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	-3-	-				1	OM9 No. 1545	-0047
Form.	9	90		Return of Organization Exempt From Income	e Ti	ax ∫	200	.
	_	• -	l un	der section 501(c), 527. or 4947(a)(1) of the internal Revenue Code (except			ZUU:	J
			· •	benefit trust or private foundation)			Open to Pr	ublic
Dece	trent o	t die Tressury nue Ser ice	\ ▶1	he organization may have to use a copy of this return to satisfy state reporting	requ	trements.	Inspection	
				year, or tax year beginning April 30 , 2000, and ending	_	/ 1st	, 20 10	
		applicable:	Please	© Name of organization Hampton Moose Lodge #1514		D Employ	yer identification	uniper
_		change	label or	Doing Business As Hampton Lodge #1514 Loyal Order Of Mocas .		54	08846	56
_	ane d		print er	Number and street for P.O. box if mail is not delivered to street address) Room/suite		E Telephi	one number	
	itial re	•	See	P.O. Box 4097		(757)	728-112	<u> 24</u>
_	emina		Specifia Instrut-	City or town, state or country, and ZIP + 4		l		
	mende	ול ופזטויה	fions.	Hampton VA 23664-0097		G Gross re	perpla 8 1	<u> 118361</u>
	pplicati:	on pending i	F Nan	ne and address of principal officer: William Turner Ha)	h 74	a group resur	to stilletes? Yes	. ZIN₀
				Hp)	Are a	d affiates	included? 🗹 Ves	, 🗆 No
_		Rubi atame:		01(c) ()-4 (insert no.) 4947(a)(1) or	11 714	n," attach 6	Est. Isaa instructi	
	Webs					Kemption AU		02
				oration □ Trust □ Association □ Other ► L. Year of formation: 19	114	M State o	l legal comicile. V	<u>'A</u>
Pa	rt I	Summa	ary					
	1			the organization's mission or most significant activities:	•••••			
		Fraterna	i Char	table Organization-Involved in Community Services,				
ě				such as the boy scouts, we also provide lunch and Bingo monthly f			rs in the com	nunity,
& Governance				Toys for Tots program which is only one of many programs we sup			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ğ				: If the organization discontinued its operations or disposed of more then 25% of its na	et 85 56		1	
4			-	ig members of the governing body (Part VI, line 1a)	•	. 3		248
\$				perident voting members of the governing body (Part VI, line 1b)	•	- 14		—, <u> </u>
Lethvities				employees (Part V, line 2a)		. 5		<u></u>
₹				volunteers (estimate if necessary) ,	•	. 6		30
ļ				Hated business revenue from Part VIII, column (C), line 12	•	. 7a		 •
	<u> </u>	UNDE UNITED	ated o	usiness taxable income from Form 990-T, line 34.	for Ye	. 17b	Current Ye	0
		-			10/ 10	3087	CONTONE Y	8870
g				nd grants (Part VIII, line 3h)		0		0010
Serv dinus				Prevenue (Part VIII, line 2g)				
2	10 11	Other rev	nting Maria 1	me (Part VIII, column (A), lines 3, 4, and 7d)		236344		187758
	12	Total reva	mue—a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	239431		196628
			_	lar amounts paid (Part IX, column (A), lines 1-3)	-	0		0
				or for members (Part IX, column (A), line 4)		ŏ		
Page 1				empensation, employee benefits (Part IX, column (A), lines 5-10)		48510		37033
-2				draising fees (Part IX, column (A), line 11e)		0		Ö
Etge				expenses (Part IX; column (D), line 25) >				3000
				(Part IX, column (A), lines 11a-11d, 11f-24f)		165930		157421
	19	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A), line 25).		214440		194454
	19	Revenue I	953 EX	penses. Subtract line 18 from line 12		24991		2174
E S				· 	_	ment Year	End of Ye	
Batan				rt X, line 16)	1	081152		078347
4.5	21	Total liabi	ilities (I	Part X, line 26)		679870		<u> 674891</u>
<u> </u>	22 1111			and balances, Subtract line 21 from line 20.		401282	Ĺ	<u>403458</u>
F (1				Block	-1-1			
		and beight	, it is the	perjury. I declare that I have examined this return, including accommenying achedules and in, correct, and complete. Declaration of preparer (other than officer) is based on all inform	ation	nents, and I of Which pi	le der pest de luik k	inowiedge.
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ITE	•	K K.			conti	•		
		177	07 Drin	Sturdy - Acting Administrator	·			
		1	~~	Date Check if	$\overline{}$	Smarrie :	identifying number	
n		Preparer's	" !	Seli- employed s	. [7]	(386 jugano		
Paid Dans		! ;	4	atty a distance K-11-4			P00323259	
	alet _i s	Plan e nar		Taxes On Wheels	N .	P :		
UZ8	Only	d self-em				o. ► (BD+	4) 693-69	83
Man	/ the			return With the preparer shown above? (see instructions)	<u>-1-5 (5</u>		. I Yes	

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

Form 990 (2009)

Cat. No. 11282Y

an.	990 (2009)	Pegc 2
Par	TI III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: Our Mission to help our community grow, and support the Senior and the you	
5	Did the organization undertake any significant program services during the year with prior Form 690 or 990-EZ?	which were not listed on Yes 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conservices?	nducts, any program
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three	Designers and Stockers manager to come
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(s)(1) trusts ere required allocations to others, the total expenses, and revenue, if any, for each program s	uired to report the amount of grants and
42	(Code:) (Expenses \$including grants of \$) (Revenue \$)

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4 b	(Code:) (Expenses \$	(Revenue S
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40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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		,,
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) ·
<u>4e</u>	Total program service expenses ▶ 0	
		. 000

