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Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treasury

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

Soonsoring 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.

Open to Public Inspection

_	or the	2009 calendar year, or tax year beginning Mey , 2009, and ending	April 30,2010
_	heck if a	D Emp	loyer identification number
	Address c	man (uso \$75) M. I. alle I ado & 2488	91 -1868006
=	Name cha		phone number
	nitiei retu	n (1990 β Ω Ω 148	
ים	Terminete	Specific City or town state or country and 7IP + 4	up Exemption
=	Amended		•
		, , , , , , , , , , , , , , , , , , , 	mber ▶
	• Sect		lethod: 🗹 Cash 🗌 Accrual
		a completed Schedule A (Form 990 or 990-EZ). Other (specify	<u>n ►</u>
		H Check ▶ 12	if the organization is not
ıV	Vebsit	e: > required to at	tach Schedule B (Form 990,
		mpt status (check only one) — 12 501(c) (2) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 99	10-PF).
	heck		not more than \$25,000. A
		0-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a comp	
		5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	* •
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ctions for Part I)
	art		T _ I
	1	Contributions, gifts, grants, and similar amounts received	1 10112
	2	Program service revenue including government fees and contracts	2 110113
	3	Membership dues and assessments	3 2800
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory 5a] [
	ь	Less: cost or other basis and sales expenses	<u> </u>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
9	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □	
Revenue	a	Gross revenue (not including \$ of contributions	
8	_	reported on line 1) . RECEIVED 6a	1 1
Œ	_		1 1
	b	Local direct dispersion of the following property of the first terral dispersion of the first	6c
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances	-
	7a		{
	Ь	Less: cost of goods sold	4_1
	С	Gross profit or (loss) from Sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe)	8 112,963
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9
	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid to or for members	11
9	12	Salaries, other compensation, and employee benefits	12 13200
euse	13	Professional fees and other payments to independent contractors	13
penses Rev	14	Occupancy, rent, utilities, and maintenance	14 93.181
2	15	Printing, publications, postage, and shipping	15 3100
_	16	Other expenses (describe	16
			17 109481
_	17	Total expenses. Add lines 10 through 16	414.4
麻	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3482
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	19 55002
₹	i	end-of-year figure reported on prior year's return)	
<u> </u>	20	Other changes in net assets or fund balances (attach explanation)	20
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 58484
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990	
		(See the instructions for Part II.) (A) Beginning of	f year (B) End of year
22	Ca	sh, savings, and investments	22 11.9
23		nd and buildings	
24		ner assets (describe ► Iuventory) 3200	
25		tal assets	
26		tal liabilities (describe ►) 13972	
27		t assets or fund balances (line 27 of column (B) must agree with line 21)	
~1	146		14-1 30 10 7

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

Form 990-EZ (2009)

Cat. No. 106421

Form:	990-EZ (2009)						Page 2
Par	III Statement of Program Service Acc	om	plishments (See the inst	ructions for Part I	II.)	1/246	Expenses
Wha	is the organization's primary exempt purpose?	7 (nited members in bonds	of frateruty, ch	arity + he w		ulred for section
Desc	ribe what was achieved in carrying out the	Org	anization's exempt purpo	oses. In a clear a	nd concise		;)(3) and 501(c)(4) rizations and section
man	ner, describe the services provided, the numb	er c	of persons benefited, and	other relevant info	mation for		(a)(1) trusts; optional
each	program title.						hers.)
28						1	
						•	
			***************************************			1	ļ
	(Grants \$) If this amo		includes foreign grants, cl	nack hora	. ▶ 🗍	28a	
29	(Clarits 4) In this arro	wit	incides loreign grains, or	IOUNTION	· • <u> </u>	1	
25	***************************************		·			1	
	(Grants \$) If this amo	4	inchesian description of		. ▶ 🗆	200	
~~	(Grants \$) If this amo	uiil	includes foreign grants, ch	RECKTIETE		29a	
30			·		***********		
			includes foreign grants, ct	neck nere	. ▶⊔	30a	
31	Other program services (attach schedule)				• • • • • • • • • • • • • • • • • • • •		
			includes foreign grants, ch			31a	
	Total program service expenses (add lines 2					32	
Par	List of Officers, Directors, Trustees, and	Ke					
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit deferred compe	ins to plans &	(e) Expense account and
			devoted to position	enter -0-J	deferred compe	neation	other allowances
				<u> </u>			
				ł			
	see attached list of office	ærs.]			
	No compensated employees				1	į	
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Part	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.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	M	/A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 378 - ○ -			
b	Did the organization file Form 1120-POL for this year?	37b	igsquare	V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		/
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1		l
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	[]		1
a		1		i
40a	Gross receipts, included on line 9, for public use of club facilities	1		
-10 <i>a</i>	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		\checkmark
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►			
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Vaal	110
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420		<u></u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			_
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		<u>/</u>
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
AE	Form 990-EZ	44		<u> </u>
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	ا ہم ا	. 1	./
		990		<u>Y</u> _
	From the state of	n 2026	/	CATE!

