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Department of the Treasury

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)

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

OMB No 1545-0047 2009 Open to Public

	mar ivevenu	C CONTION	The organization may have to use a copy of this feture to satisfy state to	- po g 10 qui		парссион
<u>A</u>	For the 20	09 calendar y	ear, or tax year beginning $05/01/09$, and ending $04/30/10$			
В	Check if applic		C Name of organization XENIA LODGE NO. 1629		D Employ	er identification number
	Address chang	use IRS label or	LOYAL ORDER OF MOOSE			
\Box	Name change	print or	Doing Business As		<u> </u>	0360080
\equiv	•	type.	Number and street (or P O box if mail is not delivered to street address)	toom/suite	E Telepho	one number
님	Initial return	See	947 CINCINNATI AVE			
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ots\$ 214,554
\Box	Amended retur		XENIA OH 45385			
$\overline{\Box}$	Application per	nding F Name	e and address of principal officer		H(a) is this a	group return for
ш	Application per		·		affiliates	? Yes X No
					H(b) Are all a included	
						attach a list. (see instructions)
<u> </u>	Tax-exempt	status X	501(c) (8) ◄ (insert no) 4947(a)(1) or 527	···		,
	Website:		201(a) (2) 4 (moore no) 4-041(a)(1) ai		H(c) Gmune	exemption number > 0002
		zation X Cor	poration Trust Association Other L Year	r of formation 1		M State of legal domicile OH
	art I	Summa		TOTIONII L		VI Citato di logali Colimono
			he organization's mission or most significant activities.		. "	
		RATERNAI			•	
ည	-	WIRM			'	• • •
Па	•				•	•
Ver	0.06		If the organization discontinued its operations or disposed of more than 25%	of its not see		
Activities & Governance				o or its riet ass	1 - 1	8
•ජ ග	1	_	members of the governing body (Part VI, line 1a)	•	3	8
ij	ŧ		endent voting members of the governing body (Part VI, line 1b)	•	4	5
Ė	ľ		employees (Part V, line 2a)		5	9
Ą	1		volunteers (estimate if necessary)	•	6	<u> </u>
	!	_	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
	8 Con	tributions an	d grants (Part VIII, line 1h)	11101 101	···	
Revenue	Į.		revenue (Part VIII, line 2g)	24	5,716	214,553
Ver		-	ne (Part VIII, column (A), lines 3, 4, and 7d)		7,100	1
8	1		Part VIII, column (A), lines 5, 4, and 70)			
			add lines 8 through 11 (must equal Pars \text{VIII (column (A), line 12)}	24	5,716	214,554
			ar amounts paid (Part IX, column (A), lines 1=3)		- / · 	
	44 Bon	ofite paid to	or for members (Bart IV, columb(A), line 4)			
	15 Sala	une other o	ompensation, employee benefits Thant it bounded A hines 5	4	3,733	43,596
enses	15 Gala	ines, outer o	draising fees (Part IX, column (A) Ine 11e)		5 / . 55	
)en						- -
Expe	47 Oth		expenses (Part IX, column (D) line 25 GDEN, UT	21	1,447	175,062
			Add lines 13–17 (must equal Part IX, column (A), line 25)		5,180	218,658
	l	•	penses. Subtract line 18 from line 12		9,464	-4,104
- S	13 Kev	enue less ex	penses. Subtract line 16 from line 12	Beginning of Cu		End of Year
Net Assets or 1.1	20 Tota	ıl assets (Pa			2,538	248,709
Ass	21 Tota		Part X, line 26)		437	712
Net	22 Net	•	nd balances. Subtract line 21 from line 20	25	2,101	247,997
	art II	Signatu				
)			nd statements.	and to the bes	st of my knowledge
\subseteq	,	and belief, it	ties of perjury, I declare that I have examined this return, including accompanying schedules at ye true, correct, and complete, Declaration of preparer (other than officer) is based on all inform	nation of which	preparer has	any knowledge
Sig	in I	N 1 //	Home II William		k /	אוואבי
Hei	re	Signatu	re of officer / / / /		Date	1.7
×	נָי		ON WILL LINE		Duto	
Sign of the Co	ا م	Type or	print name and title	-		
_	-			Charl	ı,¢	Preparer's identifying number
Pai	d	Preparer's	Aleman Bradel 11/22	Check self-	. 🗂	(see instructions)
	parer's	signature	Milliona Brands 11/22	/10 emplo		P00070353
	e Only	Firm's name	Gryours Bradstreet & Assoc., Inc. CPA's		EIN ▶	31-1627142
	,	ıf self-emplo			Phone	000 000 000
_		address, and	111111111111111111111111111111111111111		no 🕨	937-372-3504
			eturn with the preparer shown above? (see instructions)			Yes No
For DAA	Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