Pege 3

SRW5RKMV

Form 990 (2009) Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 6 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 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," R Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land greas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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," Did the organization, directly or through a related organization, hold assets in term, permanent, or is the organization's enswer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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 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 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 flabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax yeer include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 if "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 12A is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Old 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. 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 Old the organization report a total of more than \$15,000 of expenses for professional fundralsing services Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Form 990 (2009)

Par	IV Checklist of Required Schedules (continued)			
			Aes.	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		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		ļ	,
	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 test day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	248	·-	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		~
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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.	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Fart II	28		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Pert IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Pert IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of erf., historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its nat assets? If "Yes," complete Schedule N. Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Ves." complete Schedule R, Parts II, III, IV, and V, line 1	34		1
36	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		1
38	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, Ilne 2.	36		1
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.			_
38	Part VI	37	 -	1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	_
		F	. Oon	

Statements Regarding Other IRS Fittings and Tax Compliance 1.9 Enter the number apported in Box 3 of Form 1095, Annual Summary and Transmittel of U.S. Information Returns. Enter -0 - if not applicable of U.S. Information Returns. Enter -0 - if not applicable of U.S. Information Returns. Enter -0 - if not applicable of U.S. Information Comply with backup withholding rules for reportable payments to vendors and reportable garning (pamiling) winnings to prize whereas of Prom W-S. Transmitted of Wage and Tax Statements, field for the calendar year ending with or within the year Covered by this return. 2 as Enter the number of employees engling with or within the year Covered by this return. 3 b if at least one is reported on fine 2a, disk the organization file all required faderal employment tex returns. Note. If the sum of lines it and 2a is greater than 280, your may be required to e-Ret this notion. Note that the constitutions of the sum of lines it and 2a is greater than 280, your may be required to e-Ret this notion. Note that the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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 toreign country: P 5a the first of the organization have an interest in. or a signature or other situation over the state of the organization have an interest in. or a signature or other situation account. 5a Was the organization a party to a prohibited tex shelter transaction at any time during the tax year? 5b If Yea, and the summary of the organization of the prohibited tex shelter transaction at any time during the tax year? 5a Did the organization have annual grose receipts that are normally greater than \$100,000, and did the organization have annual grose receipts that are normally greater than \$100,000, and did the organization have annual grose receipts the are normally greater than \$100,000, and did the organization	Porm !	80 (5008)			
18 Enter the number raported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- it not applicable Define the number of Forms W-2G inclused in line 1s. Enter -0- it not applicable District the number of comply with success with thicking rules for reportable payments to vendors and reportable gazning (gazning) summary to report and reportable and report and	Pat	V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returnis. Enter -0- if not applicable Enter the number of Forms W-26 included in line 1s. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (sampling) winnings to note withholding rules for reportable payments to vendors and reportable garning (sampling) winnings to note withholding rules for reportable payments to vendors and reportable garning (sampling) winnings to note that the vendors and the vendors and reportable garning (sampling) winnings to the control of the calculation of			2557	Yes J-Land	NG
Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (patinting) winnings to prize withholding rules for reportable payments to vendors and reportable garning (patinting) winnings to prize withholding rules for reportable payments to vendors and reportable garning (patinting) winnings to prize withholding rules for reportable payments to vendors and reportable garning (patinting) with payments of the payment of the first and zero entertainty of the payment of the payments of the organization has a transfer and part of the payments of the organization has a payment to a prohibited tax shelter transaction at any time during the stax year? If Yes, "nest the name of the foreign country: P. See the instructions for exceptions and fling requirements for Form TD F 90-22.1, Report of Foreign Bank, and Finencial Accounts. But the payment of the payment of the organization that it was or is a party to a prohibited tax shelter transaction of it Yes' to line So or So, Idd the organization flat for was not payment of the organization payment of the organization and proper payment of the organization and party to a prohibited tax shelter transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization active and payment in excess of \$75 made party as a contribution and party for goods and services provided to the payment in excess of \$75 made party as a contribution and party for goods and services provided to the payment in excess of \$75 made party as a contribution and party for goods and services provided to the payment in excess of \$75 made party as a contribution on a personal benefit combact? If Yes, "Indicate the number of Forms \$222 feed during the year, receive	12				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamibling) withings to prize winners? Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax 2		U.S. Information deturns: Enter -0- it not applicable			
agaming (gambling) winnings to prize winners? 2		Enter the hullion of Parity 31-20 included in title 18. Enter -4- it not appreciate			
Statements, filed for the calendar year ending with or within the year covered by this return. Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this neturn. (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, it financial account is to retrieve year, did the organization have an interest in, or a signature or other authority over, it financial account in a tereign country (such as a bark account, securities account, or other financial account in a tereign country; the constitution of the foreign country; the See the instructions for exceptions and filing requirements for Form TD F g0-22.1, Report of Foreign Bank and Financial Accounts. 5a. Was the organization a party to a prohibited tax shelter transaction of if Yeer to line 5a or 5o, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yeer to line 5a or 5o, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 If Yeer did the organization include with every edicitation an express statement that such contributions or gifts were not tax deductible? 5 If Yee, did the organization of the payor? 5 If Yee, did the organization will be every edicitation an express statement that such contributions or gifts were not tax deductible? 5 If Yee, indicate the number of Forms 8282 field during the year. 6 Organizations that may receive deductible contributions under section 170c). 8 If Yee, indicate the number of Forms 8282 field during the year. 9 Organization sell exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8292. 9 Organization sell required the payor? 9 Organization sell required the payor and payor organization and payor organization and payor organization	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
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a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule 0. At any time during the celendar year, did the organization have an interest in, or a signature or other muthority over, it financial account, accountly? b 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 Finencial Accounts. 5a. Was the organization a party to a prohibited tex shelter transaction at any time during the tax yeer? 5b. Did any taxeble party notify the organization that it was or (is a party to a prohibited fax shelter transaction? or if "Yes," to line 5a or 50, did the organization that it was or (is a party to a prohibited fax shelter transaction? 6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a. Did the organization that were not tax deductible? 6b. If "Yes," did the organization include with every solicitation an expose statement that such contributions or gifts were not tax deductible? 6c. 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? 6c. Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 820? 6c. If "Yes," inclicate the number of Forms 8282 feed during the year 6c. Did the organization, during the year, pay premiume, directly or indirectly, to pay premiume on a parsonal benefit contract? 6c. Did the organization endited intellectual property, did the organization file Form 8800 as required? 6c. Proventhylines of qualified intellectual property, did the organization file Form 8800 as required? 6c. Proventhylines of qualified intellectual property, did the o	ь				ALT:
this return? at if "Yee," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, it financial account in a toreign country; but the organization have an interest in, or a signature or other financial account; or		• • • • • • • • • • • • • • • • • • • •			
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Did the organization make any texable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4847(a)(1) non-exampt charitable trusts. Is the organization filing Form 890 in lieu of Form 1041? b If "Yes," enter the amount of tax-exampt interest received or accrued during the year. 12b 0	9			是实	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 2 Gross Income from members or shareholders 3 Gross Income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.) 12a Section 4847(a)(1) non-exempt charitable trusts. Is the organization filing Form 890 in lieu of Form 1041? 12b 1 Yes, enter the amount of tax-exempt interest received or accrued during the year.	10				
11 Section 501(c)(12) organizations. Enter: a Gross Income from members or shareholders b Gross Income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.) 12a Section 4847(a)(1) non-exempt charitable trusts. Is the organization filing Form 890 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 0	8	and the same of th		排	製造
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amounts due or received from them.) 12a Section 4847(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b if "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12s		17a	1	1
		of the same of the		74.5	geds.
				990	2000a

