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# 8749300700108 1 ( ( Return of Organization Exempt From



OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury

Open to Public

Inter		nue Service					copy of this retu	rn to satisfy sta	ite' repo			Inspection
<u>A</u>	For th	e 2009 cal	lendar	year, or tax	x year begin	ning 🗥	ey 1	, 2009, and en	ding	Apri		, 20 10
В	Check if a		Please	C Name of o	<del></del>						D Emplo	oyer identification number
	Address		use IRS label or	Duning Bus	siness As Di	UN CAN	J WOOLE	LODGE 3	<u> 220</u>	2	73	3:0779759
	Name c	hange	print or type.	1 -		box if mail is n	ot delivered to street ac	idress) Room	n/suite			none number
	Initial re	turn	See	P. O.	Box	638					(580)	255-1001
	Termına	ted	Specific Instruc-	City or tov	wn, state or co	ountry, and Z	IP + 4					
	Amende	ed return	tions.	Dun	<u> دمس (</u>	<u>)                                    </u>	13534	$\mathcal{M}$	<u>)                                    </u>		G Gross r	receipts \$ 382525
	Application	on pending	F Nam	ne and addres	ss of principal	officer				H(a) Is this		m for affiliates? Yes
									20			included? Yes No
I	Tax-ex	empt status	<b>₽</b> 5	501(c) ( <b>8</b> ) <b>⊲</b>	(insert no.)	4947(a)	1) or 527		1 10			a list (see instructions)
J	Websi	ite: ▶					1			H(c) Group e	exemption no	umber >
K	Form of	organization [	Corpo	oration Trus	st Association	on Other	<b>&gt;</b>	L Year of for	mation		M State of	of legal domicile
Pa	art I	Summa	ary				i				-	
	1	Briefly des	scribe	the organi	zation's mi	ssion or n	nost significant	activities: 74	e 0	reaniz	-H0~	unites its menbe
	, i	a the	bone	ds of	fratera	it.	enevolence	and ch	larit	· T	ris is	accomplished th
Governance							social a				10 4,24	
ā		nd t			lies.			<b>-</b>				
Š						ontinued its	operations or dispos	ed of more than	25% of	its net asse	ets.	
Ğ				_			ody (Part VI, line				3	9
S.	1			-	_	-	governing bod	•	 1h)		4	
ž					es (Part V, I			-	, ,,,		5	5
Activities &					s (estimate						6	
•							art VIII, column				7a	
							orm 990-T, line		: :		. 7b	<u> </u>
						$\leq$	A (7)	70 10		Prior Ye	ar	Current Year
_	8	Contribution	ons ar	nd drauts:	<del>╒</del> ╗╌ <del>╵</del> ╟╌┢	re: thi		2010		2061	)	29145
J.	9	Program s	service	e revenue	(Part VIII)	$\frac{1}{1000}$	.,			1986	79	164131
Revenue							3, 4, and 7d) .			1401	0	8262
Œ	11	Other reve	enue (	Eat VIIIc	oluma (A)	ines \$760	I, 8c, 9c, 10c, a	nd 11e)				128396
	12	Total rever	nue-a	igd lines 8	through 44	must equ	l Part VIII, colum	n (A), line 12)				329934
	13	Grants an	nd simi	ilartamoun	ts-paid-(Pai	t-IX-totu	mn (A), lines 1–3	3)		343	191	26193
	14	Benefits p	oaid to	or of me	mbera (Par	t X colun	nn (A), line 4) .					272
Ses	15	Salaries, of	ther co	ompensatio	n, employed	benefits (	Part IX, column (	A), lines 5–10)		521	83	68917
Expenses							, line 11e)			_		
Ä				-			ne 25) ▶				i	
			-		•		-11d, 11f-24f) .					122317
	1	•		-			art IX, column (		. L			217699
	19				btract line 1							112235
Assets or									Beg	inning of C	irrent Year	End of Year
sets	20	Total asse	ets (Pa	art X, line 1	6)					15125	00	1652934
t As	21				26)				. L			<u> </u>
Fund	22	Net assets	s or fu	und balanc	es. Subtrac	t line 21 f	rom line 20	<u> </u>	<u>.l</u>	15125	200	1652934
Pa	art II	Signa	ature	Block							_	
		Under pen	nalties of	f perjury, I dec	clare that I have	e examined t	his return, including	accompanying so	hedules	s and staten	nents, and	to the best of my knowledge
		and belier,	, 11 15 110	ie, correct, an	d complete to	ACCIALATION OF	preparer (outer trial	officer) is based	on an	inioimation	or which p	preparer has any knowledge
Sig	gn		<id< td=""><td>M K</td><td>mg</td><td></td><td></td><td></td><td></td><td></td><td>12-</td><td>3-10</td></id<>	M K	mg						12-	3-10
He	re	Signat	ture of	officer	Y					Date	9	
		1	RICK	cy k	LING							
	_	Туре	or print	name and titl	e /							
		Preparer's						Date	Check	cıf		identifying number
Paid	4	signature	7	^	•	0		1	self- emplo	yed ▶ 🗌	(see instru	ctions)
		1	3	Selt-	Prepare	ect		1	'			
	parer's	Firm's nam	ne (or yo							EIN	<b>&gt;</b>	!
USE	Only	if self-emp address, a		+ 4				<del></del>		Phone n	o ▶ (	)
Ma	y the				th the prepare	arer show	n above? (see ii	nstructions)				. Yes No
							the separate ins		<u> </u>	Cat No 11	282Y	Form <b>990</b> (2009)
						,					_ <b></b> ·	· -···· + /=0/

