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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceUnder 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 \$500,000 and total assets less than \$1,250,000 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.**A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**C** Name of organization

Peninsula Lodge no 2362 loyal order  
 PO Box 1100  
 Ocean Park WA 98640

**D** Employer identification number

91-1450071

**E** Telephone number**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** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 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.)

1	Contributions, gifts, grants, and similar amounts received	1	4089.00
2	Program service revenue including government fees and contracts	2	57824.00
3	Membership dues and assessments	3	8386.00
4	Investment income	4	15694.00
5a	Gross amount from sale of assets other than inventory	5a	0
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ 13 2010 of contributions reported on line 1)	6a	0
6b	Less: direct expenses other than fundraising expenses	6b	0
6c	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
7b	Less: cost of goods sold	7b	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ▶ )	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	607113.00
10	Grants and similar amounts paid (attach schedule)	10	6089.00
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	258994.00
13	Professional fees and other payments to independent contractors	13	4622.00
14	Occupancy, rent, utilities, and maintenance	14	174922.00
15	Printing, publications, postage, and shipping	15	7707.00
16	Other expenses (describe ▶ )	16	0
17	<b>Total expenses.</b> Add lines 10 through 16	17	452334.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	154779.00
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	526229
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	371450

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	249238	22 218277
23 Land and buildings	458087	23 434440
24 Other assets (describe ▶ INVENTORIES / FURNITURE )	0	24 96800
25 <b>Total assets</b>	707325	25 749717
26 <b>Total liabilities</b> (describe ▶ )	427700	26 454050
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	526229	27 37450

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

Cat No 106421

Form 990-EZ (2009) 3

JAN 11 2011

JAN 13 2011

EXPENSES

NET ASSETS

18

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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## Expenses

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, and other relevant information for each program title.

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

"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 members and their families estimated at ( 1040 )."

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	<b>Total program service expenses</b> (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.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	/
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	/
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	/
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	/
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	/
<b>38a</b>	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 outstanding at the end of the period covered by this return?	<b>38a</b>	/
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	N/A
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	/
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42a</b>	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
<b>b</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)? . . . . .	<b>42b</b>	/
	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> .		
<b>c</b>	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: ▶	<b>42c</b>	/
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	/
<b>45</b>	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 . . . . .	<b>45</b>	/

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 . . . . . **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ **Yes** ☒ **No**
- 50** Complete this table for the organization's 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."

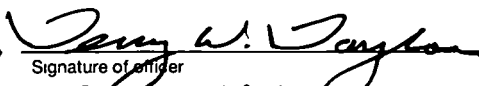
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **f**

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

<b>Sign Here</b>	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		12-09-10 Date	
<b>Paid Preparer's Use Only</b>	TERRY TAYLOR GOVERNOR Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>				

MOOSE LODGE  
2009/2010

OFFICERS POSITION	NAME	HOURS PER WEEK	WAGE
GOVERNOR	TERRY TAYLOR	2	0
JR GOVERNOR	RICHARD BABIKOFF	2	0
JR PAST GOVERNOR	TOM MCQUEEN	2	0
PRELATE	FRED HOLZ	2	0
TREASURER	LARRY HENDRICKSON	4	0
ONE YEAR TRUSTEE	BOB WARD	2	0
SECOND YEAR TRUSTEE	RUDY SITES	2	0
THREE YEAR TRUSTEE	MIKE GILBERT	2	0

EMPLOYEES POSITION	NAME	HOURS	WAGE
ADMINISTRATOR	CLIFF PEDERSON	10	\$400 PER MONTH
ASSISTANT ADMINISTRATOR	PATTIE DEYOUNG	40	\$2400 PER MONTH
GAMBLING ASSISTANT	DEBBIE ALLEN	15	10 00 PER HOUR
BARTENDER	KELLY SINGH	35	11 00 PE HOUR
BARTENDER	DIANE SORENSON	35	10 00 PER HOUR
BARTENDER	SANDY PRESTON	35	10 00 PER HOUR
BARTENDER	SANDY GIBBONS	20	10 00 PER HOUR
BARTENDER	ALAYNA CASEY	5	10 00 PER HOUR
BARTENDER	LYNN GARDNER	20	10 00 PER HOUR
COOK	JAMES MORGAN	15	10 00 PER HOUR
CLEANING	CHUCK MESSING	15	\$774 00 PER MONTH