

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)

OMB NO 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning MAY 01, 2003, and ending APRIL 30, 20 04

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

NEW BEDFORD LODGE NO. 914 LOYAL ORDER OF MOOSE

Number and street (or P O box if mail is not delivered to street address) Room/suite
119 ROCKDALE AVECity or town, state or country, and ZIP + 4
NEW BEDFORD MA 02740-1079

D Employer identification number

04 : 2272075

E Telephone number

(508) 933-3066

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ 0002

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶

J Organization type (check only one) ▶ ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 165,157 -

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support	1a	4,243	
b Indirect public support	1b	0	
c Government contributions (grants)	1c	0	
d Total (add lines 1a through 1c) (cash \$ <u>4,243</u> noncash \$ <u>0</u>)	1d	4,243	

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 157,264

3 Membership dues and assessments 3 3,620

4 Interest on savings and temporary cash investments 4 30

5 Dividends and interest from securities 5 0

6a Gross rents 6a 0

b Less rental expenses 6b 0

c Net rental income or (loss) (subtract line 6b from line 6a) 6c 0

7 Other investment income (describe ▶) 7 0

8a Gross amount from sales of assets other than inventory (A) Securities 8a 0 (B) Other 0

b Less cost or other basis and sales expenses 8b 0

c Gain or (loss) (attach schedule) 8c 0

d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 0

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ 0 of contributions reported on line 1a) 9a 0

b Less direct expenses other than fundraising expenses 9b 0

c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 0

10a Gross sales of inventory, less returns and allowances 10a 0

b Less cost of goods sold 10b 0

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 0

11 Other revenue (from Part VII, line 103) 11 0

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 165,157

13 Program services (from line 44, column (B)) 13 133,331

14 Management and general (from line 44, column (C)) 14 0

15 Fundraising (from line 44, column (D)) 15 0

16 Payments to affiliates (attach schedule) 16 0

17 Total expenses (add lines 16 and 44, column (A)) 17 133,331

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 31,826

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 424,488

20 Other changes in net assets or fund balances (attach explanation) 20 3,431

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 459,745

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2003)

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INTERNAL REVENUE SERVICE
NOV 08 2010
COLLECTION DIVISION
NEW BEDFORD, MA 02740

13

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>2,695</u> noncash \$ <u>0</u>)	22 2,695	2,695		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc.	25 0	0	0	0
26	Other salaries and wages	26 0	0	0	0
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 0	0	0	0
29	Payroll taxes	29 172	172	0	0
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 168	168	0	0
34	Telephone	34 0	0	0	0
35	Postage and shipping	35 0	0	0	0
36	Occupancy	36 4,470	4,470	0	0
37	Equipment rental and maintenance	37 0	0	0	0
38	Printing and publications	38 0	0	0	0
39	Travel	39 0	0	0	0
40	Conferences, conventions, and meetings	40 0	0	0	0
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 0	0	0	0
43	Other expenses not covered above (itemize) a	43a 125,826	125,826	0	0
b	SEE ATTACHED LIST	43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 133,331	133,331	0	0

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Fraternalism

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	The organization unites its members in a bond of fraternal benevolence and charity. This is accomplished through a year round schedule of social and recreational activities for members and their families estimated to number (400) (Grants and allocations \$ _____)	N/A
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	N/A

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	23,422	45	65,826
	46 Savings and temporary cash investments	0	46	0
	47a Accounts receivable	86		
	b Less: allowance for doubtful accounts	0	47c	86
	48a Pledges receivable	0		
	b Less: allowance for doubtful accounts	0	48c	0
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule).	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	5,696	52	3,867
	53 Prepaid expenses and deferred charges	0	53	0
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule).	391,469	55c	390,808
56 Investments—other (attach schedule)	5,400	56	0	
57a Land, buildings, and equipment: basis	0			
b Less: accumulated depreciation (attach schedule).	0	57c	0	
58 Other assets (describe ►)	0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)	425,987	59	460,587	
Liabilities	60 Accounts payable and accrued expenses	1,499	60	843
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule).	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ►)	0	65	0
66 Total liabilities (add lines 60 through 65)	1,499	66	843	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	424,488	67	459,745
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21).	424,488	73	459,745	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	425,987	74	460,587	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