-orin	BUNCAN MOOLE		730777759	Page 2
Pa	t III Statement of Program Service	Accomplishments		
1	Briefly describe the organization's mission	n'		
	The Organization unites its Charity. This is done to Georgational activities to	members in the bonds	of fraternity benevalor	ceano
	chaite. This is done +	- hrough a year-round	schedule of social	and
	secretional activities to	c the members and	their families.	
	(Letter-10 as ) activities	A THE THE STATE OF THE WAY		
_	Dal the second s	and the same and the same at t		
2	Did the organization undertake any signifi			
	the prior Form 990 or 990-EZ?			s 🖳 No
	If "Yes," describe these new services on			
3	Did the organization cease conducting, or	r make significant changes in how i	t conducts, any program	
				s 🖳 No
	If "Yes," describe these changes on Sche	edule O.		
4	Describe the exempt purpose achievement	nts for each of the organization's th	ree largest program services by expe	enses.
	Section 501(c)(3) and 501(c)(4) organization	ons and section 4947(a)(1) trusts are	required to report the amount of gra	ants and
	allocations to others, the total expenses,	and revenue, if any, for each progra	am service reported.	
4a	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	(			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	,			
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
		·		
4d	Other program services. (Describe in Scho	edule O.)		
	(Expenses \$ including gr	rants of \$ ) (Revenue	ue \$)	
4e				