Page 6

Part VI 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	tion A. Governing Body and Management			
		\Box	Yes	No
1a	Enter the number of voting members of the governing body	经验证		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	SUpervision of officers, directors or trustees, or key employees to a management company or other person?	3	1	✓
4	Old the organization make any significant changes to its organizational documents since the prior Form 890 was filed?	14	. 1	7
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		7
6	Does the organization have members or stockholders?	6	1	
_	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by mambers, stockholders, or other persons?	76	7	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3.4		
_	the year by the following:			
а	The governing body?	88	7	3-m12
	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1-	-	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	90	ı	1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inti			<u> </u>
	enue Code.)	-,		
			Yes	No
102	Does the organization have local chapters, branches, or effiliates?	10a	``	"
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	· · · · ·		
•		10b	1	1
11	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	199		<u> </u>
• •	tion the distriction broaden a coby of this Louis 200 to by thembers of its Boastuil body before him the	111	1	1
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7.5	12.5	
		120		<u> </u>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1	_	
_	rise to conflicts?	125		1
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	120	l	✓
13	Does the organization have a written whistleblower policy?	13		7
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	32		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			47(2.
2	The organization's CEO, Executive Director, or top management official	15a		√
_	Other officers or key employees of the organization	16b		7
	If "Yes" to line 15s or 15b, describe the process in Schedule O. (See Instructions.)		1	
16a	Did the arganization invest in, contribute assets to, or participate in a joint venture or similar arrangement		- 1	
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	原温		
	ius davicipation in joint variture arrangements under eddicage federal tax faw, and taken steds to safeduard	山中村		
	the organization's exempt status with respect to such arrangements?	16b		1
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s c	nlv)	~~~~
	available for public inspection. Indicate how you make these available. Check all that apply.	.,-,- •	.,,,	
	Own website Another's wabsite Upon request .			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the hooks and reco	rda of	the	
	organization: ► Keith Sturdy- 757-728-1124			
	207 E. Mercury Blyd, Hampton VA. 23654			

(7) Charle this have if the amenization did not con-

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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 employees."
- e 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 trustees 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.

		ı		•	7)			(C)	(-)	(F)
Name and Title	VACLEDO				k el	that si		Reportable combehastion	Reportable compensation	Estimated emount of
	nours per watk	Individual trustos or director	Institutional trustee	Officer	Kay employae	Highest comparested employes	Former .	from the organization (ny-2/1099-1466C)	tron rested organizations (W-2/1099-MISC)	compensation compensation from the organization and related organizations
William Wynn	20							0	0	
Sovernor		Ļ		L						
Kennith Thayer	20	ļ				ļ		. 0	٥	,
Governor	ļ			₹.		<u>. </u>	<u>'</u>			
lay Murray	15					1		0	0	•
Past governor	ļ. <u>"</u>		لسا	\angle			_			
Michael Roach	10					1		0	0	
Ir, Governor	"		Ш	1	$oxed{oxed}$	<u> </u>	Ļ	"	ا ا	
Thomas Suder	40	1			ĺ	ĺ	i	. 0	D	
Administrator	40			1						
Michael Raiford	15				١.	1		a	0	
Treasurer	1.3		L	1	L	<u>l</u>	-			
John Brock	10					-		0	0	
Prelate	110		Щ	1			_			
Miliam Turner	20				١.	1		o	اه	
Yr. Trustee	-			₹	L				°	
M.A. Mantooth	20				Ì	ļ		. 0	0	
Yr. Trustee	40			1		<u></u> _				
Charles Fickert	10								0	
Yr. Trustee	10			1						
ee Richards	10							0	. 9	
Yr. Trustee	10			1						
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P 20 6	