DAA

Part III Statement of Progra	am Service Accomplishments	<u> </u>	
1 Briefly describe the organization's m			
FRATERNALISM			
		,	
2 Dulitha and a late			
2 Did the organization undertake any s the prior Form 990 or 990-EZ?	significant program services during the	year which were not listed on	Yes X No
If "Yes," describe these new service:			Tes A No
	s on Scheddie O. ng, or make significant changes in how	vit conducts, any program	
services?	ig, or make significant orlanges in non	in conducts, any program	Yes X No
If "Yes," describe these changes on	Schedule O.		. 🗀 100 🖾
		three largest program services by expenses.	
		s are required to report the amount of grants and	
allocations to others, the total expen	ses, and revenue, if any, for each prog	gram service reported	
4a (Code) (Expenses \$	218,658 including gran	ats of \$ (Revenue \$.)
The Lodge unites it	s members in the bo	onds of fraternity,	
vear-round schedule	of social and roas	complished through a reational activities	
for members and the			
	TT TURNET TOO, COCIMO	reed to Humber 210.	••
• •	•••		
		·	
Ab (Codo) (Codo		<u> </u>	
4b (Code) (Expenses \$	including gran	its of \$ (Revenue \$	
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4b (Code) (Expenses \$	including gran		,
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4b (Code) (Expenses \$			
4c (Code) (Expenses \$ 4c (Code) (Expenses \$			
4c (Code) (Expenses \$	including gran		
4c (Code) (Expenses \$	including gran	ts of \$ (Revenue \$	
4c (Code) (Expenses \$	including gran		

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
			. 990	

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Form 990 (2009) XENIA LODGE NO. 1629

Part IV Checklist of Required Schedules (continued)

				res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		<u>_x</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the				v
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				X
24-	employees? If "Yes," complete Schedule J		23_		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				X
h	24b through 24d and complete Schedule K If "No," go to line 25		24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
d	to defease any tax-exempt bonds?		24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		0.5-		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a_		
b	Is the organization 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		256		
26		•	25b		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		20		X
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		26		
_,	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			1	
	If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	• • • •			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		20a		 -
-	Schedule L, Part IV		28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		200		
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		1		
	Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	•	<u> </u>		
	Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,				
	III, IV, and V, line 1		34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	•			
	Schedule R, Part V, line 2		35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	•			
	organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		}		
	Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				
	19? Note. All Form 990 filers are required to complete Schedule O		38		X
		_	Form	990	