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

Form	990 (2009)	Dunean	Moose	Lodse	2202_	73077975	9	Р	age 4
Pai	't IV	Checklist of Requ	uired Schedu	iles (continue	∍d)				
								Yes	No
21						e to governments and organizations chedule I, Parts I and II	21		~
22	Did the		ore than \$5,00	00 of grants ar	nd other assista	ance to individuals in the	22		
23	Did the organiza	organization answer	"Yes" to Par ermer officers,	t VII, Section	A, line 3, 4,	or 5 about compensation of the loyees, and highest compensated	23		
24a	\$100,00		of the year, tha	at was issued	after December	ng principal amount of more than er 31, 2002? If "Yes," answer lines	24a		/
b	Did the	organization invest ar	ny proceeds of	tax-exempt b	onds beyond a	a temporary period exception?	24b		
С		organization maintain ise any tax-exempt b			an a refunding e	escrow at any time during the year	24c		
						ng at any time during the year?	24d		
25a		501(c)(3) and 501(c)( lisqualified person du				ge in an excess benefit transaction L, Part I	25a		
b	prior yea		action has not	been reported	d on any of the	on with a disqualified person in a croganization's prior Forms 990 or	25b		
26						ee, highly compensated employee, or 'es," complete Schedule L, Part II	26		/
27	substan		rant selection of	committee mei		r, director, trustee, key employee, erson related to such an individual?	27		1
28		e organization a party				following parties (see Schedule L, ptions):			
а	A currer	nt or former officer, d	rector, trustee,	, or key emplo	yee? If "Yes," o	complete Schedule L, Part IV	28a		~
b		member of a currentle L, Part IV		fficer, director	trustee, or ke	ey employee? If "Yes," complete	28b		/
С						employee of the organization (or a ser? If "Yes," complete Schedule L,	28c		/
29	Did the	organization receive i	more than \$25,	,000 in non-ca	ish contribution	ns? If "Yes," complete Schedule M	29		~
30		organization receive ation contributions?				r other similar assets, or qualified	30		~
31	Did the Part I.	organization liquidate	, terminate, or	dissolve and o	cease operation	ns? If "Yes," complete Schedule N,	31		~
32		_				of its net assets? If "Yes," complete	32		/
33	sections	301.7701-2 and 301	.7701-3? If "Ye	es," complete	Schedule R, Pa	the organization under Regulations art I	33		/
34						s," complete Schedule R, Parts II,	34		/
35	Is any re	elated organization a	controlled enti	ty within the r	neaning of sect	tion 512(b)(13)? <i>If "Yes," complete</i>	35		/
36	Section	501(c)(3) organization	ns. Did the org	anization mak	e any transfers t	to an exempt non-charitable related	36		

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

37

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a   5  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	İ		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		,
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 Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		_
6а	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a				
b ₁₄	areas receipts, included on reminister, for public dec or club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
IJ	amounts due or received from them.)			
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

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			
			Yes	No
1a	Enter the number of voting members of the governing body			ļ
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_		
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_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		~
7a	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 members, stockholders, or other persons?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	1		
а	The governing body?	8a		
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	,	
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > OKlahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)			
	available for public inspection. Indicate how you make these available. Check all that apply.	-,,,,,,,	-··· <b>j</b> j	
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
. •	policy, and financial statements available to the public.	J. 1110	.,	
20		rde ^	f tha	
	State the name, physical address, and telephone number of the person who possesses the books and reconganization: PRICK KING 1712 Seningle PA P.O. Box 638 Dun Can	0.00	K.	735
		. <b>.</b>	<i></i>	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any o	curre	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Positi	on (d	(check all that apply)				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Don E. Williams Governor				/						
H. F. Borchardlas, Ir.				1						
Dewey Janz										
11. Past Bosomo-T			<u> </u>	-						
Janes Roche			ŀ	_ ا						
Treasurer				/						
Dana Stanley Prelate				_						_
Will Harrison I vr. Trutee				<u>ب</u>						
Tyr. Trutee  David Snith  2 yr. Trustee	1			_						
Shea Doughty  3 yr. Trustee  Rick King										
Rick King Administrator				v						

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key			ees,		d Hig	hes		d Employees (co	ontinued)
	(A)	(B)	<u> </u>			C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			"	8		ļ	sated				
									_		
		i									
			-								
1b	Total					<u> </u>		<b></b>			
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed a	above	) wl	no received me	ore than \$100,0	00 ın
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director						oye	_	ompensated	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	pen: S <i>ch</i>	sati edu	on 1 ele J	from I for s	any auch	unrelated org	anization for	5
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
_								_			
								$\vdash$			
2	Total number of independent contractors (i					to	those	list	ed above) who	received	_