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	906	an	d Hig	hes	Compensate	Employee:	(continued)
W	(B)]		ŗ	C)			(O)	(E)) (F)
Name and title	hours per		_			that ap	2	Reportable compensation from	Reportable compensation from relate	amount of
	week .	Individual trustee or director	Institut onel trustos	Officer	Kay employee	Highost compensate	Сотпот	the organization (W-2/1099-MISC)	organization (W-2/1099-Af	s compensation
			<u> </u>			-				
	 	 		-	-					
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	1	<u> </u>					L			
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	<u> </u>	<u> </u>		<u> </u>	<u> </u>	_	L	<u> </u>		<u> </u>
at Talai			L		L	<u> </u>		-		
2 Total number of individuals (including but		to th		list	ed :	Bbove				
3 Did the organization list any former officemployee on line 1a? If "Yes," complete the second of the complete the complete the second of the complete the	er, director						oye	e, or highest (compensate	Yes No
For any individual listed on line 1s, is the the organization and related organizations individual.	sum of rep greater than	ortab an S1:	le c 50,0	ютц 2007	pen:) If '	sation 'Yes,'	coi	d other compo implete Schedi	ensation from the J for suc	n 4
5 Did any person listed on line 1a receive services rendered to the organization? If	Yes, com	com plete	pen Sch	sati edu	on ile	from I for s	any	unnelated org	anization fo	5 1
Section B. Independent Contractors										B400 000 (
Complete this table for your five highest of compensation from the organization.	ompensate	ed ind	ebe	inde) M(contr	1010		o more than	
Name and business ad	dress						_	Description of s	ervices	(C) Compensation
			·		<u></u>	<u></u>	╁╴			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ≥ 0

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Form 9	90 (21	009)			_	·			Page S
Part	VIII	Statement of Re	venue			(4)	- AGV	(C)	(0)
						(A) Total revenue	(B) Related or exampt tunction reverse	Dusiness Dusiness	Reverue exclusived from tax under eachons 512, 513, or 514
きを	1a	Federated campaigns		1a					
25	ь	Membership dues		16	5585				
동필	C	Fundraising events .	· . •	16					
25	0	Related organizations		16.	 				
5		Government grants (contra		10.					
章章	Ι.	All other contributions, gifts, a and similar amounts not inclu		18	3285				
Contributions, giffs, grants and other similar amounts	9	Noncash contributions include	d in lines 1a-1	ıf; S			[基型][基		
	1-	Total. Add lines 1a-11	<u></u>		Business Code	887 0			
Pogram Service Revenue					- Desired Code				A STATE OF THE PARTY.
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8	ء	,							
<u>.</u>	d	,,********************							
Ę							ļ	<u></u>	
7	1	All other program servi	ce revenue	• •	L	 -			
-	- 8				بلسنت			CHEST AS A	12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3	Investment Income (income similar amounts)	hiding divi	denda	s, interest. and	Ì	}·	i	
	4	Income from investment of	tax-exem	r boo	ri procends >		-		
	5	Royalties			<u> ▶</u>				
		•	(i) Reel		(d) Personal	自立发 了			设 带。2.12年
l.		Gross Rents			ļ				
		Loss: rental expenses							
		Rental Income or (loss) Net rental Income or (lo	L DSB)		<u> </u>				· · · · · · · · · · · · · · · · · · ·
	l	Gross smould from sales of	(i) Securiti	<u>* </u>	60 Otner				
	""	assets other than inventory							
	ь	Leas: cost or other basis			1				
	{	and sales expenses .	 -						
		Gain or (loss)	L		· · · •				的证据是对形
•	i	Gross Income from	fundraish		<u></u>			基格及 2 年 20	
2	00	events (not including \$	IN ION ANSI		Í				
Je v		of contributions reporter	d on line t	c).	İ				
×		See Part IV, line 18		. a	<u> </u>				
Other Revenue		Less: direct expenses Net income or (loss) fro	m fundrale	. b	vents >				建筑建筑 中的
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	QQ.	Gross income from gam See Part IV, line 19	ing activitie	\$.	407019				PROF
	Ь	Less: direct expenses		. b	337622		医		
		Net income or (loss) fro	-		ities >	69397	69397		
Í	102	Gross sales of inve		\$\$					
		returns and allowances Less: cost of goods so		. 8 b	206816 88455				
	6	Net income or (loss) from			118361	118361			
j		Miscellaneous Revo			Business Code				
ſ	112								- E-SEPTEMBER CONTROL
ļ	,b			••••					
1	C	All ash as as as		¦			·	<u> </u>	
Ì		All other revenue							
		Total revenue. See ins	144 , , .		<i>.</i> . • '		187758		Party Street of the Party of

Total expenses Program service expenses Total expenses Program service expenses I Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizatione, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) Other salaries and wages Program service expenses Openses Openses Openses Program service expenses Openses O	o) raising Imas
All other organizations must complete column (A) but are not required to complete columns (B), (C), and Do not include amounts reported on lines 8b, Total exocuses Program service deneral expenses I Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Posion plan contributions (include section 401(f))	o) asting makes
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the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizatione, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, 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 8 Pension plan contributions (include section 401(k))	0
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8 Pension plan contributions (include section 401(k)	n
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and section subjusted contributions .	v
Other employee benefits	
Payloli dates ,	
Al.	Ó
a Management	
near and	0
Accounting	0
e Professional fundraising services. See Part IV. line 17	0
(((((((((((((((((((0
illyestrianagement rees	0
9 Cities	0
Advertising and promotion	0
Office expenses	0
14 information technology	8
18 Occupancy	
17 Travel 0 0 0	0
18. Payments of travel or entertainment expenses	
for any lederal, state, or local public officials	<u>C</u>
19 Conferences, conventions, and meetings . 56 58 0	0
20 Interest	0
21 Payments to affiliates 0 0	0
22 Depreciation depletion and amortization 0 0	0
23 Insurance 3330 3330	
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.)	
Supplies 3305 0	0
Donations 5486 5458 0	0
e Entertainment 12570 12670 0	0
d State Fees 956 956 0	0
8sies Tax 17537 0	
f All other expenses See Statement 6161 6161 0	0
25 Total functional expenses. Aid lines 1 through 24f 194454 194454	0
28 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	. 0

Form **990** 2009.