<u> </u>	art V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	,,			
	U.S Information Returns Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	The second secon	1.		.,
_	gaming (gambling) winnings to prize winners?	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	┥		ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			.
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>		
4a	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		1	7.
	account)?	4a	 	X
b	If "Yes," enter the name of the foreign country:			Į.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Į.
_	and Financial Accounts.	_		•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	 - ≏-
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1_		
c-	Prohibited Tax Shelter Transaction?	5c_	1	
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			x
L	organization solicit any contributions that were not tax deductible?	6a_	 	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			Ī
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	72		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	╁	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	
C	required to file Form 8282?	7c	1	x
ď	If "Yes," indicate the number of Forms 8282 filed during the year	1	 	
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	┪		ŧ
•	benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	X
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1.9	 	
••	required?	7h	l	x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			I
	organization, have excess business holdings at any time during the year?	8	Ì	Ī
9	Sponsoring organizations maintaining donor advised funds.	ļ	 	†
а	Did the organization make any taxable distributions under section 4966?	9a	ĺ	Ţ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		t
10	Section 501(c)(7) organizations. Enter:	100	1	1
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter:	1		1
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
-	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	T		
	The second secon			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management		 -	
,		F	Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 8			
b	· · · · · · · · · · · · · · · · · · ·			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			32
_	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			37
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			É
	the year by the following		.,	İ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			7.7
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		L.,	
		<u> </u>	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		'	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		1	v
	form?	. 11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1
	rise to conflicts?	12b		\vdash
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	 	77
13	Does the organization have a written whistleblower policy?	13	 	X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by			ŧ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	1	ŧ
а	The organization's CEO, Executive Director, or top management official	15a	ļ	X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			‡
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			∮
	with a taxable entity during the year?	16a	ļ	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	Į.		ŧ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None	•		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website Upon request			
19				
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
Vτ	organization TOM DEVOE 157 LOWELL ENIA OH 45385	93 ⁷ -37	16-7	1167
	CNIA OH 45385		-	
DAA		For	m フンし	(2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average	Pos	ition (C) k all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TOM DEVOE	4 00									
GOVERNOR	1.00	ļ	<u> </u>	<u> </u>	_	ļ		0	0	0
HAROLD FITE	1 00									
TREASURER	1.00	<u> </u>						0	0	0
ALLEN MULLINS ADMINISTRATO	1 00								o	o
STANLEY FICHTNER	1.00		_			-		0		
JR GOVERNOR	1.00	İ						0	0	o
LARRY PARKS	1.00		-			┢╾			O	
TRUSTEE	1.00					1		0	0	0
DOUG MCCAULEY		-	<u> </u>			\vdash				
PRELATE	1.00							o	0	0
GARRY COOK				Г				-		
TRUSTEE	1.00							0	0	0
DEAN CONLEY										
TRUSTEE	1.00					L		0	0	0
										,
									•	
						_				
	•									
	<u>, </u>				 					

	(A) Name and Title	(B) Average			(C)	that a			(E) Reportable		(F) Estimated		
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org an	nount of other pensation om the anization d related anizations		
										·	·			
	• •													
· —		1	_											
											<u> </u>			
		1									_			
											.			
														
1h	Total	<u> </u>												
2	Total number of individuals (in	cluding but not l	mite	d to	thos	e list	ted a	bove	e) who received more than	\$100,000 in				
	reportable compensation from	the organization	>	0								Yes	No	
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schede 1 complete Schede 1 complete	dule . of re	J for porta	suci able	n Ind com	ividu pens	al atıo	n and other compensation	from		3	X	
5	the organization and related or individual Did any person listed on line 1											4	x	
<u> </u>	services rendered to the organ	uzation? If "Yes,								· 		5	Х	
<u> </u>	tion B. Independent Contractor Complete this table for your fix compensation from the organi	e highest compe	ensa	ted i	ndep	end	ent c	ontr	actors that received more	than \$100,000 of				
		(A) business address							Descrip	(B) tion of services		(C) Compens	ation	
									·					
														
		-								,				
		.												
2	Total number of independent of						ed to	thos	se listed above) who receiv	red				
DAA	more than \$100,000 in compe	nsation from the	orga	niza	tion	<u> </u>		-				0 Form 99 (0 (2009)	

