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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
*MT Holly Moose Lodge 232 Loom*  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
*Po Box 95*  
City or town, state or country, and ZIP + 4  
*MT Holly NJ 08669-0095*

D Employer identification number  
*21 0503190*  
E Telephone number  
*609) 267-9845*  
F Group Exemption Number  
*0002*

• 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) ( 8 ) (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 <i>22834.00</i>
	2 Program service revenue including government fees and contracts . . . . .	2 <i>125,578.06</i>
	3 Membership dues and assessments . . . . .	3 <i>4005.00</i>
	4 Investment income . . . . .	4
	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 (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____) of contributions reported on line 1) . . . . .	6a
Expenses	b Less: direct expenses other than fundraising expenses . . . . .	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c
	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 (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe ►) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. . . . .	9 <i>157,357.06</i>
	10 Grants and similar amounts paid (attach schedule) . . . . .	10 <i>3,871.25</i>
	11 Benefits paid to or for members . . . . .	11
Net Assets	12 Salaries, other compensation, and employee benefits . . . . .	12 <i>4,625.00</i>
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 <i>40,054.44</i>
	15 Printing, publications, postage, and shipping . . . . .	15 <i>3,505.86</i>
	16 Other expenses (describe ►) . . . . .	16 <i>101,044.59</i>
	17 Total expenses. Add lines 10 through 16. . . . .	17 <i>153,101.59</i>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 <i>42,551.52</i>
	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 <i>181,192.26</i>
	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 <i>185,492.78</i>

## Part II Balance Sheets, If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	8221.22	22 <i>6236.08</i>
23 Land and buildings . . . . .	120,927.10	23 <i>120,927.10</i>
24 Other assets (describe ►) <i>Inventory</i> . . . . .	4,100.00	24 <i>4,100.00</i>
25 Total assets . . . . .	183,248.32	25 <i>181,733.18</i>
26 Total liabilities (describe ►) . . . . .	2056.06	26 <i>-1034.94</i>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	181,192.26	27 <i>182,798.12</i>

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

Cat. No. 10842I

Form 990-EZ (2008)

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

**What is the organization's primary exempt purpose?**

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.

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

28 The organization 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 member and their families estimated to number ( 560 )

(Grants \$  If this amount includes foreign grants, check here

283

WA

29

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

29a

30

(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

318

**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 the instructions for Part IV.)

(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 requirements in the instructions for Part VI.)

	Yes	No
33		✓
34		
35		
35a		✓
35b		
36		✓
37a	37a	
37b		✓
38a		
38b		
39a		
39b		
40a		
40b	N/A	
40c		
40d		
40e		✓

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Total number of other independent contractors each receiving over \$100,000 .

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.

**Sign  
Here**

Signature of officer

Date \_\_\_\_\_

12/17/09

► Dealers / 10  
Type or print name and title

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**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Da

Check  
self-  
empty

Preparer's Identifying Number (See Instructions)

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

EN

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

500 52 0000

PART V

Name and Address	Title and Average hr. per week devoted to position	Compensation	Contribution to Employee Benefit	Expense account and other allowances
BURTIS MYERS JR 1450 MONMOUTH RD MT HOLLY NJ 08060	Governor 12 Hrs	0	0	0
DENNIS WARD 2307 SPRUCE AVE HAINESPORT NJ 08036	Administrator 32 Hrs.	<del>\$150.00</del> 150.00	0	0
JESUS RAMIREZ 6 HICKORY CT Mt. Holly, NJ 08060	Treasurer 8 Hrs.	0	0	0
STEVE HALBACH 601 HAYNES RUN MEDFORD NJ 08055	Jr. Past Gov 8 Hrs.	0	0	0
DANIEL BUCKNER 608 KATHERINE RD BROWNS MILLS NJ 08015	Jr. Governor 8 Hrs.	0	0	0
EDWARD SMITH 22 MERION LN WILLINGBORO NJ 08046	Prelate 8 Hrs.	0	0	0
NORMAN GOLDSTIEN 11 HEATH DR WESTAMPTON NJ 08060	Trustee 3 Yr. 8 Hrs.	0	0	0
JOHN LINTON 419 ARNEYS MT RD JOBSTOWN NJ 08041	Trustee 2 Yr. 8 Hrs.	0	0	0
ROBERT STEWART 42 DOVE RD	Trustee 1 Yr. 8 Hrs.	0	0	0