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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2010 calendar year, or tax year beginning , 20 **11**

| | | |
|---|---|---|
| B Check if applicable: <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 | C Name of organization Progressive Lodge 1280 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 205 Jordan St. City or town, state or country, and ZIP + 4 Seaboard, NC 27876 | D Employer identification number 61-1626666 E Telephone number 252-589-1775 F Group Exemption Number ▶ 501C |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ | | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| I Website: ▶ NA | | |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |

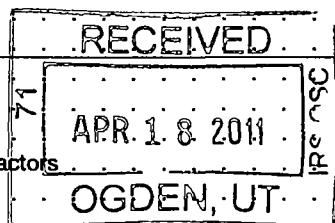
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **5300.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|-------------------|--|----------|----------------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 2000.00 |
| | 2 Program service revenue including government fees and contracts | 2 | 3000.00 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory 5a NA | | |
| | b Less: cost or other basis and sales expenses 5b NA | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c | | |
| Revenue | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 2000.00 | | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 300.00 | | |
| | c Less: direct expenses from gaming and fundraising events 6c 300.00 | | |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d | | |
| | 7a Gross sales of inventory, less returns and allowances 7a 0 | | |
| | b Less: cost of goods sold 7b 0 | | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 | | |
| | 8 Other revenue (describe in Schedule O) 8 0 | | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 5000.00 | | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) 10 0 | | |
| | 11 Benefits paid to or for members 11 0 | | |
| | 12 Salaries, other compensation, and employee benefits 12 0 | | |
| | 13 Professional fees and other payments to independent contractors 13 0 | | |
| | 14 Occupancy, rent, utilities, and maintenance 14 500.00 | | |
| | 15 Printing, publications, postage, and shipping 15 | | |
| | 16 Other expenses (describe in Schedule O) 16 1377.00 | | |
| | 17 Total expenses. Add lines 10 through 16 17 | | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | | |
| | 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 | | |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) 20 | | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 | | |

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, financials, and reporting requirements. Includes a table with Yes/No columns and various input fields for amounts and dates.

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 Yes No
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45a Yes No
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
 b If "Yes," was the related organization a section 527 organization? 49b Yes No
 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 |
|--|--|------------------|---|--|
| NA | NA | 0 | | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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 |
|--|---------------------|------------------|
| NA | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 NA

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here
 Signature of officer: Carson M. Rawles, ER | Date: 2-14-11
 Type or print name and title: Carson M. Rawles, ER | February 14, 2011

Paid Preparer Use Only
 Print/Type preparer's name: _____ | Preparer's signature: Carson M. Rawles | Date: 2-14-11 | Check if self-employed | PTIN: _____
 Firm's name: NA | Firm's EIN: _____
 Firm's address: NA | Phone no: _____

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