P	art V	/III State	ment of Reve	nue			· · · · · · · · · · · · · · · · · · ·			
							(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
		•				•		function revenue	revenue	under sections 512, 513, or 514
रा थ	1a	Federated ca	mnaions	1a				Toverido		012, 010, 0, 014
Program Service Revenue Contributions, gifts, grants and other similar amounts	Ь.	Membership (1b						
9,5		Fundraising e		1c						
ifts	4	Related organ		1d						
S,E	u a	Government grants				**********				
Ö	ء	•		1e						
her	'	All other contribution	ns, giπs, grants, s not included above							
	_			1f	<u> </u>					
and	9		ons included in lines 1a-	11	\$.		-			
-	<u> </u>	Total. Add line	es 1a-11							:
ĵu.	۰					Busn. Code	212 200	212 200		
ě	2a		HIP ACTIVITI	ES		-	212,398	212,398		2,155
9	b	DUES					2,155			2,155
ž	C									
ı,	ď									
Iran	е									
ဥ်	f		ram service reve	nue	•	L				
-	_ 9					<u> </u>	214,553			
	3		come (including	divider	nds, intere	est, and				
		other similar a				•	1	1		
	4					roceeds -				
	5	Royalties		1	i	<u> </u>				
		_	(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)	L							
	d Net rental income or (loss) 7a Gross amount from (1) Securities (2)									
	, a	sales of assets	sales of assets (i) Securities (ii)							
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)								
	d	Net gain or (lo	ss)			<u> </u>				,
و	8a	Gross income from	om fundraising eve	nts						
ne		(not including \$								
ě		of contributions	reported on line 1c)	•						
Other Revenue		See Part IV, line	18	а	·-·-					
Ĕ	b	Less. direct ex	penses	b	,, , , , , , , , , , , , , , , , , , ,	···				
٦			(loss) from fund	1	events	<u> </u>			,	
	9a	Gross income from	om gaming activitie	s.						
		See Part IV, line	19	a						
	b	Less: direct ex	cpenses .	, b						
	С	Net income or	(loss) from gam	ing ac	tivities	>				
	10a	Gross sales of	f inventory, less							
ı		returns and all	lowances	а						
	b	Less cost of	goods sold	ь						
			(loss) from sale	s of in	ventory			·		
		Misc	ellaneous Revenue			Busn. Code				
	11a							·		
	b		•	•	•					
ŀ	С	•••								
	d	All other reven	iue		•					
	е	Total. Add line	s 11a-11d					***************************************		
	12	Total Revenue	e. See instructio	ns	•	•	214,554	212,399	0	2,155

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

D	o not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				**************************************
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			 	<u> </u>
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,890			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits		····		
10	Payroll taxes	4,706			
11	Fees for services (non-employees)			-	
а	Management				}
b	Legal				
C	•	3,711			-
d	Lobbying	0,,,,,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				1
g	Other				
12	Advertising and promotion				
13	Office expenses	1,159			
14	Information technology			*	
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy	25,281			
17	Travel			- ··	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	604			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
					<u> </u>
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	,			
	5% of total expenses shown on line 25 below.)				
а	MERCHANDISE	73,695			
b	DONATION EXPENSE	39,235			
C	GAMING	9,246			
d	SALES TAX	7,722			
е	REPAIRS	6,924			
	All other expenses	7,485			
25	Total functional expenses. Add lines 1 through 24f	218,658	·		
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

P	art .	X Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		2,059	1	711
	2	Savings and temporary cash investments	Γ	867	2	1,002
	3	Pledges and grants receivable, net	Γ		3	
	4	Accounts receivable, net	Γ		4	
	5	Receivables from current and former officers, directors, trustees, key	Γ			
		employees, and highest compensated employees. Complete Part II of	ŀ		ŧ	
	ł	Schedule L	1		5	
	6	Receivables from other disqualified persons (as defined under section			Ī	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			I	
/۵		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net	ſ		7	
Assets	8	Inventories for sale or use		2,616	8	
⋖	9	Prepaid expenses and deferred charges		-	9	
	10a	Land, buildings, and equipment, cost or				······································
			996		ŧ	
	ь	Less accumulated depreciation 10b		246,996	10c	246,996
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related See Part IV, line 11	· [13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		252,538	16	248,709
	17	Accounts payable and accrued expenses		437	17	712
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	· · · [20	-
es.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· [21	
Liabilities	22	Payables to current and former officers, directors, trustees, key				
<u>ā</u>		employees, highest compensated employees, and disqualified			ı	
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		437	26	712
es		Organizations that follow SFAS 117, check here ▶ □ and	ſ			
Fund Balance		complete lines 27 through 29, and lines 33 and 34.			I	
ala I	27	Unrestricted net assets			27	
ä	28	Temporarily restricted net assets	. L		28	
pu	29	Permanently restricted net assets	i. [29	
교		Organizations that do not follow SFAS 117, check here ▶ 🗓			Ī	
6		and complete lines 30 through 34.			Į	
	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	. [31	
As	32	Retained earnings, endowment, accumulated income, or other funds	[252,101	32	247,997
Net Assets	33	Total net assets or fund balances	. [252,101		247,997
Z	34	Total liabilities and net assets/fund balances		252,538	34	248,709

