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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 Loyal Order of Moose #939	D Employer identification number 62 0754730
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box, if mail is not delivered to street address) P. O. Box 718	Room/suite City or town, state or country, and ZIP + 4 Erwin, TN 37650
		E Telephone number 423 743 5601
		F Group Exemption Number ► 0002

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ►

| Website: ► lodge939@mooseunits.org

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.

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-FZ. ► \$ 126688.22

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for column 1)		
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2 10620.28
3	Membership dues and assessments	3 1505.00
4	Investment income	4 0
5a	Gross amount from sale of assets other than inventory	5a 0
b	Less: cost or other basis and sales expenses	5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 7015.36
b	Less: direct expenses other than fundraising expenses	6b 0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 7015.36
7a	Gross sales of inventory, less returns and allowances	7a 107547.58
b	Less: cost of goods sold	7b 31105.85
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 76441.73
8	Other revenue (describe ►)	8 0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 95582.37
10	Grants and similar amounts paid (attach schedule)	10 1465.09
11	Benefits paid to other members ► RECEIVED	11 940.17
12	Salaries, other compensation, and employee benefits	12 19629.17
13	Professional fees and other payments to independent contractors	13 0
14	Occupancy, rent, utilities, and maintenance	14 26869.59
15	Printing, publications, postage, and shipping	15 259.22
16	Other expenses (describe ►) be attached	16 44464.79
17	Total expenses. Add lines 10 through 16 ►	17 93628.03
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1954.34
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 197527.68
20	Other changes in net assets or fund balances (attach explanation)	20 0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 199482.02

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.)

22	Cash, savings, and investments	1725.14	22	12387.59
23	Land and buildings	193115.52	23	193115.52
24	Other assets (describe ► <u>Inventory & Accounts Receivable</u>)	2687.02	24	2647.72
25	Total assets	197527.68	25	208150.83
26	Total liabilities (describe ► _____)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	197527.68	27	199482.02

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 This organization unites its members in the bonds of fraternity, benevolence and charity. This is accomplished through a year-round schedule of social and recreational activities for the members and their families estimated at 250.

(Grants \$) If this amount includes foreign grants, check here **28a** **93628.03**

29

(Grants \$) If this amount includes foreign grants, check here . . . ► **29a**

30 _____

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

22 Total program service expenses (add lines 22 through 21a) If this amount includes foreign grants, check here **31a**

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

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Samuel H. White 544 Monroe St. Erwin, TN 37650	Governor 30	0	0	0
Gary L. Roberts 497 Washington St. Erwin, TN 37650	Administrator 20	0	0	0
Randall Arrowood 1016 Dry Creek Rd. Erwin, TN 37650	Past Governor 10	0	0	0
Raymond Harlow 416 Railroad St. Erwin, TN 37650	Jr. Governor 15	0	0	0
Eddie L. Barnett 229 Gay St. Erwin, TN 37650	Trustee 15	0	0	0
Roy L. Holder 1122 Nelson Hollow Rd. Erwin, TN 37650	Trustee 15	0	0	0
Reginald Holmes 236 Opekiska St. Erwin, TN 37650	Trustee 15	0	0	0
Paul E. Ault, Jr. 301 Marbleton Rd. Unicoi, TN 37692	Prelate 15	0	0	0

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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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.	35a	✓
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?	35b	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	✓
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	37a	✓
a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9	40a	✓
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	✓
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	40d	✓
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	40e	✓
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.		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Gary L. Roberts	Telephone no. ► 423 743 5601	
Located at ► 50 Jones Rd. Erwin, TN	ZIP + 4 ► 37650	
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	✓
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.?	42c	✓
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 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	✓
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	✓

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."		

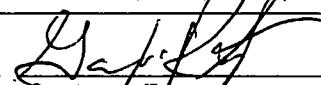
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A					

f Total number of other employees paid over \$100,000 ► 0

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 ► 0

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		
	► 	18-12-10	Date
► <u>Gary L. Roberts, Administrator</u>	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►	Preparer's identifying number (See instructions) <input type="text"/>
		Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Part I Expenses Line 10

Community Service	1254.09
Mht/Mhvn Endowment Fund	211.00
Member Benefits	940.17

Part I Expenses Line 16

Other Expenses:

Travel	353.31
Licenses & Permits	1025.00
Entertainment	8391.46
State Association Fees	293.00
Taxes	1832.20
Flower Fund	34.58
Bank Charges	160.25
Paid for Merchandise	31105.85
Committee Expense	1269.14