Form 990 (2009) Page 11 Part X Balance Sheet (A) Beginning of year (B) End of year 25599 21511 Cash - non-interest-bearing 2 Savings and temporary cash investments. 2 0 3 3 Õ Piedges and grants receivable, net . . . 9 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 Notes and loans receivable, net 0 0 Inventories for sale or use 5678 8 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 1049875 Less: accumulated depreciation . 1050876 0 11 Investments - publicly traded securities 12 0 12 Investments-other securities. See Part IV, line 11 0 13 0 13 Ø Investments-program-related, See Part IV, line 11 14 ol Intangible assets . 14 8 15 Other assets. See Part IV. line 11 0 15 0 16 1081152 18 Total assets. Add lines 1 through 15 (must equal line 34) 1078347 17 Accounts payable and accrued expenses . 0 17 18 0 18 0 19 Deferred revenue . 0 19 20 0 20 Q Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 679870 28 Socured mortgages and notes payable to unrelated third parties . 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 25 2Ė Other liabilities. Complete Part X of Schedule D Ó Total Rebilities. Add lines 17 through 25 . 879870 26 674891 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 0 27 Unrestricted net assets 0 28 Temporarily restricted net assets . . . Fund Permanently restricted net assets Organizations that do not follow SFAS 117, check here > 5 and complete lines 30 through 34. 0 30 Capital stock or trust principal, or current funds . . . 0 31 Paid-in or capital surplus, or land, building, or equipment fund 0 32 ٥ Relained earnings, endowment, accumulated income, or other funds Ž 403456 401282 33 Total net assets or fund balances 1081152 1078347 Total liabilities and net assets/fund balances Form 990 (2009)

948.004



Form	990 (2009)		Pa	90 12
. Pa	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	20	1	<u> </u>
	Were the organization's financial statements audited by an Independent accountant?	2	<u> </u>	1
	If "Yoe" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		/
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
_ b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audite, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		/

648-664

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

_	of the organization		to Form 890. ➤ 300 acparate instructions.		Inspection
	pton Moose Lo			Employer Ide	ntification number 0884656
			nor Advised Funds or Other Similar	Funds or Acco	
	the orga	nization enswered "Yes	" to Form 990, Part IV, line 6.		
		•	(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at	end of year	0		0
2	Aggregate conti	ributions to (during year)			· · · · · · · · · · · · · · · · · · ·
3		is from (during year) ·			
4	Aggregate value	at end of year			
5	funds are the or	ganization's property, subj	denor advisors in writing that the assets had to the organization's exclusive legal co	ontrol? ,	. Yes D No
6	used only for ch	aritable purposes and not	onors, and donor advisors in writing that g for the benefit of the donor or donor advis	or, or for any ot	ier
Pa.		ing impermissible private b			Yes V No
_			plete if the organization answered "Yes"		art IV, line /.
1			by the organization (check all that apply)		
	Protection of	of land for public use (e.g.	· · · · · · · · · · · · · · · · · · ·		y important land area
	☐ Preservation		☐ Preservation	on of a cerminal	nistoric structure
2			ation held a qualified conservation contribu	ilion in the form	of a consequetion
	easement on the	e last day of the tax year.	Cubit the a decimed potential doubtine	the section of the section of	·· = agrisqi vakari
		· · · · · · · · · · · · · · · · · · ·		Hol	d at the End of the Tax Year
8	Total number of	conservation easomers		28	
b			ssements	2b	
c	-	-	ertified historic structure included in (a)	2c	
þ			ed in (c) acquired after 8/17/08		
3			ed, transferred, released, extinguished, or		e organization during
			3		• • • • • • • • • • • • • • • • • • •
4	Number of state	s where property subject t	o conservation easement is located		
5			regarding the periodic monitoring, inspec		
		-	ation easements it holds?		-
8		eer hours devoted to moni	toring, inspecting, and enforcing conserva	tion easements o	during the year
_	-				_
7	Amount of expe	nses incurred in monitoring	g, inspecting, and enforcing conservation (easements during	the year
<u>.</u>	************	•••••			
8			d on line 2(d) above satisfy the requirement		Yes Z No
9	balance sheet, a	cribe how the organization and include, if applicable, t 's accounting for conserva	reports conservation easements in its revi he text of the footnote to the organization tion easements	enue and expens 's financial stater	nents that describes
Pai	UI Organiz	ations Maintaining Colle	ections of Art, Historical Treasures, o	Other Similar	Assets.
	Comple	le if the organization answ	vered "Yas" to Form 990, Part IV, line 8.		
1a	ert, historical tre	esures, or other similar assu	nder SFAS 116, not to report in its revenue ets held for public exhibition, education, or a te to its financial statements that describes	research in Turthe	palance sheet works of rance of public service,
L			nder SFAS 116, to report in its revenue sta		nce sheet works of art.
0	historical treasu provide the folk	res, or other similar assets owing amounts relating to 1	held for public exhibition, education, or re hese Items:	search in Turthei	rance of public service,
	(i) Revenues in	cluded in Form 990, Part	/ill, line 1 ,	, , , . >	s
	(ii) Assets inclu	ded in Form 990, Part X .		🕨	\$ <u>.</u> 0
2	If the Organizati	on received or held works	of art, historical treasures, or other similar under SFAS 116 relating to these items:	ar assets for find	
				_	_ 6
a	Revenues inclus	ded in Form 990, Part VIII,	iln a 1	🟲	2 X
a	Revenues inclus	ded in Form 990, Part VIII,	ine 1		50

