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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning 5/1/2013, and ending 4/30/2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization LODGE NO 2351 LOYAL ORDER OF MOOSE
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 14947
 City or town State ZIP code
SURFSIDE BEACH SC 29587
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 57-0888466

E Telephone number _____

G Gross receipts \$ 1,359,037

F Name and address of principal officer _____

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☒ Yes ☐ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ _____

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ _____

L Year of formation. _____

M State of legal domicile _____

H(c) Group exemption number ▶ 0002

Part I Summary

1 Briefly describe the organization's mission or most significant activities. 3027

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 **1,700**

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 **1,700**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a

b Net unrelated business taxable income from Form 990-T, line 34 7b

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>8</u>	38,775	38,081
9 Program service revenue (Part VIII, line 2g) <u>9</u>	943,055	1,145,434
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u>	136,486	80,675
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u>	1,118,316	1,264,190
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>13</u>	4,536	4,932
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u>		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>15</u>	187,951	214,420
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u>		
b Total fundraising expenses (Part IX, column (D), line 25) <u>16b</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>17</u>	801,239	847,167
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) <u>18</u>	993,726	1,066,519
19 Revenue less expenses Subtract line 18 from line 12 <u>19</u>	124,590	197,671
20 Total assets (Part X, line 16) <u>20</u>	Beginning of Current Year 1,663,571	End of Year 1,541,157
21 Total liabilities (Part X, line 26) <u>21</u>	334,602	14,517
22 Net assets or fund balances. Subtract line 21 from line 20 <u>22</u>	1,328,969	1,526,640

Part II Signature Block

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 _____

Type or print name and title _____

Paid Preparer Use Only

Pnn/Type preparer's name Preparer's signature
JERRY MALDOVEN, CPA
 Firm's name ▶ JERRY L MALDOVEN, CPA
 Firm's address ▶ PO BOX 14906, SURFSIDE BEACH, SC 29587
 Firm's EIN ▶ 54-0976171
 Phone no 843-238-0518

Check ☒ self-employed ☐ P00507599

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

HTA

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