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990-EZ

Form
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 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	C Name of organization Gahanna Moose Lodge # 2463	D Employer identification number 31-1473505
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) P.O. Box 30943	E Telephone number (614) 476-9103
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return	F Group Exemption Number ► 002	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• 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		
b Less: cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1)	6a		
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 286789	9	286789	
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 ► (10472)	17	297261	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		
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 ► 355526	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.

CANNED SEP	(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 ► Inventory/Receivables)	11323	24	9850
25 Total assets	841157	25	826211
26 Total liabilities (describe ► Mortage/Payables)	475159	26	470685
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	365998	27	355526

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

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, and other relevant information for each program title.

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

28	The Lodge unites its members in the bonds of Fraternity, Benevolence and Charity. This is accomplished through a year round schedules of social activities for members.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	N/A
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	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?		
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?	38a	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	40b	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.	40e	X
41 List the states with which a copy of this return is filed. ► None		
42a The organization's books are in care of ► Stephen P. Speaks Telephone no. ► (614) 475-3571 Located at ► 335 W. Johnstown Rd. Gahanna, OH ZIP + 4 ► 43230-0943		
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)?	42b	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.? If "Yes," enter the name of the foreign country: ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► □ 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	44	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	45	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.

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

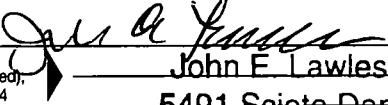
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	N/A			

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		
			Date 8/30/12
	Signature of officer <i>John E. Lawles, CPA</i>	Type or print name and title John E. Lawles, CPA	Date 8/30/12
Paid Preparer's Use Only	Preparer's signature 	Date 8/30/12	Preparer's identifying number (See instructions) 295-38-6114
	Firm's name (or yours if self-employed), address, and ZIP + 4 5491 Seioto Darby Rd Hilliard Ohio 43026	Check if self-employed <input checked="" type="checkbox"/>	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

11-1473505
~~CRICKET~~ 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
Stybler Village	559
Tommy Moose Program	375
	<hr/>
	<u>27938</u>
	<hr/>

SCHEDULE OF**Other Expenses**

CRICKET TF 2200

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 16 - Other Expense

Accounting	1364
Advertising	359
Bank Charges	488
Committee Expense	55683
Conferences, Conventions, Etc.	1553
Entertainment	3783
Flowers	64
Insurance	8819
Interest	23955
Lawncare	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
	<hr/>
	<u>206272</u>

SCHEDULE OF
Officers

CRICKET TF 2200

Name Gahanna Moose Lodge # 2463
Address _____

Social Security or 31-1473505
Identification No. _____
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

Jr. Past Governor:

O Ross Miller III
513 Landover PL
Gahanna OH 43230

Administrator:

Steve Speaks
347 Hermitage Rd
Gahanna OH 43230

1-Year Trustee

Ed Zachrich
453 Amesbury Dr
Gahanna OH 43230

Jr Governor:

Tony Grandstaff
482 Greenhill Dr
Groveport OH 43125

2-Year Trustee:

Mel Shuman
198 Mayfair Ave
Columbus OH 43213

Prelate:

Ryan Genton
455 Rothgate Dr
Groveport OH 43125

3-Year Trustee:

Vacant

Treasurer:

Ted DeVoss
351 Avonwick PL
Gahanna OH 43230

All Officer'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.