<u>उसक</u>	daisin from sad Sooa								Page 2	
Pa	Organizations Maintain	ing Collections	of Art, H	istoric	al Treasur	es, or O	ther Similar	Assets (con	tinued)	
3	Using the organization's acquisition collection items (check all that app), accession, and i	other reco	rds; ci	isck any of t	he follów	ring that are a	significant us	ie of its	
3	Public exhibition		đ		Loan or exc	hanne o	roomer .			
Þ	Scholarly research		•		Other	······································	- Grants			
Ċ	Preservation for future genera	tions							•••••	
4	Provide a description of the organic Part XIV.	zation's collection	s and exp	lain ho	w they furth	er the or	ganization's e	xempt purpo	se in	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Fa	Escrow and Custodial / IV, line 9, or reported an	Arrangements. Camount on Form	omplete 990, Pa	if the c	organization e 21.	answen	ed "Yes" to F	orm 990, Pa	irt	
	is the organization an agent, truste included on Form 990, Part X?					itions or.	other assets i	ot U Yes	Ø Nö	
Ь	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follow	ing table:		T	A		
_	Peginning belgans		•			 -	 	Amount		
¢	Beginning balance			• • •		16	 -			
•	Additions during the year	• • • • •		٠ -		. 1d .	 			
•	Distributions during the year Ending belance			· - •		. 10	 			
2a	Did the organization include an am					. [1	ــــــــــــــــــــــــــــــــــــــ			
Ъ	If "Yes," explain the arrangement in	ount on Form 990 Part XIV.	, Part X, i	100 217	' · · ·	· · ·		Yes	✓ No	
	t V Endowment Funds. Co	mplete if the or	anizatio	n ansv	vered "Yes	" to Fon	m 990. Part	V line 10		
		(a) Current year	(b) Pric				d) Three years no		are back	
12	Beginning of year balance	. 0			1		动 点层。10			
Ь	Contributions						第二人			
C	Net investment earnings, gains,					W- 75		自使会证数		
	and losses									
đ	Grants or scholarships									
8	Other expenditures for facilities									
	and programe						加克哈克斯			
ſ	Administrative expenses		L							
9	End of year balance	L						3 3 3 3		
2	Provide the estimated percentage of			as:			•			
8	Board designated or quasi-endown		%							
b	Permanent endovment ▶									
C	Term endowment >							•		
3a	Are there endowment funds not in the	e possession of th	e organiz	elion th	at are held a	ind admir	nistered for the	Ye	s No	
•	organization by:						•	3a(i)		
	(i) unrelated organizations			• -			• • • • •			
h	(ii) related organizations If "Yes" to 3a(ii), are the related org			i on Sc	hadula 122		· · · ·	3 s (1)	 	
4	Describe in Part XIV the Intended u					• • •				
Par	VI Investments-Land, Bu	~				Part X. li	ne 10			
	Description of investment	(a) Cost or at	her basis	(b) C	oet or other is (other)	(G) A	reciation	(d) Book ve	has	
1a	Land									
ъ	Buildings	1	049875					10	49875	
ò	Lessehold Improvements									
₫	Equipment									
•	Other									
Total), Add lines 1a through 1e. (Column (d)	must equal Form 9	90. Part X,	colum	(B), line 10(c	<i>).</i>	<u> ▶ i</u>	10	48875	
					•				'	

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investments—Other Securities.	See Form 990, Part	X, line 12.
(a) Description of Security or category (Including name of security)	(b) Book value	(a) Method of visusion: Cost or end-of-year mercut value
nancial derivatives		0
sely-held equity imerests		
her		
al. (Column (b) must squal Form 990, Pert X, col. (B) line 12.)		
Investments—Program Related	. See Form 990, Part	X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		0
		
	· · · · · ·	
		
		
al. (Column (b) must equal Form 990, Part X, cor (B) line 13.)		
Other Assets. See Form 990, Par	Y line 15	
	a) Description	(b) Book value
•		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	· <del></del>	
	<del></del>	
	·	
al. (Column (b) must squal Form 990, Part X, col. (l	3) line 15.)	
at. (Column (b) must equal Form 990, Part X, col. (t	9) line 15.)	· · · · · · · · · · · · · · · · · · ·
rt X Other Liabilities. See Form 990, I	Part X, line 25.	
ort X Other Liabilities. See Form 990, I  (a) Description of Fability	Part X, line 25.	
(a) Description of Fability	Part X, line 25.	0
(a) Description of Fability	Part X, line 25.	
ort X Other Liabilities. See Form 990, I  (a) Description of Fability	Part X, line 25.	
ort X Other Liabilities. See Form 990, I  (a) Description of Fability	Part X, line 25.	
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ort X Other Liabilities. See Form 990, I  (a) Description of Fability	Part X, line 25.	
ort X Other Liabilities. See Form 990, I  (a) Description of Fability	Part X, line 25.	
Other Liabilities. See Form 990, I	Part X, line 25.	
	Part X, line 25.	
Other Liabilities. See Form 990, I  (a) Description of Lability	Part X, line 25.	

