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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
Inspection

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

<b>A For the 2009 calendar year, or tax year beginning</b>		May 1	, 2009, and ending	April 30	, 2010
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Stevens Point Lodge 1572 Loyal Order of Moose</b> Number and street (or P O box, if mail is not delivered to street address) <b>1025 N Second Street, P.O. Box 284</b>		<b>39-1348890</b> Room/suite <b>715-344-3224</b>	
		City or town, state or country, and ZIP + 4 <b>Stevens Point, WI 54481-0284</b>		<b>F Group Exemption Number ► 0002</b>	

• 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:** ►

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

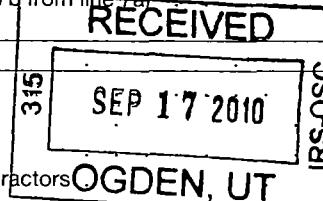
**H Check ►**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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 ► \$ 443250**

**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 33,056
	2 Program service revenue including government fees and contracts	2 10,261	
	3 Membership dues and assessments . . . . .	3 12,891	
	4 Investment income . . . . .	4 1,344	
	5a Gross amount from sale of assets other than inventory	5a 0	
	b Less. cost or other basis and sales expenses	5b 0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 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) . . . . .	6a 188,157	
	b Less direct expenses other than fundraising expenses . . . . .	6b 123,777	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 64,380	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 194,021	
	b Less. cost of goods sold . . . . .	7b 95,593	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 98,428	
	8 Other revenue (describe ► <b>Vending</b> ) . . . . .	8 3,521	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 223,881	
	10 Grants and similar amounts paid (attach schedule)	10 0	
	11 Benefits paid to or for members	11 15,557	
	12 Salaries, other compensation, and employee benefits	12 132,267	
	13 Professional fees and other payments to independent contractors	13 1,500	
	14 Occupancy, rent, utilities, and maintenance	14 43,832	
	15 Printing, publications, postage, and shipping	15 2,781	
	16 Other expenses (describe ► <b>Supplies, conventions and travel</b> ) . . . . .	16 20,013	
	17 Total expenses. Add lines 10 through 16 ►	17 215,950	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 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) . . . . .	19 700,694	
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20 761	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 709,386	
<b>Part II Balance Sheets.</b> 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)		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22	Cash, savings, and investments . . . . .	43,224	22 34,386
23	Land and buildings . . . . .	951,058	23 944,535
24	Other assets (describe ► <b>Receivables and inventory</b> ) . . . . .	15,438	24 15,113
25	<b>Total assets</b> . . . . .	1,009,720	25 994,034
26	Total liabilities (describe ► <b>Payables and mortgage</b> ) . . . . .	309,026	26 284,648
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	700,694	27 709,386



**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? **Fraternalism**

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 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 -

This amount includes freight/grants, check here

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(Grants \$  ) If this amount includes foreign grants, check here

202

If this amount includes foreign grants, check here

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or [research@iastate.edu](mailto:research@iastate.edu).

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16   

(Grants \$ ) If this amount includes foreign grants, check here

Other program services (attach schedule) .

(Grants \$ ) If this amount includes foreign grants, check here ►

**Total program service expenses (add lines 28a through 31a)**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the

(a) Name and address \_\_\_\_\_ (b) Title and average hours per week \_\_\_\_\_ (c) Compensation (if not paid...) \_\_\_\_\_ (d) Contributions employee benefit plan \_\_\_\_\_

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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

**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	35a	✓
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?	35b	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	36	
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	37a	
b Did the organization file <b>Form 1120-POL</b> 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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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 ► <b>None</b>		
42a The organization's books are in care of ► <b>Mark Wanta</b> Located at ► <b>Stevens Point, WI</b>	Telephone no ► 715-344-3224 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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> ► <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 |
| 46  |   |     |    |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | Yes | No |
| 47  |   |     |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | Yes | No |
| 48  |   |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?   | Yes | No |
| 49a |   |     |    |
| b   | If "Yes," was the related organization a section 527 organization?  | Yes | No |
| b   |   |     |    |
| 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." | Yes | No |
| 50  |   |     |    |

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".

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

Sign  
Here

~~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~~

~~Signature of officer~~

1-1510

Mark Wanta, Administrator

Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature	Date	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	EIN <input type="checkbox"/>		Phone no. <input type="checkbox"/>

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

►  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

• [www.123rf.com](http://www.123rf.com)  Use separate instructions.

Name of the organization

**Employer identification number**

Stevens Point Lodge 1572, Loyal Order of Moose

39 1348890

**Part I** **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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

- 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 <b>Beef Fest</b> (event type)	(b) Event #2 <b>Pork Fest</b> (event type)	(c) Other events <b>Riverfront</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	11,800	13,184	18,051
	2 Less. Charitable contributions	0	0	0
	3 Gross income (line 1 minus line 2)	11,800	13,184	18,051
Direct Expenses	4 Cash prizes	150	600	0
	5 Noncash prizes	1,476	3,940	0
	6 Rent/facility costs	0	0	1,501
	7 Food and beverages	2,250	3,110	4,500
	8 Entertainment	0	0	0
	9 Other direct expenses	1,910	165	1,098
	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
Direct Expenses	2 Cash prizes	43,744	0	0
	3 Noncash prizes	0	0	0
	4 Rent/facility costs	0	0	0
	5 Other direct expenses	10,534	0	0
	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

- |  | Yes                            | No |
|--|--------------------------------|----|
| 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?   | <input type="checkbox"/> 9a ✓  |    |
| b If "No," explain   | -----                          |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   | <input type="checkbox"/> 10a ✓ |    |
| b If "Yes," explain  | -----                          |    |
| 11 Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> 11 ✓  |    |
| 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? | <input type="checkbox"/> 12 ✓  |    |

13 \*Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	100 %	
13b	0 %	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► 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?

- 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?
- 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 ► \$ .....

	Yes	No
15a	✓	
17a	✓	