	<u>, and Key Employe</u>	es (continuea)			Yes	No
5a	Enter the total number of officers, directors, and trumeetings	stees permitted to vo	te on organizatio	n business at board 9		,	
	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I	nest compensated p	rofessional and	other independent	,	,	
	relationships? If "Yes," attach a statement that ide				75b		-✓
	Do any officers, directors, trustees, or key ecompensated employees listed in Schedule A, Independent contractors listed in Schedule A, Forganizations, whether tax exempt or taxable, that	Part I, or highest co Part II-A or II-B, rec	impensated profeive compensati	essional and other on from any other			
	the definition of "related organization"			▶	75c		✓
4	If "Yes," attach a statement that includes the infol Does the organization have a written conflict of in		the instructions		75d		
?ar	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee receperson below and enter the amount of compe	eived compensation of	r other benefits (de	escribed below) during	the ye	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
ION	IE						
						_	
				·			
				·			
	VI Other Information (See the instructions						

	Other information (See the instructions.)		103	110
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		✓
	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			ļ <u>.</u>
	this return?	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			l
	a statement	79		1
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?	80a		1
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a	1		İ
	Did the organization file Form 1120-POL for this year?	81b		1
		Eorn	. 000	(2006

Pa	rt 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?	82a	1	
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.)		- ,	
832	(See instructions in Part III)	83a	1	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	7	-
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	1	-
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	84b	✓	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		_
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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	,		، د
	Dues, assessments, and similar amounts from members			•
	Section 162(e) lobbying and political expenditures			
	riggi aguita manadadunia di additiri dada (a), (1), (1) dada manada		_	
	variable amount of loopying and pointed expenditures (into odd loos doc)	85g		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	-Sug		1
n	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		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities		1	,
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)		,	^
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			لتٍ
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		
	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		✓
	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			٠,
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	s , .	
С	Enter Amount of tax imposed on the organization managers or disqualified	4		
	persons during the year under sections 4912, 4955, and 4958		,	
	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		ĺ	-
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	905		i
f	transaction?	89e 89f		
		00,		i
y	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.		١	.
		89g		
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			10
	The books are in care of ▶ JAMISON A HESS Located at ▶ 201 WOODBURY AVE, MARTINSBURG, WV ZIP + 4 ▶ 25401		3-057	8
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	г	24	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶	,	!	Ì
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Page	8
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Part	VI Other Information (continued)						Yes	No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign countries."	try ▶					[✓
92	Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interes	sts filing Form 99 t received or acc	<i>0 in lieu of Fori</i> rued during the	m 1041 —Check tax year	here		•	. ▶ ∐
Part								
	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by sec	ion 512, 513, or 514		(E)	
ındıca	3	(A)	(B)	(C)	(D)		elated	
93		Business code		Exclusion code	Amount		npt fur income	
	Program service revenue SOCIAL QUARTER SALES					 		2,266
a	GAMING RECEIPTS	_		-		-	_	
b	GAMING RECEIF 13	— 					101	1,853
С		_						
d						<u> </u>		
е		_			<u> </u>	<u> </u>		
f	Medicare/Medicaid payments							
g	Fees and contracts from government agenci	es						
94	Membership dues and assessments						57	7,341
95	Interest on savings and temporary cash investmen	nts						28
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate							
а	debt-financed property				<u>. </u>		15	5,000
b	not debt-financed property							
98	Net rental income or (loss) from personal proper	tv						
99	Other investment income	'						
100	Gain or (loss) from sales of assets other than inventor	nn/				 		
101	, ,	y			T	 	11	3,333
102	Net income or (loss) from special events Gross profit or (loss) from sales of inventory							,,000
		у	 			 		
103	Other revenue a	-	-		· · · · · · · · · · · · · · · · · · ·	 		
b			-					
C.	·		-					
d		 			- - .			
е		_	-					
104	Subtotal (add columns (B), (D), and (E))				 -			9,821
105	Total (add line 104, columns (B), (D), and (E						549	9,821
	Line 105 plus line 1e, Part I, should equal th							
Part								
Line		me is reported in o	column (E) of Part	t VII contributed i	mportantly to the	accor	nplish	ment
	of the organization's exempt purposes (
93 - 1	03 UNITED MEMBERS IN THE BONDS O	F FRATERNITY I	BENEVOLENCE	E AND CHARIT	Y			
			_					
Part			isregarded En	tities (See the I	nstructions.)			
	Name, address, and EIN of corporation,	(B) Percentage of	(C Nature of	>)	(D)	En	(E) d-of-ye	001
		ownership interest	Nature of	activities	Total income		assets	
N/A		%						
		%						
		%				ſ		
Part.	X Information Regarding Transfers Ass		sonal Benefit C	Contracts (See th	ne instructions.)			
(a)	Did the organization, during the year, receive any funds,							
(a) (b)	Did the organization, during the year, receive any lunus, Did the organization, during the year, pay pay					_	s 🗸	
	: If "Yes" to (b), file Form 8870 and Form 4			i a personal bel	ioni contract?	∐ Ye	:S <u>₩</u>	NO
	, ,,	1-00						

