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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning May 1, 2009, and ending April 30, 2010**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 organizationGahanna Moose Lodge # 2463

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 30943

Room/suite

City or town, state or country, and ZIP + 4

Columbus, OH 43230-0943**D** Employer identification number31-1473505**E** Telephone number(614) 476-9103**F** Group Exemption Number002

• 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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	275957
	3	Membership dues and assessments	3	10832
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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 \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less: cost of goods sold	7b		
7c	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	286789	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	27938
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	35322
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	22560
	15	Printing, publications, postage, and shipping	15	5169
	16	Other expenses (describe ► (Schedule Attached))	16	206272
	17	Total expenses. Add lines 10 through 16	17	297261
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(10472)
	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	365998
	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	355526

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	21820	22 8347
23 Land and buildings	808014	23 808014
24 Other assets (describe ► <u>Inventory/Receivables</u>)	11323	24 9850
25 Total assets	841157	25 826211
26 Total liabilities (describe ► <u>Mortgage/Payables</u>)	475159	26 470685
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	365998	27 355526

25

Expenses

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

N/A

28a

29a

30a

31a

32

[illegible]

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

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 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.		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 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		N/A
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶ None		
42a The organization's books are in care of ▶ <u>Stephen P. Speaks</u> Telephone no. ▶ <u>(614) 475-3571</u> Located at ▶ <u>335 W. Johnstown Rd. Gahanna, OH</u> ZIP + 4 ▶ <u>43230-0943</u>		
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)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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.

	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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."


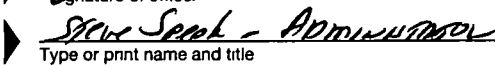
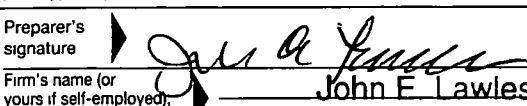
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	N/A			

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

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
N/A		

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

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		9/1/10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	8/30/10	<input checked="" type="checkbox"/>	295-38-6114
	John E. Lawles, CPA			
5491 Sejoto Derby Rd Hilliard Ohio 43026		EIN	Phone no ▶ (614) 876-3011	
May the IRS discuss this return with the preparer shown above? See instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE OF

Donations

TF 22UO

Name Gahanna Moose Lodge # 2463

Address _____

Social Security or

Identification No 31-1473505

Form 990EZ Schedule _____ Line _____

Year Ended 4/30/10

P. 1 Part I Line 10 - Donations

Moose Charities, Inc.	15739
Gahanna Police Dept.	3755
Mifflin-Gahanna Fire Dept.	3755
Ohio Special Olympics	3755
Stygler Village	559
Tommy Moose Program	375
	<u>27938</u>

SCHEDULE OFIt's just the
CRICKET TF 22UO**Other Expenses**Name Gahanna Moose Lodge # 2463
Address _____Social Security or
Identification No 31-1473505
Form 990EZ Schedule _____ Line _____
Year Ended 4/30/10P. 1 Part I Line 16 - Other Expense

Accounting	1364
Advertising	359
Bank Charges	488
Committee Expense	55683
Confrences, Conventions, Etc.	1553
Entertainment	3783
Flowers	64
Insurance	8819
Interest	23955
Lawn care	1509
License & Permits	2668
Membership Promotion	1368
Merchandise Purchases	51402
Moose International	70
Office Expense	350
Ohio State Moose Assn. (Dues)	1368
Outside Services	741
Payroll Taxes	3156
Real Estate Taxes	10600
Rental-Equipment	2585
Sales Tax	4296
Security	881
Snow Removal	355
Supplies	25280
Telephone	1697
Trash Removal	1391
Workers Compensation	487

206272

SCHEDULE OF

Officers

TF 22UO

Name Gahanna Moose Lodge # 2463

Address _____

Social Security or Identification No. 31-1473505

Form 990EZ Schedule _____ Line _____

Year Ended 4/30/10

P. 2 Part IV - Officers, Directors, Trustees

(See Attached)

Gahanna Moose Family Center 2463

2009-2010 Officer List

Governor:

Leonard Swift
2075 Rankin Ave
Columbus OH 43219

Administrator:

Steve Speaks
347 Hermitage Rd
Gahanna OH 43230

Jr Governor:

Tony Grandstaff
482 Greenhill Dr
Groveport OH 43125

Prelate:

Ryan Genton
455 Rothgate Dr
Groveport OH 43125

Treasurer:

Ted DeVoss
351 Avonwick PL
Gahanna OH 43230

Jr. Past Governor:

O Ross Miller III
513 Landover PL
Gahanna OH 43230

1-Year Trustee

Ed Zachrich
453 Amesbury Dr
Gahanna OH 43230

2-Year Trustee:

Mel Shuman
198 Mayfair Ave
Columbus OH 43213

3-Year Trustee:

Vacant

All Offiecer's are elected on an Annual basis and receive no compensation.

The Administrator is an appointed officer, approved by the Officers and the Members. The Administrator receives no compensation.