



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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 \$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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 05-01-2008, and ending 04-30-2009

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  
GETTYSBURG LODGE NO 1526 LOYAL ORDER OF MOOSE

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
19 YORK STREET

City or town, state or country, and ZIP + 4  
GETTYSBURG, PA 17325

D Employer identification number  
23-0823047

E Telephone number  
(717) 334-5916

F Group Exemption Number

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: N/A

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 \$ 662,708

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	2,907
	2	Program service revenue including government fees and contracts	2	21,782
	3	Membership dues and assessments	3	6,872
	4	Investment income	4	8
	5a	Gross amount from sale of assets other than inventory	5a	
	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	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>	6c	70,712
	a	Gross revenue (not including \$ of contributions reported on line 1) <input checked="" type="checkbox"/>		
	b	Less direct expenses other than fundraising expenses		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a	Gross sales of inventory, less returns and allowances	7a	294,865
	b	Less cost of goods sold	7b	149,439
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	145,426
	8	Other revenue (describe )	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	247,707
	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	103,099
	13	Professional fees and other payments to independent contractors	13	3,842
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	69,817
	15	Printing, publications, postage, and shipping	15	3,107
	16	Other expenses (describe )	16	78,845
	17	Total expenses (add lines 10 through 16)	17	258,710
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,003
	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	620,178
	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	609,175

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	19,076	22	11,970	
23	Land and buildings	566,848	23	575,448	
24	Other assets (describe )	38,300	24	24,223	
25	Total assets	624,224	25	611,641	
26	Total liabilities (describe )	4,046	26	2,466	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	620,178	27	609,175	

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

Cat No 10642I

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? FRATERNALISM			
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			
<b>28</b> 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 MEMBERS AND THEIR FAMILIES. (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		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 . . . . .	33	No		
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	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No		
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	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b			
39	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 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," complete Schedule L, Part I. . . . .	40b			
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? . . . . .	40e	No		
41	List the states with which a copy of this return is filed ▶ _____				
42a	The books are in care of ▶ JOHN SMITH Telephone no ▶ (240) 674-1291 19 YORK STREET Located at ▶ GETTYSBURG, PA ZIP + 4 ▶ 17325				
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No		
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 ▶ _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No		

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.

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	Yes	No
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?		
49b	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 received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(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				
Total number of other employees paid over \$100,000				

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 are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.			
	***** Signature of officer		2010-03-15 Date	
Paid Preparer's Use Only	JOHN P SMITH SR. ADMINISTRATOR Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
Musselman & Creager LLP 251 Baltimore St - PO Box 3423 Gettysburg, PA 173253423		Phone no. (717) 334-9181		
May the IRS discuss this return with the preparer shown above? See instructions.				
Yes No				

Additional Data

Software ID:  
Software Version:  
EIN: 23-0823047  
Name: GETTYSBURG LODGE NO 1526 LOYAL ORDER OF MOOSE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SAMUEL GAITHER 19 YORK STREET GETTYSBURG, PA 17325	Trustee 2 00	0		
MICHAEL FRIDINGER 19 YORK STREET GETTYSBURG, PA 17325	SERGEANT AT ARM 2 00	0		
THEODORE HALLER 19 YORK STREET GETTYSBURG, PA 17325	Treasurer 2 00	0		
EDWARD KENNEY PO BOX 3382 GETTYSBURG, PA 17325	Trustee 2 00	0		
WILLIAM KAHL 256 S WASHINGTON STREET GETTYSBURG, PA 17325	Trustee 2 00	0		
MARK BUCHER JR 190 TILLETOWN ROAD BIGLERVILLE, PA 17307	Trustee 2 00	0		
JOHN SMITH SR 55 SPRUCE DRIVE GETTYSBURG, PA 17325	ADMINISTRATOR 28 00	15,041		
ROBERT MCMASTER 2581 OLD HARRISBURG ROAD GETTYSBURG, PA 17325	PRELATE 2 00	0		
JOHN LUCKENBAUGH 2400 SPRINGWOOD ROAD YORK, PA 17402	JR PAST GOVERNO 2 00	0		
DANIEL DRAKE 19 YORK STREET GETTYSBURG, PA 17325	JR GOVERNOR 2 00	0		
HARRY BUCHER 427 SILO ROAD ORRTANNA, PA 17353	GOVERNOR 2 00	0		

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
GETTYSBURG LODGE NO 1526 LOYAL ORDER OF MOOSE

Employer identification number  
23-0823047

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			SPECIAL PROJECTS	SPORTS		(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . . .	20,109	7,984		28,093
	2	Less Charitable contributions . . . . .				
Direct Expenses	3	Gross revenue (line 1 minus line 2) . . . . .	20,109	7,984		28,093
	4	Cash Prizes . . . . .				
	5	Non-cash Prizes . . . . .				
	6	Rent/Facility costs . . . . .		1,078		1,078
	7	Other direct expenses . . . . .	8,842	2,493		11,335
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				12,413
	9	Net income summary Combine lines 3 and 8 in column (d). . . . . ▶				15,680

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue . . . . .		308,181		308,181
Direct Expenses	2	Cash prizes . . . . .		215,680		215,680
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .		37,023		37,023
	6	Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				252,703
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				55,478

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities PA		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a Yes	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	No



		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> 100 000 %		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► CHARLES MORAN			
Address ► 35 VICKI CIRCLE GETTYSBURG, PA 17325			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ► CHARLES MORAN			
Gaming manager compensation ► \$ 17,814			
Description of services provided ► MANAGES SOCIAL CLUB AND ACTIVITIES			
<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	Yes
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 11,771		

**TY 2008 Other Assets Schedule**

**Name:** GETTYSBURG LODGE NO 1526 LOYAL ORDER OF  
MOOSE

**EIN:** 23-0823047

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
IRS LEVY	14,077	
INVENTORY	24,223	24,223

**TY 2008 Other Expenses Schedule**

**Name:** GETTYSBURG LODGE NO 1526 LOYAL ORDER OF  
MOOSE

**EIN:** 23-0823047

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Amount
UNIFORMS	383
Travel	3,600
SUPPORT SERVICES	375
SUPPLIES	16,946
PRIOR YEARS PAYROLL TAXES	16,337
PENALTIES & FINES	850
Office Expenses	2,064
LICENSES & PERMITS	599
EQUIPMENT LEASE & MAINTENANCE	4,807
DUES	2,719
DONATIONS	6,561
BANK FEES	710
BANDS	16,705
Advertising and Promotion	4,164

**TY 2008 Other Liabilities Schedule**

**Name:** GETTYSBURG LODGE NO 1526 LOYAL ORDER OF  
MOOSE

**EIN:** 23-0823047

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
SALES TAX PAYABLE	148	79
PAYROLL WITHHOLDING	3,898	2,387