Par	t XI. Information Regarding is a controlling organization			Complete only if th	e organizat	ion
106	Did the reporting organization mathe Code? If "Yes," complete the			ın section 512(b)(13) (No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amou	(D) nt of transfer	
а	N/A					
b						
С						
	Totals	,				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				Yes 1	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amou	(D) nt of transfer	
а	N/A					
b						
С						
	Totals				·	_
108	Did the organization have a bindil rents, royalties, and annuities des			covering the interest,	Yes N	No
Plea Sign Here	Under permittees of perjury, I declare that I and brelief, it us true, correct, and comple	have examined this return, include	ling accompanying schedules ar	nd statements, and to the be ormation of which preparer 10-21 - Date	st of my knowled	dge dge
Paid Prepa		Jough CPA	Date / Check if self-employe	d ▶ □ P000	27877	st X)
Use 0	INIV if self-employed)	RTY & ASSOCIATES, A.C LUS DRIVE, KEARNEYS		EIN ► 27 : Phone no ► (304)	4843523 885-4870	
		/ /			Form 990 (20	006)

MARTINSBURG LODGE #120 LOYAL ORDER OF MOOSE 55-0221122 FORM 990, PAGE 1, PART I, LINE 9 SPECIAL EVENTS AND ACTIVITIES

	GROSS RECEIPTS	DIRECT EXPENSES	NET INCOME OR (LOSS)
INTERNATIONAL DART TOURNAMENT	7,103	8,532	(1,429)
BUS TRIPS	8,180	10,780	(2,600)
OTHER SPECIAL EVENTS	17,362		17,362
TOTAL	32,645	19,312	13,333

MARTINSBURG LODGE #120 LOYAL ORDER OF MOOSE 55-0221122 FORM 990, PAGE 2, PART II, LINE 22a GRANTS PAID FROM DONOR ADVISED FUNDS

ORGANIZATION NAME	AMOUNT
Hedgesville Athletic Boosters	9,700
Big Brothers Big Sisters	8,000
Martinsburg High School Band Boosters	3,270
Realy For Life	3,050
Civitan Club	2,900
Miss Berkeley County Scholarship	2,900
Friends of the NRA	2,050
Shenandoah Communications	1,925
Moose Charities (various)	1,774
Bedington Elementary School	1,700
Eastern Panhandle Youth Football League	1,700
Fireman's Local 805	1,700
South Berkeley Fire Department	1,500
Martinsburg Fire Fighters	1,200
Soap Box Derby	1,000
Martinsburg Little League	850
Make A Wish Foundation	600
Marine Corp League	600
BSA	520
Martinsburg High School Swim Team	500
MDA	400
Scholarship Calendars	300
The Arts Centre	300
Mountain State Apple Harvest Festival	250
American Heart Association	200
Boys & Girls Club Eastern Panhandle	200
Hedgesville DECA	200
K. Sherrard Cancer Fund	200
Martinsburg High School Drama	200
War Memorial Park	200
Pack #120	165
Preteen Scholarship	150
M-BCPR Hockey League	125
Martinsburg High School Football	120
Berkeley County Recreation Board	100
Berkeley County Wildcats	100
Francis Corbin	100
Girl Scouts of Shawnee Council	100
Martinsburg High School Softball Boosters	100

MARTINSBURG LODGE #120 LOYAL ORDER OF MOOSE 55-0221122 FORM 990, PAGE 2, PART II, LINE 22a GRANTS PAID FROM DONOR ADVISED FUNDS

ORGANIZATION NAME	AMOUNT		
Meals on Wheels	100		
	100		
Valley View Chapel			
Warm the Children Fund	100		
Child Advocacy Center	50		
Hospice of the Panhandle	50		
Winchester Avenue Elementary School	50		
Berkeley Senior Center	25		
Blue/Grey Choir	25		
TOTAL	51,449		

MARTINSBURG LODGE #120 LOYAL ORDER OF MOOSE 55-0221122 FORM 990, PAGE 2, PART II, LINE 43(G) OTHER EXPENSES STATEMENT

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	427			
BANK & CREDIT CARD CHARGES	13,344			
CITY B & O TAX	1,072			
CLEANING	2,965			
DUES & SUBSCRIPTIONS	6,612			
FINANCE CHARGES	9,401			
LICENSES & PERMITS	717			
MISCELLANEOUS	4,239			
MOOSE INTERNATIONAL	12,236			
OFFICE EXPENSE	2,013		-	<u>-</u>
TOTAL	53,026	-	-	-