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SCANNED SEP 15 2010

990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

B Creek Lapticates Contemporary	Α	For the	e 2009 calenda	ar year,	, or tax year beginning	April 1st	, 2009, a	ind ending	Ma	ay 30th	, 20	10	
Part Anton Autor Part Anton	В	Check if	applicable		C Name of organization				D Emplo	yer identi	fication numb	er	
Name damps Institute Name and absence for PC box, it mails in not delivered to street address) Room/suite Engence number Room/suite R		Address	change		Newberry Lodge 2211, Lo	yal order of Moose				57-0	540528		
Terminated Section	Name change		print or	Number and street (or P O bo	x, if mail is not delivered to stre	eet address)	Room/suite	E Telepi	none numb	er			
Answedor ream	님	I 2440 Wilson Pd						803-2	76-6198				
Section 501(c)(3) organizations and 497(s)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). He Check ►	片			Specific	City or town, state or country,	and ZIP + 4			E C				
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 390 or 990-EZ). G Accounting Wethord	H				Newhorny SC 20108						ion		
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Website: ➤		• Sec	ction 501(c)(3)	-		-	nust attach	1			Cash 🗹 A	Accrual	
Website: ►				a coi	mpietea Scheaule A (Form	990 or 990-E2).							
Tax-exempt status (check only one)								H Check	(▶ 🗹 i	f the orga	nization is n e	ot	
K Check					· · · · · · · · · · · · · · · · · · ·			_ requir	red to attach Schedule B (Form 990,				
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	J 1	Гах-ех	cempt status (c	check o	nly one) — 🗹 501(c) ()		1) or 🔲 527	7 990-E	Z, or 990)-PF)			
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	K	Check	▶ ☐ If the	e organi	zation is not a section 509(a	(3) supporting organization	and its gross	receipts are r	normally i	not more	than \$25,000). A	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grits, grants, and similar amounts received. 1 1 10729.03 2 Program service revenue including government fees and contracts 2 49883.53 3 Membership dues and assessments. 3 3 4589.20 4 Investment income 5 Gross amount from sale of assets other than inventory Sa 0 0 0 0 0 0 0 0 0		Form 9											
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23 Land and buildings					(See the instructions for	or Part II.)		(A) Beg	inning of	year	(B) End of ye	ear	
23 Land and buildings	22	2 C	ash, savings,	and in	vestments				272	0.63 22	41	802.93	
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26 Total liabilities (describe ► Mortgage) -8508.40 26 -23918.52	25												
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 60403.79 27 111210.00	26	T	otal liabilities	s (desc	ribe ► Mortgage			,					
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orm	990-EZ (200 9)					Page 2			
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part I	1.)		Expenses			
Wha	(Requ	ired for section							
Doce	nd concise	501(c	(3) and 501(c)(4)						
Jesc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise								
	nanner, describe the services provided, the number of persons benefited, and other relevant information for								
each	ach program title.								
28	Unites members in bonds of fraternity benevolence a	and charity. Accomplished by	a vear round sch	edule					
20	onites members in bonds of naterinty benevolence t		,						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🔲	28a				
29									
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a				
30									
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31	Other program services (attach schedule)								
	· ·	includes foreign grants, che	eck here	. ▶ □	31a				
22	Total program service expenses (add lines 28a t	brough 31a)	continue		32				
Par	t IV List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and			
	(a) Name and address	devoted to position	enter -0)	deferred comper	plans of esation	other allowances			
See	attached	·	·	·					
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Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	Γ	Yes	No
	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		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34		
а	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 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		_
36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
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	-	1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	l		
	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		✓
С	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			:
е	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 ▶ Roger Hair Located at ▶ 2440 Wilson Rd. Newberry, Sc ZIP + 4 ▶	803-27	6-619 108	В
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	29		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	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.			
С	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		. 1	▶□
	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			,-
45	Form 990-EZ	44		✓
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and section 501(c)(3) organizations and 501(c)(3) organizati	47(a)(1) nonexempt cha	exempt chari ritable trusts r	table trusts only. A nust answer question	II sec ons 40	tion 6-49	b
46 .	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		1
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?						√
49a	•	•	•		49a		/
ь 50	If "Yes," was the related organization a section a Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated empl	oyees (other th				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		(e)	Expension allows	ise and
		-					
N/A		•					
		-					
		-					
51	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors	on. If there is none, enter "l	None.") Type of service	(c) Cor		
N/A							
d	Total number of other independent contractors	each receiving over \$100 l	200	0			
	Under penalties of perjury, I declare that I have examin	ned this return, including accompa	inying schedules an	d statements, and to the be	st of my	knowle	edge
Sign Here	and belief, it is true, correct, and complete Declaration Signature of officer Administrate Type or print name and title		based on all inform	B-/8 Date			
Paid Prepar	Preparer's signature	Date	Check if self- employed	Preparer's identifying nui	nber (Se	e instruc	tions)
Use O	Frim s name (or L			EIN ►			
May th	te IRS discuss this return with the preparer show	n above? See instructions			Yes		No (2009)

Total Positions Reported:

LOYAL ORDER OF MOOSE MOOSE LODGE Newberry NO. 2211 OFFICER/CHAIRMAN REPORT

·		Name	
Title	MID	Start Date	Home Phone
Administrator	002562217	Roger Hair	
		05/01/2009	(803) 276-8639
Governor	010434016	Larry Hazel	
		05/01/2009	(803) 276-8277
Junior Past Governor	017189771	Robert Phillips	
		05/01/2009	
Prelate	018188281	Donald Chapman	
Totale	010100201	05/01/2009	(803) 276-6151
T	000440000		(000) 270 0101
Treasurer	002119398	George Sease 05/01/2009	(803) 276-3321
- 4 444 5			(003) 270-3321
Trustee (1 Year)	009230796	Stanley Longshore 05/01/2009	
		05/01/2009	
Trustee (2 Years)	017965196	Clifton Hyler	()
		05/01/2009	(803) 276-0450
Trustee (3 Years)	018039161	David Gillion	
		05/01/2009	(803) 276-5920
Community Service	018261779	Frank Monroe	
		05/01/2009	(803) 276-5453
Endowment Fund	002119398	George Sease	
		05/01/2009	(803) 276-3321
Membership	010214447	Mark Taylor	
		05/01/2009	
Mooseheart/Moosehaven	010434016	Larry Hazel	
		05/01/2009	(803) 276-8277
Publications	002562217	Roger Hair	
	002002211	05/01/2009	(803) 276-8639
Sports	004267727	Warren Trammell	,
oports	004201121	05/01/2009	(803) 276-7507
Sorgoopt At Arma	040044447		(100) 2.0 1001
Sergeant At Arms	010214447	Mark Taylor 05/01/2009	
		00/01/2003	