PDBE

2202

Part VIII Statement of Revenue (B) Related or (C) (D) Revenue excluded from tax Total revenue Unrelated exempt business under sections 512, 513, or 514 revenue Contributions, gifts, grants and other similar amounts 1a 1a Federated campaigns . . . 1b 7886 **b** Membership dues . . . . 5000 1c c Fundraising events . . . 1d d Related organizations . . . 1e e Government grants (contributions). f All other contributions, gifts, grants, 16259 and similar amounts not included above g Noncash contributions included in lines 1a-1f. \$ 29145 h Total. Add lines 1a-1f **Business Code** Service Revenue 164131 C ..... f All other program service revenue . 164131 Investment income (including dividends, interest, and 8262 other similar amounts) . . . . . . . . . Income from investment of tax-exempt bond proceeds Royalties . . . . (II) Personal (i) Real 6a Gross Rents . . **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less. cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 . . . . . . a **b** Less: direct expenses . . . . **b** c Net income or (loss) from fundraising events. 9a Gross income from gaming activities 52072 See Part IV, line 19 . . . . . . . a 4805 **b** Less: direct expenses. . . . . ь 47267 c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less 128915 returns and allowances . . . . 47786 **b** Less: cost of goods sold . . . ь c Net income or (loss) from sales of inventory . . . 81129 Miscellaneous Revenue **Business Code** 11a ..... ..... c ..... d All other revenue . . . . . e Total. Add lines 11a-11d . . . . . . . . . 12 Total revenue. See instructions

from a combined educational campaign and

fundraising solicitation

2202

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, Management and general expenses Fundraising Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 26193 the U.S. See Part IV, line 22 . . . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . 272 4 Benefits paid to or for members . . . . 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) . . 55214 Other salaries and wages . . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . Other employee benefits . . . . . 13703 **10** Payroll taxes . . . . . . Fees for services (non-employees). a Management . . . . . . . . . 500 **b** Legal . . . . . . . . . . . . c Accounting . . . . . . . . . **d** Lobbying . . . . . . . . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . 19365 **12** Advertising and promotion . . . . . 6621 **13** Office expenses . . . . . . . 14 Information technology . . . . 15 Royalties . . . . . . . . . . . . 38443 16 Occupancy . . . . . . . . . . . . 2340 17 Travel . . . . . . . . . . . . . . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6700 Conferences, conventions, and meetings . 19 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization. 14739 Insurance . . . . . . . 23 Other expenses. Itemize expenses not 24 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a Special Project & Committee Exp.

b Licence & Permits 4270 1710 27629 Maintance + Materials d ----f All other expenses ..... 217699 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	151070	1	144212
	2	Savings and temporary cash investments	429608	2	456352
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			<u></u>
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
s	,		<del></del>	7	
Assets	7   8	Notes and loans receivable, net	2960	8	3321
As	9	Prepaid expenses and deferred charges	<b>3</b> ,700	9	
	10a	Land, buildings, and equipment: cost or 10a /048569			
	104	other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	928382	10c	1048569
	11	Investments—publicly traded securities	•	11	· · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	480	15	480
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1512500	16	1652934
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	_
ä	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		ļ l	
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	<b>1</b>	33	1
_	34	Total liabilities and net assets/fund balances	1512500	34	1652934

