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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning 03-01-2014, and ending 02-28-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ORANGE HALL
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 72 EAST CENTER STREET
City or town, state or province, country, and ZIP or foreign postal code: MANCHESTER, CT 06040

D Employer identification number: 06-6057744
E Telephone number
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(2) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: [] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 95,620

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 95,620 for Total Revenue and 87,328 for Total Expenses.

Part V Other Information (Note the Schedule A and personal benefit contract 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 (2014) questions 33-45b regarding organizational activities, financials, and compliance. Includes questions about significant activities, changes to documents, unrelated business income, political expenditures, loans, and foreign accounts.

	Yes	No
46		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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: *****
 Date: 2015-05-18
 Type or print name and title: ARTHUR TINSZ ASSISTANT TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: KENNETH A NELSON
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01269531
 Firm's name: Kenneth A Nelson CPA LLC
 Firm's EIN: _____
 Firm's address: 42 Connecticut Blvd
 East Hartford, CT 061080894
 Phone no: (860) 282-0891

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

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
EIN: 06-6057744
Name: ORANGE HALL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 AWARDED FOUR \$1,000 00 SCHOLARSHIPS TO AREA HIGH SCHOOL STUDENTS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	4,000
29 DONATIONS TO THE LOYAL ORANGE INSTITUTE OF THE USA (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	3,000
30 DONATION TO MANCHESTER HIGH SCHOOL (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	500
DONATION TO SALVATION ARMY OF MANCHESTER CONNECTICUT (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		500
DONATION TO SHRINERS HOSPITAL FOR CHILDREN (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		200