P	, ace	4

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	17(a)(1) nonexempt chari	xempt charitab table trusts mus	le trusts only. A t answer question	ll sec ins 4	tion 6-491	b
46	Did the organization engage in direct or indirect	political campaign activities	es on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		V,
47	Did the organization engage in lobbying activities	s? If "Yes," complete Scheo	dule C, Part II .		47		1
	Is the organization a school as described in section				48		1
	Did the organization make any transfers to an ex	-	d organization?.		49a		1
	If "Yes," was the related organization a section 5				49b	L	
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated employ	yees (other than o	officers, directors, 1 If there is none, en	truste ter "N	es an one."	d key
	(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		ise and
	None						
			444		<u> </u>		
				 			
				1			
51	Complete this table for the organization's five (\$100,000 of compensation from the organization)	highest compensated inde n. If there is none, enter "No	pendent contract one."	ors who each rece	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Co	npensa	ation
	None						
							
		······					
		 					
		***************************************		!			
<u>d</u>	Total number of other independent contractors e	each receiving over \$100 00	n >				
_	Total fulfiber of other medication conductors	authorning over 4100,00		· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompany of preparer (other than officer) is b	ring schedules and sta assed on all information	tements, and to the bes of which preparer has	t of my any kno	knowk	edge a.
Sign Here	Significand Dolyling Significan Dolyling RAYMOND GABRYLEWICZ	A PININIS TRATA		9-7-1010 Date			
	Type or print name and title						
Paid	Preparer's signature land & Flicky	02 8/21/1	Check if self- employed ▶ □	Preparer's identifying num		instruc	tions)
Prepare	Ham's name (or L		EII				
Use Onl	address, and ZIP + 4		Ph	one no. ▶			
May the	e IRS discuss this return with the preparer shown	n above? See instructions			Yes		Vo
				Far	m 99)-EZ	(2009)

MOOSE

Logged in as Admin for Miliville, NJ LODGE 2488 | Raymond Gabrylewicz | [ify nfembarships] | [if anage Account] | [Admin Menu] | [Logout]

Officer Maintenance

View Deposit List	Year	2009	∀		5how History	,		
Search for Member				Officers				
Pay Member Dues		<u> </u>		————				
Officer Maintenance	1	Title	Name	Member ID	Home Phone	Start Date	End Date	Type
Administration Home	!	Governor	Elkins, Harry R	010391543		05/01/2009	04/30/2010	Officer
Exit Admininstrator	1	Administrator	White, Byron J	017911930	(856) 327-2339	05/01/2009	04/30/2010	Officer
	İ	Junior Governor	Riley, Bill	018128808	(856) 327-0046	05/01/2009	04/30/2010	Officer
Current Officer Reports		Treasurer	Grusemeyer, Michael	010351050	(856) 327-7671	05/01/2009	04/30/2010	Officer
		Prelate	Merritt, Lewis A	018119239	(856) 825-3462	05/01/2009	04/30/2010	Officer
		Trustee (1 Year)	Myers, David A	018080943	(856) 265-1683	05/01/2009	04/30/2010	Officer
	1	Trustee (2 Years)	Tevis, Ben	018191466	(856) 825-6156	05/01/2009	04/30/2010	Officer
	i	Trustee (3 Years)	Bailey, Kenneth E	016509041	(856) 825-1005	05/01/2009	04/30/2010	Officer
	1	Junior Past Governor	Thoden, William Sr.	017719590	(856) 447-3146	05/01/2009	04/30/2010	Officer
		Sergeant At Arms	"VACANT"					Appointed Of
		Inner Guard	"VACANT"					Appointed Of
		Outer Guard	"VACANT"					Appointed Of
		Activities	"VACANT"					Chairman
	L	Endowment Fund	"VACANT"					Chairman
		Historical	"VACANT"					Chairman
		Moose Family Activities	"VACANT"					Chairman
by phone: (630) 906-365	В	Application Review	"VACANT"					Chairman
'-2010 Moose International, Th	- FI	Mooseheart/Moosehaven	"VACANT"		10040 40 00 47			Chairman
-2010 Moose International, In	e ramu	y.Fratemity-All:ngnts reser Publications	"VACANT"	9//	//2010 <u>-</u> 12:03:17- 	M		Chairman
		Sports	"VACANT"					Trugbauman
		Auditing	"VACANT"					Cifáirman
		Communications	"VACANT"				ABOUT SSL	Chairman
		Community Service	"VACANT"					Chairman
		Government Relations	"VACANT"					Chairman
		Loss Prevention	"VACANT"					Chairman
		Membership	"VACANT"					Chairman
		Moose Charities	"VACANT"					Chairman
		Moose Legion	"VACANT"					Chairman
					<u></u>	<u></u>		