Form	0 (2009) DUNCAN MOGIE LODGE 2202 730779759		Pa	ige 12
Pai				
	/		Yes	No
1	ccounting method used to prepare the Form 990:   Cash  Accrual  Other			
	the organization changed its method of accounting from a prior year or checked "Other," explain in		,	
	chedule O.			
2a	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		/
b	Vere the organization's financial statements audited by an independent accountant?	2b		\ \
С	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	i		
	ne audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	the organization changed either its oversight process or selection process during the tax year, explain in			
	chedule O.		Ì	
d	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			}
	sued on a consolidated basis, separate basis, or both:			
	Separate basis			
За	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ر. ا
	ne Single Audit Act and OMB Circular A-133?	3a		
b	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### 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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	Duncan	MOOSE	<b>LODGE</b>	2202		73:077	9759
Pai	Organizations Maintain the organization answer	ning Donor A	Advised Fund Form 990, Pa	ds or Other S	imilar Fun		
	<u> </u>			advised funds	T T	(b) Funds and oth	er accounts
1	Total number at end of year						
2	Aggregate contributions to (during						
3	Aggregate grants from (during ye	'					
4	Aggregate value at end of year .	u.,			-		
5	Did the organization inform all do	nors and done	r advisors in v	riting that the	esets held u	n donor advised	
	funds are the organization's prop	erty, subject to	the organizat	ion's exclusive	legal control	?	Yes No
6	Did the organization inform all graused only for charitable purposes	antees, donors	, and donor ac	lvisors in writing	g that grant	funds can be	
	purpose conferring impermissible			· · · · · ·		•	☐ Yes ☐ No
Pai				tion answered	1 "Ves" to F	orm 990 Part I\	
						omi 550, i ait iv	,
1	Purpose(s) of conservation easen	-	-		• .	an historically imm	ortant land area
	<ul><li>☐ Preservation of land for public</li><li>☐ Protection of natural habitat</li></ul>	use (e.g., rec	reation or piea	· —		an historically imp	
	=			☐ PI€	eservation of	a certified filstor	ic structure
2	Preservation of open space Complete lines 2a through 2d if the	o organization	hold a qualific	d conconsation :	contribution	in the form of a c	onconvation
_	easement on the last day of the t		neid a quaime	J Conservation (	Contribution		
						<del></del>	e End of the Tax Year
а	Total number of conservation eas					2a	
b	Total acreage restricted by conse						<del> </del>
С	Number of conservation easemer						··
d	Number of conservation easemer	nts included in	(c) acquired a	iter 8/17/06		2d	
3	Number of conservation easemer the tax year ▶	nts modified, tr	ansferred, rele	ased, extinguish	hed, or term	inated by the org	janization during
4	Number of states where property	subject to cor	nservation eas	ement is located	d <b>▶</b>		
5	Does the organization have a writiviolations, and enforcement of the				, inspection,	~	☐ Yes ☐ No
6	Staff and volunteer hours devoted						
_				,			
7	Amount of expenses incurred in r	monitoring, ins	pecting, and e	ntorcing conser	vation easer	nents during the	year
8	Does each conservation easemer 170(h)(4)(B)(i) and section 170(h)(4)						☐ Yes ☐ No
9	In Part XIV, describe how the org	anization repo	rts conservation	n easements in	its revenue	and expense sta	
	balance sheet, and include, if app the organization's accounting for	conservation e	easements.	-			
Pai	t III Organizations Maintain					ner Similar Asse	ets.
	Complete if the organiza	tion answered	Yes" to For	m 990, Part IV,	, line 8.		
1a	If the organization elected, as per art, historical treasures, or other si provide, in Part XIV, the text of the	mılar assets he	eld for public ex	chibition, educat	tion, or resea	rch in furtherance	ce sheet works of e of public service,
b	If the organization elected, as per historical treasures, or other simil provide the following amounts rel	ar assets held	for public exh				
	(i) Revenues included in Form 99	_				▶ \$	
	(ii) Assets included in Form 990,						
2	If the organization received or he following amounts required to be					sets for financial	gain, provide the
а	Revenues included in Form 990,					▶ \$	
	Assets included in Form 990, Par						