- a** Total revenue, gains, and other support per audited financial statements . . . ▶
- b** Amounts included on line **a** but not on line 12, Form 990:
- (1) Net unrealized gains on investments . . . \$
- (2) Donated services and use of facilities . . . \$
- (3) Recoveries of prior year grants . . . \$
- (4) Other (specify):
 \$
- Add amounts on lines (1) through (4) ▶
- c** Line **a** minus line **b** ▶
- d** Amounts included on line 12, Form 990 but not on line **a**:
- (1) Investment expenses not included on line 6b, Form 990 . . . \$
- (2) Other (specify):
 \$
- Add amounts on lines (1) and (2) ▶
- e** Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

- a** Total expenses and losses per audited financial statements . . . ▶
- b** Amounts included on line **a** but not on line 17, Form 990:
- (1) Donated services and use of facilities . . . \$
- (2) Prior year adjustments reported on line 20, Form 990 \$
- (3) Losses reported on line 20, Form 990 . . . \$
- (4) Other (specify):
 \$
- Add amounts on lines (1) through (4) ▶
- c** Line **a** minus line **b** ▶
- d** Amounts included on line 17, Form 990 but not on line **a**:
- (1) Investment expenses not included on line 6b, Form 990 . . . \$
- (2) Other (specify):
 \$
- Add amounts on lines (1) and (2) ▶
- e** Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SYLVESTER SANTOS PO BOX 41264 NEWBEDFORD MA 02744	GOVERNOR 8	0	0	0
VICTOR PORTO 1225 N 35 Ave Sea City AZ 85351-3511	ADMINISTRATOR 20	0	0	0
FRANK RAMOS 17 Main St Acushnet MA 02743	JR PAST GOV 8	0	0	0
STEVEN TERRELL 75 WAMSUTTA ST APT 221 NEW BEDFORD MA 027	PRELATE 8	0	0	0
JOHN R PACHECO 31 Acushnet St New Bedford 02746	TREASURER 8	0	0	0
PAUL ROCHA 17 Spunkberry Dr N Dantmouth MA 01917	TRUSTEE 8	0	0	0
RALPH P PINTO 23 Fernside Court N Dantmouth MA 02747	TRUSTEE 8	0	0	0
MELVIN CHACE 3 Main St Apt 6 Acushnet MA 02743	TRUSTEE 8			

- 75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
- If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions. 81a N/A	81a	N/A
b Did the organization file Form 1120-POL for this year?	81b	✓
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	✓
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	✓
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c Dues, assessments, and similar amounts from members 85c N/A	85c	N/A
d Section 162(e) lobbying and political expenditures 85d N/A	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a N/A	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities. 86b N/A	86b	N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders. 87a N/A	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____; section 4912 _____; section 4955 _____		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	✓
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 89c N/A	89c	N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization. 89d N/A	89d	N/A
90a List the states with which a copy of this return is filed MASS.		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 0	90b	0
91 The books are in care of BARRY LOWE Telephone no (508) 988-3066		
Located at 119 ROCKDALE AVE NEW BEDFORD MA ZIP + 4 02470-1079		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Note: Enter gross amounts unless otherwise indicated

Note: Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue.					157,264
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					3,620
95	Interest on savings and temporary cash investments				30	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory .					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . . .				30	165,127
105	Total (add line 104, columns (B), (D), and (E)).					165,157

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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93	Uniting members in the bonds of fraternity, benevolence and chairty
94	Uniting members in the bonds of fraternity, benevolence and chairty

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please
Sign
Here**

Signature of officer
KEVIN SCOWEN GOWELL

Date 11-4-10

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W-9)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no. ()

LOYAL ORDER OF MOOSE
YEAR ENDING APRIL 30, 2004
FORM 990 WORKSHEET

EXPENDITURES

EMPLOYER IDENTIFICATION

No. 04-2272075

DESCRIPTION

U. Other Expenses:	
Repairs	12,574.00
Entertainment	1,047.00
State Assn. Dues	0.00
Advertising	0.00
Sales Tax	787.00
Flowers	0.00
Prizes	22,370.00
Bank Charges	0.00
Licenses	0.00
Paid For	
Merchandise	37,896.00
Other (List)	
Cartage	0.00
Exterminator	0.00
Laundry	0.00
Mics Expense	48,740.00
Committees	2,412.00
Total (To Line 43)	125,826.00