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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning **May 1**, 2009, and ending **April 30**, 20 **10****B** Check if applicable:

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

Please use IRS label or print or type See Specific Instructions

C Name of organization**Stevens Point Lodge 1572 Loyal Order of Moose**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

1025 N Second Street, P.O. Box 284

City or town, state or country, and ZIP + 4

Stevens Point, WI 54481-0284**D** Employer identification number**39-1348890****E** Telephone number**715-344-3224****F** Group Exemption Number► **0002**

• 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 ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ►

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

J Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **443,250**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received														33,056															
	2	Program service revenue including government fees and contracts														10,261															
	3	Membership dues and assessments														12,891															
	4	Investment income														1,344															
	5a	Gross amount from sale of assets other than inventory														0															
	5b	Less: cost or other basis and sales expenses														0															
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														0															
	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 \$ 0 of contributions reported on line 1)														188,157															
	b	Less: direct expenses other than fundraising expenses														123,777															
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														64,380																
7a	Gross sales of inventory, less returns and allowances														194,021																
b	Less: cost of goods sold														95,593																
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														98,428																
8	Other revenue (describe ► Vending)														3,521																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														223,881																
Expenses	10	Grants and similar amounts paid (attach schedule)														0															
	11	Benefits paid to or for members														15,557															
	12	Salaries, other compensation, and employee benefits														132,267															
	13	Professional fees and other payments to independent contractors														1,500															
	14	Occupancy, rent, utilities, and maintenance														43,832															
	15	Printing, publications, postage, and shipping														2,781															
	16	Other expenses (describe ► Supplies, conventions and travel)														20,013															
	17	Total expenses. Add lines 10 through 16														215,950															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														7,931															
	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)														700,694															
	20	Other changes in net assets or fund balances (attach explanation)														761															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														709,386															

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

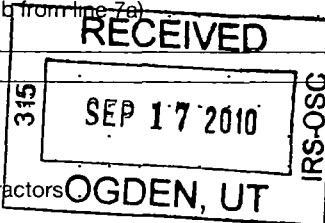
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,224	34,386
23	Land and buildings	951,058	944,535
24	Other assets (describe ► Receivables and inventory)	15,438	15,113
25	Total assets	1,009,720	994,034
26	Total liabilities (describe ► Payables and mortgage)	309,026	284,648
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	700,694	709,386

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 30 2010



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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	The organization unites its members in the bonds of fraternity, benevolence and charity. This is accomplished through a year round schedule of social and recreational activities for the members and their families estimated to number about 780.		
	(Grants \$) If this amount includes foreign grants, check here	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

(a) Name and address

[illegible]

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

	Yes	No
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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations 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 None		
42a The organization's books are in care of Mark Wanta Telephone no 715-344-3224 Located at Stevens Point, WI ZIP + 4 54481-0284		
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)?	42b	✓
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 ?	42c	✓
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		<input type="checkbox"/>
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	✓

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 46–49b and complete the tables for lines 50 and 51.

- 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. Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 46 47
- 48 Is the organization 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 a section 527 organization? 49b
- 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

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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 9-13-10

Signature of officer Date

Mark Wanta, Administrator

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date

Firm's name (or yours if self-employed), address, and ZIP + 4 Check if self-employed ☐

Preparer's identifying number (See instructions)

EIN Phone no

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

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39 : 1348890

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Beef Fest (event type)	(b) Event #2 Pork Fest (event type)	(c) Other events Riverfront (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	11,800	13,184	18,051	43,035
	2 Less. Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	11,800	13,184	18,051	43,035
Direct Expenses	4 Cash prizes	150	600	0	750
	5 Noncash prizes	1,476	3,940	0	5,416
	6 Rent/facility costs	0	0	1,501	1,501
	7 Food and beverages	2,250	3,110	4,500	9,860
	8 Entertainment	0	0	0	0
	9 Other direct expenses	1,910	165	1,098	3,173
	10 Direct expense summary Add lines 4 through 9 in column (d)				(20,700)
	11 Net income summary Combine line 3, column (d), and line 10				22,335

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	87,832	0	0	87,832
	2 Cash prizes	43,744	0	0	43,744
Direct Expenses	3 Noncash prizes	0	0	0	0
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	10,534	0	0	10,534
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(54,278)
	8 Net gaming income summary Combine line 1, column d, and line 7				33,554

9 Enter the state(s) in which the organization operates gaming activities Wisconsin**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," explain**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," explain**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13 *Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100 %**b** An outside facility**13b** 0 %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ **Mark Wanta**Address ▶ **1025 N Second Street, Stevens Point, WI 54481****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

Yes

No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

Yes

No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$