	lule D (Form 990) 2009 DUNCAN		<u>.096£</u>			13077		Page 2
Par	t III Organizations Maintaini	ng Collections	of Art, H	istoric	al Treasures,	or Other Sim	ilar Assets (	continued)
3	Using the organization's acquisition, collection items (check all that apply		other reco	rds, ch	eck any of the	following that a	ire a significai	nt use of its
а	Public exhibition		d		Loan or exchar	ige programs		
b	Scholarly research		е		Other			
C	☐ Preservation for future generate	ons						
4	Provide a description of the organization Part XIV.	ation's collectio	ns and exp	lain ho	w they further t	he organization	ı's exempt pı	urpose in
5	During the year, did the organization s assets to be sold to raise funds rather	than to be main	itained as p	art of th	ne organization's	collection? .	<u> </u>	Yes 🗌 No
Par	Escrow and Custodial A IV, line 9, or reported an a					swered "Yes"	to Form 990	), Part
	Is the organization an agent, trustee included on Form 990, Part X?					ns or other ass	ets not	Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and co	omplete the	follow	ing table:		Amount	
	5					10	Amount	
	Beginning balance					1c		
d	Additions during the year					1d 1e	<del></del>	
e	Distributions during the year					1f		
) 29	Ending balance							Yes No
b	If "Yes," explain the arrangement in	Part XIV.	o, rait A,	11116 2.1			–	163 🗀 140
Par	t V Endowment Funds. Con	nplete if the c	rganizatio	n ansv	vered "Yes" to	Form 990, F	art IV, line	10.
		(a) Current year	(b) Pro	or year	(c) Two years b	ack (d) Three ye	ars back (e) Fo	our years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance			·				
2	Provide the estimated percentage of	f the year end b	alance hel	d as:				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶ %							
3a	Are there endowment funds not in the organization by:	e possession of	the organiz	ation th	at are held and	administered f		Yes No
	(i) unrelated organizations						3a(	+ + -
_	(ii) related organizations						3a(i	
4	If "Yes" to 3a(II), are the related organ Describe in Part XIV the intended us						<u>3b</u>	
	t VI Investments—Land, Bu					t Y line 10		
u ell	Description of investment		other basis				1.0 5	ank unber
	Description of investment		tment)		ost or other sis (other)	(c) Accumulated depreciation	(a) B	ook value
1a	Land		D 1					
b	Buildings	9136				<del></del> -		
С	Leasehold improvements	184						
d	Equipment	1164	• 1 1	_				
E Tota	Other	nust equal Form	990. Part ¥	colum	(B), line 10(c) )		<b>104</b>	8569

	ule D (Form 990) 2009	DUNCAN_	MOOLE	LODGE			77 975	7 Page <b>4</b>
Par	t XI Reconcil	iation of Change in	n Net Assets	from Form 99	to Auc	dited Financial S	tatements	
1	Total revenue (For	m 990, Part VIII, colu	ımn (A), line 12	)			1	
2		orm 990, Part IX, coli					2	
3		for the year. Subtrac					3_	
4		ns (losses) on investr					4	
5		and use of facilities					5	
6	Investment expens						6	
7	Prior period adjust	ments					7	
8	Other (Describe in	Part XIV.)					8	
9	Total adjustments	(net) Add lines 4 thr	ough 8				9	
10	Excess or (deficit)	for the year per audi	ted financial st	atements. Com	bine lines	s 3 and 9	10	
Par	t XII Reconci	liation of Revenue	e per Audited	d Financial S	tatemen	ts With Revenu	e per Returr	1
1	Total revenue, gair	ns, and other suppor	t per audited fi	inancial stateme	ents		1	
2	Amounts included	on line 1 but not on	Form 990, Par	t VIII, line 12:				
а	Net unrealized gair	ns on investments						
b		and use of facilities						
С		r year grants					_	
d		Part XIV.)			2d			
е	Add lines 2a throu	igh <b>2d</b>					2e	· <del></del>
3	Subtract line 2e fro				. ,		3	
4		on Form 990, Part V						
а		ses not included on f						
b		Part XIV.)				•		
_	Add lines 4a and 4							
5		lines 3 and 4c. (This						
Par		liation of Expense				nts with Expens	ses per Hetu	<u>irn</u>
1		d losses per audited					1	
2		on line 1 but not on		•	1.0-1			
а		and use of facilities						
b		ents						
C						<del></del>		
d		Part XIV)			. — —		2e	
е	Add lines 2a throu						3	
3		om line 1					_3	
4		on Form 990, Part I			40			
a	•	ses not included on I	•		. 4a   4b	<del></del>		
D		Part XIV.)			. [40]	<u>-</u>	4c	
с 5	Add lines 4a and 4	dd lines 3 and 4c. (T	 his must paual	Form 990 Par	 tllne 11		5	
		nental Information		1 OIII 330, 1 ai	<i>(1, 11110-1</i> 1			
and:	2b, Part V, line 4; F	rovide the description Part X, line 2; Part XI, additional information	line 8; Part XI					
						••••••		
					• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
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						•••		
••••			· · · · · · · · · · · · · · · · · · ·	- <b></b>	•	· · · · · · · · · · · · · · · · · · ·		