Form **990** (2009)

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3a

3b

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

XENIA LODGE NO. 1629 LOYAL ORDER OF MOOSE

Employer identification number 31-0360080

Form 990, Part III, Line 4d - All Other Achievements

The lodge unites its members in the bonds of fraternity,

benevolence and charity. This is accomplished through a

year-round schedule of social and receational activities

for members and their families, esimated to number 210.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **8868**

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Departr	ment of the	ne Treasury		File a separate application for each return.			
			Itomatic 3-Month Extensi	ion, complete only Part I and check this box	 		► X
_				3-Month Extension, complete only Part II (on page 2 of thi	is form)		
				n granted an automatic 3-month extension on a previously fi			
	rt i			n of Time. Only submit original (no copies nee			
A corp		required to file	Form 990-T and requesting	ng an automatic 6-month extension—check this box and cor	mplete	!	▶ □
	• •	· ··				····	
		ome tax return		ships, REMICs, and trusts must use Form 7004 to request a	an extension of		
Electro	onic Fili	ing (e-file). Ge	nerally, you can electronic	cally file Form 8868 if you want a 3-month automatic extensi	on of time to fi	le	
one of	the retu	irns noted belo	w (6 months for a corpora	ation required to file Form 990-T) However, you cannot file F	Form 8868		
electro	onically i	f (1) you want	the additional (not automa	atic) 3-month extension or (2) you file Forms 990-BL, 6069, o	or 8870, group	ı	
				nstead, you must submit the fully completed and signed pag		Form	
8868. F	For more	e details on th	e electronic filing of this fo	orm, visit www irs gov/efile and click on e-file for Charities & l	Nonprofits.		
Type o	or	Name of Exe	empt Organization		Employe	r identification numb	ber
print	ŀ	XENIA	LODGE NO. 162	29			
File by t		LOYAL	ORDER OF MOOS	SE	<u> 31-03</u>	360080	
due date filing you return S	ur		eet, and room or suite no NCINNATI AVE	If a P.O. box, see instructions			-
instruction		City, town or XENIA	post office, state, and ZIF	ocode For a foreign address, see instructions. OH 45385			
Check	type of		iled (file a separate applic		·		
	Form 99		(Form 990-T (corporation)		Form 4720	
	Form 99			Form 990-T (sec 401(a) or 408(a) trust)		Form 5227	
	Form 99			Form 990-T (trust other than above)		Form 6069	
∏ F	orm 99	0-PF		Form 1041-A		Form 8870	
							
• The	e books	are in the care	e of ► TOM DEVO	OE	•		
Tel	lephone	No. ▶ 93	7-376-4167	FAX No. ▶			
_		• •	• • • •	e of business in the United States, check this box	• •		▶ □
_			•	's four digit Group Exemption Number (GEN) 0002	. If this is	• ••	
		roup, check th			and attach		
			s of all members the exte	ension will cover.			
1 I	request	an automatic	3-month (6 months for a	corporation required to file Form 990-T) extension of time nization return for the organization named above. The exten	ision is		
		rganization's re					
•							
•	∑ t	ax year begini	ning 05/01/09, ar	nd ending 04/30/10.			
2 lf	f this tax	year is for les	ss than 12 months, check	reason: Initial return Final return Cha	nge in account	ting period	
				90-T, 4720, or 6069, enter the tentative tax,		•	
_			credits. See instructions.		3a	\$	
				enter any refundable credits and estimated tax	ا م	¢.	
		-	de any prior year overpayr		3b	\$	
				ude your payment with this form, or, if required,			
			· · · · · · · ·	g EFTPS (Electronic Federal Tax Payment	3c	S	
		See instruction		vithdrawal with this Form 8868, see Form 8453-EO and Form			
-	-	rare going to r structions.	nake an electronic jung w	wiliulawai wilii tiiis foitii oodo, see foitii 0455-EO and foit	III 0079-EU		