Schedule b (Form 980) 2709 7 (1 (1 ) (1 ) (1 )

Sche	3J4e D (Form 990) 2009		Page 4
Pai	Reconciliation of Change in Net Assets from Form 98	0 to Audited Financial S	tatements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 0
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
6	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Com	bine lines 3 and 9	10
23	Reconciliation of Revenue per Audited Financial St		
1	Total revenue, gains, and other support per audited financial stateme	ents	1 0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l on l	
	Net unrealized gains on investments	2a   2b	
D	Donated services and use of facilities		
G	Recoveries of prior year grants	- 24	
a	Other (Describe in Part XIV.)		20
	Add lines 2a through 2d		28
3	Subtract line 2e from line 1		
4_	Amounts included on Form 990, Part VIII, tine 12, but not on line 1:	: a _ 1	
a			
D C	Other (Describe in Part XIV.) Add lines 4s and 4b		<del></del>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
المستحد	Reconciliation of Expenses per Audited Financial S	statements With Expen	ses per Return
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	- Note:	2a	
ь		1 1	
c	Other losses	l a. I	
d	and the state of t	1 1	
e			2e
3	Subtract line Ze from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
4	A STATE OF THE STA	4a	
b		46	
C			40
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	t I, line 18.)	151 0
	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3,	5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b
and	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and a part to provide any additional information.	4D; and Part XIII, lines 20 a	no 40. Aso complete
mis	part to provide any additional information.		***************************************
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_			Schedule D (Form 990) 2009

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Schedule D (Form	n 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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	<del> </del>	Schedule D (Form 990) 2000

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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities If the organization extend thore then \$1500 per fiv. Since 17, 18, or 19, or 17 the

OMB No. 1545-0047 2009

Internal Revenue Service	► Attach to For	w 990 or Form \$80-EZ.►	sea cabaurge justinicie Sea cabaurge justinicie	ins.	. Open 16 Public : Inspection
Name of the organization				Employer Identin	ortion number
Hampton Moose Lodge				54	0884656
	ng Activities. Complete i EZ filers are not required			o Form 990, Par	t IV, line 17.
1 Indicate whether the	e organization raised funds	through any of the fo	llowing activities. C	heck all that apply	·.
a 🖳 Mail solicitations	В.	e 🛄 Solichati	on of non-governm	ent grants	
b Internet and em			on of government g	rants	
C Phone solicitation		g L Special f	lundralsing events		
d in person solicit					
2a Did the organization or key employees is	i have a written of oral agree sted in Form 990, Part VII) o	ment with any individ or entity in connection	ual (including officer with professional f	6. directors, truste undraising service:	66 87 [-] Yes: [Z] No
b if "Yes," list the ten	n highest paid individuals o	r entities (fundralsers	•	•	· —
to be compensated	at least \$5,000 by the orga	anization.	•	•	
10 Name of Individe or entity (fundraise		(ii) Did fundrater have custody or control of contributions?	(hy) Gross receipts from activity	ith Amount paid to for retained by fundraser lieted in col. (f)	(vi) Amount paid to (or retained by) organization
		Yes No			
	)				
		<u> </u>	<u> </u>		
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	and the state of t		- CO ET C	4010 Cabandala # #	One 000 Em