Schedule D (For	m 990) 2009	DUNCAN	MOOSE	LODGE	2202	730779759	Page 5
Part XIV	Supplem	ental Information	(continued)				
		• • • • • • • • • • • • • • • • • • • •					
· · · · · · · · · · · · · · · · · · ·							
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		· · · · · · · · · · · · · · · · · · ·					
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		•••••					
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	•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			•
<b>-</b>		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			
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		•					
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#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

DUNCAN MOD	RE LODG		2203	<u> </u>	73 07	79757
	ivities. Complete in a required required				to Form 990, Par	t IV, line 17.
<ul> <li>Indicate whether the organ</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2a Did the organization have a</li> </ul>	citations	e f g	Solicitation Solicitation Special f	on of non-governr on of government undraising events	ment grants grants	
or key employees listed in  b If "Yes," list the ten higher to be compensated at least	Form 990, Part VII) o st paid individuals o	or entity in o r entities (fi	connection	with professional	fundraising service	s? Lyes Lyes No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		100	110			
Total			▶			
List all states in which the registration or licensing.	organization is regis	stered or li	censed to	solicit funds or h	nas been notified if	t is exempt from
				•		
		<del></del>		·		

_				E LODGE 22		779759 Page 2				
Pa	rt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza form 990-EZ. line 6a. L	tion answered "Yes" t .ist events with gross r	o Form 990, Part IV, Iir eceipts greater than \$	ne 18, or reported 5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through				
٨			(event type)	(event type)	(total number)	col (c))				
Revenue										
Ř	1 2	Gross receipts								
_	2	contributions								
	3	Gross income (line 1 minus line 2)								
		minus iine z <sub>j</sub>			_					
	4	Cash prizes								
		Nananah awas								
	5	Noncash prizes								
es	6	Rent/facility costs								
ens	7	Food and beverages								
Ä	7	rood and beverages								
Direct Expenses	8	Entertainment								
۵	9	Other direct expenses								
	9	·								
	10 11	Direct expense summary. Ad Net income summary. Comb	ld lines 4 through 9 in c	olumn (d)		( )				
	rt II	Gaming. Complete if t	the organization answ	vered "Yes" to Form	990, Part IV, line 19,	or reported more				
		than \$15,000 on Form	990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·	T	·				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Revenue						<b>7</b> 5				
_	1	Gross revenue	50072			50072				
SS	2	Cash prizes								
Expenses	_									
Ä	3	Noncash prizes								
Direct	4	Rent/facility costs								
۵	_		4805							
	5_	Other direct expenses .	✓ Yes 100 %	☐ Yes %	☐ Yes %					
	6	Volunteer labor	□ No _	□ No	☐ No					
	_	_				( 4805)				
	7	Direct expense summary. Ac	ad lines 2 through 5 in c	olumn (d)						
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		47267				
_	_			O'	Klahoma	Yes No				
9 a		iter the state(s) in which the o the organization licensed to o				9a 🗸				
b		"No," explain	pporture garring according							
		•••••		•						
10a	W	ere any of the organization's	gamıng licenses revoke	ed, suspended or termin	nated during the tax ver	ar? 10a 🛩				
		"Yes," explain			<b>3</b> , , , , , ,					
		pes the organization operate of	ramina activitiae with n			11 🗸				

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009 Duncan Moose Lodge 2202 73077975	9	Pi	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:		_	
а	The organization's facility	,		
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name - Rick King			
	Address > P.O. Box 638 Duncan, OK, 73534			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:		İ	
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name > Rick King			
	Gaming manager compensation ▶ \$			
	Description of services provided   Administro			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а				
	retain the state gaming license?	17a		<u></u>
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

#### **SCHEDULE 0** (Form 990)

### **Supplemental Information to Form 990**

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

Inspection

Employer identification number

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