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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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 \$1,000,000 and total assets less than \$2,500,000 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.

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		May 1	, 2008, and ending	April 30	, 2009		
B Check if applicable		C Name of organization		D Employer identification number			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Loyal Order of Moose-Lodge 1392 Number and street (or P O box, if mail is not delivered to street address) Room/suite 98-10th Avenue		92 0007765			
		City or town, state or country, and ZIP + 4 Fairbanks, AK 99701		E Telephone number (907) 452-7500			
				F Group Exemption Number ► 002			
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).							
G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►							
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							
I Website: ►							
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return							
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)							
Revenue	1	Contributions, gifts, grants, and similar amounts received				1	4978.20
	2	Program service revenue including government fees and contracts				2	239113.35
	3	Membership dues and assessments				3	16248.30
	4	Investment income				4	12.56
	5a	Gross amount from sale of assets other than inventory				5a	
	b	Less: cost or other basis and sales expenses				5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)					
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>					
	a	Gross revenue (not including \$ 176497.48 of contributions reported on line 1)				6a	176497.48
	b	Less: direct expenses other than fundraising expenses				6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						
7a	Gross sales of inventory, less returns and allowances				7a		
b	Less: cost of goods sold				7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe ►)				8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►				9	439849.89	
Expenses	10	Grants and similar amounts paid (attach schedule)				10	27752.84
	11	Benefits paid to or for members				11	3121.85
	12	Salaries, other compensation, and employee benefits				12	80887.40
	13	Professional fees and other payments to independent contractors				13	13450.00
	14	Occupancy, rent, utilities, and maintenance				14	68900.46
	15	Printing, publications, postage, and shipping				15	3935.50
	16	Other expenses (describe ► Travel, Tax Liabilities, Kitchen, Office & So. Qtrs. supplies)				16	209476.16
	17	Total expenses. Add lines 10 through 16 ►				17	407524.17
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	32325.72
	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	957515.69
20	Other changes in net assets or fund balances (attach explanation)				20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►				21	989841.41	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.							
(See the instructions for Part II.)						(A) Beginning of year	(B) End of year
22	Cash, savings, and investments				19259.62	22	22645.10
23	Land and buildings				651506.12	23	644836.77
24	Other assets (describe ► Equipment & Furniture)				7156.91	24	8300.12
25	Total assets				677922.65	25	675769.43
26	Total liabilities (describe ► Due to Moose Int., Mortgage, Accts Payable)				155393.09	26	314059.42
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)				957515.69	27	989841.41

Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 10642I

Form 990-EZ (2008)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 ✓

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 ✓

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a ✓

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

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 ✓

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 unpaid at the start of the period covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d Enter amount of tax on line 40c reimbursed by the organization ► _____

e 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. ► Alaska

42a The books are in care of ► Raymond Hollinrake/Sara Canter Telephone no. ► (907) 452-7500
Located at ► 98-10th Avenue, Fairbanks, AK ZIP + 4 ► 99701-5003

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 ✓

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37b		✓
38a		✓
39a		
39b		
40b		
40e		✓
42b		✓
42c		✓
43		
44		✓
45		

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the 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
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000	►	

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

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

12/13/09

Raymond Hollinrake, Administrator

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	<i>Sara Canter</i>	Date 10-13-09	Check if self- employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Sara Canter, Canter Business Services LLC 1119 Lakeview Ter. Fairbanks, AK 99701		EIN	► 20	2752094
				Phone no	► (907)	452-8707

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2008)