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_		more than \$15,000 on F	orm 990-22, IIRB 68. L		eceipts greater than	\$5,000.
	٠		(a) Event #1	(b) Event 42	(c) Other events	(d) Yolai eventa (add col. (a) (hough
			(BARU (ADO)	(event type)	(securi unidos)	ool. (c))
١	1	Genera monainta	Ì			}
١	2	Gross receipts Less: Charitable				
1	_	contributions				
1	3	Gross income (line 1				T
t	_	minus line 2)		·		<del></del>
1	4	Cash prizes				<u> </u>
Ì		,				
}	5	Noncash prizes				<del> </del>
إر	6	Rent/facility costs				
[	•				<del></del>	
	7	Food and beverages			<del></del>	<del></del>
į	8	Entertainment	}			
,	•	der re (A) d(C)) in the series ( )	· ·			<del> </del>
)	8	Other direct expenses	L	<u> </u>	<u> </u>	<del> </del>
ļ	10	Direct expense summary. Ad	ld lines 4 thouan 0 in a	ntumn (d)		1
- 1	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10		
3	11		the organization answ	ered "Yes" to Form	990, Part IV, line 18	, or reported more
٠,		than \$15,000 on Form	990-EZ, line 6a.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
1			(a) Bingo	(b) Pull Seconnetent	(c) Other garning	bed) Grimes laseT (b)
	•	İ		bingo/progressive bingo		cel (4) through col, (a))
	1	Gross revenue	305700	bingo/progressive bingo		cal (4) through col, (a)) 407019
+				101319		407019
+	1 2	Gross revenue	305700 243427	,		
+				101319		407019
+	2	Cash prizes	243427	101319		407019 337622
7	2	Cash prizes		101319		407019
7	2	Cash prizes	243427	101319		407019 337622
+	2 3 4	Cash prizes  Noncash prizes  Rent/lacility costs	243427 38050 33203 2 Yes 100 %	101319 94195	□ Yes%	337622 38050 25589
+	2 3 4	Cash prizes  Noncash prizes  Rent/lacility costs	243427 38050 33203	101319	☐ Yes%	337622 38050 25589
+	2 3 4 5	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor	243427 38050 33203 ✓ Yes100 % U No	101319 94195 V Yes 100 %	□ .vo	337622 38050 25589
+	2 3 4 5 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary, Ac	243427 38050 33203 ✓ Yes 100 % U No	101319 94195  Ves 100 % No	□ No	407019 337622 38050 25599 ( 401271)
+	2 3 4 5	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor	243427 38050 33203 ✓ Yes 100 % U No	101319 94195  Ves 100 % No	□ No	407019 337622 38050 25599 ( 401271)
+	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary, Active gaming Income summary	243427 38050 33203 ✓ Yes 100 % U No Id lines 2 through 5 in c	101319 94195  Yes 100 %  No olumn (d)	▶	407019 337622 38050 25599 ( 401271) 5748 (Yes No
+	2 3 4 5 7 8 Er	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summer	243427  38050  33203  Yes 100 %  No  Id lines 2 through 5 in c	101319 94195  V Yes 100 % No olumn (d) aming activities: Virgi	No No	407019 337622 38050 25599 ( 401271)
+	2 3 4 5 6 7 8 Eris	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary, Active gaming Income summary	243427  38050  33203  Yes 100 %  No  Id lines 2 through 5 in c	101319 94195  V Yes 100 % No olumn (d) aming activities: Virgi	No No	407019 337622 38050 25599 ( 401271) 5748 (Yes No
+	2 3 4 5 6 7 8 Eris	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summary  after the state(s) in which the often organization licensed to the	38050 33203 2 Yes 100 % 1 No  Id lines 2 through 5 in concept, Combine line 1, column organization operates gaming activities	101319 94195  V Yes 100 % No olumn (d) aming activities: Virgi	Inla	407019 337622 38050 25599 ( 401271) 5748 (Yes No
a b	2 3 4 5 7 8 Eris II	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summar  Inter the state(s) in which the often organization licensed to the organization.	38050 33203  243427 38050 33203  2 Yes 100 % 10 No  Id lines 2 through 5 in court by, Combine line 1, column organization operates gaming activities	101319 94195 94195 No olumn (d) nn d, and line 7 aming activities: Virgi	Inla	407019 337622 38050 25589 ( 401271) 5748
d a p	2 3 4 5 7 8 Eris If	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summary  inter the state(s) in which the of the organization licensed to come supplied.	38050 33203  243427 38050 33203  2 Yes 100 % 10 No  Id lines 2 through 5 in court by, Combine line 1, column organization operates gaming activities	101319 94195 94195 No olumn (d) nn d, and line 7 aming activities: Virgi	Inla	407019 337622 38050 25589 ( 401271) 5748
a b	2 3 4 5 7 8 Eris If	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summary  after the state(s) in which the of the organization licensed to of "No," explain:  Vere any of the organization's of "Yes," explain:	38050 33203  243427 38050 33203  2 Yes 100 % 10 No  Id lines 2 through 5 in court by, Combine line 1, column organization operates gaming activities	101319 94195  Yes 100 % No olumn (d) aming activities: Virginal each of these state d, suspended or terminal	Inia	407019 337622 38050 25589 ( 401271) 5748
_	2 3 4 5 7 8 Erist If	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summar  Inter the state(s) in which the o the organization licensed to o "No," explain:  Gere any of the organization's o "Yes," explain:	38050 33203  Yes 100 % No  Id lines 2 through 5 in conduction operates gaming activities  gaming licenses revoke	101319 94195  Ves 100 % No olumn (d)	Inia	407019 337622 38050 25599 ( 401271) 5748
a b	2 3 4 5 6 7 8 Ers If Wif	Cash prizes  Noncash prizes  Rent/lacility costs  Other direct expenses  Volunteer labor  Direct expense summary. Act  Net gaming Income summary  after the state(s) in which the of the organization licensed to of "No," explain:  Vere any of the organization's of "Yes," explain:	38050 33203  Yes 100 % No  Id lines 2 through 5 in control of the section operates gaming activities gaming licenses revoke	101319 94195 94195  Ves 100 % No olumn (d) aming activities: Virgina in each of these state	inia	407019 337622 38050 25599 ( 401271) 5748

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13			•		Yes	NO
• •	Indicate the percentage of gaming activity operated in:	13a	100 %			
<b>a</b>	The organization's facility	13b	0 %		7	
14	An outside facility				E P	起毒
-	Enter the name and address of the person who prepares the organization's gaming and records:	/SDeci	al events books			
	Name Keith Sturdy					
	Address > 603 Essex Park Drive, Hampton VA 23669					
	Does the organization have a contract with a third party from whom the organization revenue?	ition r	eceives gaming	15a		<u> </u>
, ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	••••••••••••••••••••••••••••••••••••••	and the			
C	If "Yes," enter name and address of the third party:		•			
	Name >					
	Address >					
16	Gaming manager information:					
	Name ▶ Cheryl Robida	••				
	Gaming manager compensation ▶ \$0					
	Description of services provided > Runs the bingo games and does the geming re	ports				
	☐ Director/officer ☐ Employee ☐ Independent contractor	r	•			
17	Mandatory distributions:					15季
•	is the organization required under state law to make charitable distributions from the retain the state gaming license?	e gam	ing proceeds to	17a		
ь 	Enter the amount of distributions required under state law to be distributed to other or spent in the organization's own exempt activities during the tax year > \$	exem	not organizations 10% of gros			

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#### 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.

OMB No. 1545-0047 Inspection

Decement of the Trees Internal Revenue Service ➤ Attach to Form \$90.

Name of the organization Employer Ident Hampton Moose Lodge # 1514 54 0884856 Paty VI- Line 19. Documents and financial statements are made available to the public upon request Part IX- Line 24F- Other expenses: Total \$6,151.00 Flowers-54.85, Bank Fees- 151.85, Licenses- 520.85, Charltable Gaming-4886.11, Security-747.06

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 890.

CAL NO. 51056K

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