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Form **990-EZ**Department of the Treasury  
Internal Revenue Service

# Short Form 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning**

May 1

, 2010, and ending

April 30

, 20 11

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****Kentucky Moose Association**

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

Room/suite

**c/o David Riggle 5215 Brookswood**

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

**Crestwood, KY 40014****D Employer identification number****23-7146089****E Telephone number****270-422-1707****F Group Exemption****Number ► 0002****G Accounting Method:**  Cash  Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** —  501(c)(3)  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).**

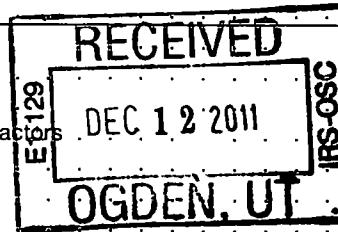
**K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ**

**47710**

**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

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 860
	2 Program service revenue including government fees and contracts . . . . .	2 36874
	3 Membership dues and assessments . . . . .	3 9943
	4 Investment income . . . . .	4 33
	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) . . . . .	5c
	6 Gaming and fundraising events . . . . .	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	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) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 47710
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 7009
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 4895
	13 Professional fees and other payments to independent contractors . . . . .	13 350
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 3520
	15 Printing, publications, postage, and shipping . . . . .	15 1656
	16 Other expenses (describe in Schedule O) . . . . .	16 34223
	17 Total expenses. Add lines 10 through 16	17 51653
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -3943
	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 113775
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 109832



**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II . . . . .  ✓

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	98808	22 94865
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .	14967	24 14967
<b>25 Total assets . . . . .</b>	<b>113775</b>	<b>25 109832</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>		<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>113775</b>	<b>27 109832</b>

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

Check if the organization used Schedule Q to respond to any question in this Part III.

What is the organization's primary exempt purpose? Fraternalism

What is the organization's primary exempt purpose? **Fraternism**  
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.)

the services provided, the number of persons benefited, and other relevant information for each program line.				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 members and their families.					
	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a	n/a	
29						
	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a	n/a	
30						
	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a	n/a	
31	Other program services (describe in Schedule O)					
	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a	n/a	
32	Total program service expenses (add lines 28a through 31a)			► <input type="checkbox"/>	32	n/a

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)  
Check if the organization used Schedule Q to respond to any question in this Part IV

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

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

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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  n/a

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  n/a

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 tax year covered by this return? 38a

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

39 Section 501(c)(7) organizations Enter: 39a  n/a

a Initiation fees and capital contributions included on line 9 39b  n/a

b Gross receipts, included on line 9, for public use of club facilities 40a  n/a

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

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c  n/a

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 40d  n/a

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  n/a

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. 40f  n/a

41 List the states with which a copy of this return is filed ► none

42a The organization's books are in care of ► Michael Moldenhauer Telephone no. ► 270-422-1707  
 Located at ► 160 Eagle Pt Brandenburg, KY ZIP + 4 ► 40108

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: ► n/a

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: ► n/a

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  n/a

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d



## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**Kentucky Moose Association**

Employer identification number

**23-7146089**

### Part I, line 10

Youth Activities 5509

Holiday Lites 1500

total ..... 7009

### Part I, line 16

Fees 58

WTOM 3917

Awards 249

Hospitality 1412

Travel 2906

Training 959

Member promo/merch 1694

Special Activity 222

Convention exp 20276

Ads 500

Prizes 2030

total ..... 34223

### Part II, line 24

Depreciable Assets 14967

total ..... 14967

**Application for Extension of Time To File an  
 Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Type or print	Name of exempt organization <b>Kentucky Moose Association c/o Michael Moldenhauer</b>	Employer identification number <b>23-7146089</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>160 Eagle Point</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Brandenburg, KY 40108</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

**0 3**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Michael Moldenhauer**

Telephone No. ► **270-422-1707** FAX No. ► **n/a**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **December 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **May 1**, 20 **10**, and ending **April 30**, 20 **11**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	n/a
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	n/a
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	n/a

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <b>File by the extended due date for filing your return. See instructions</b>	<b>Name of exempt organization</b>  <b>Number, street, and room or suite no. If a P.O. box, see instructions.</b>	<b>Employer identification number</b>
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions</b>	
	<b> </b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► \_\_\_\_\_
- Telephone No. ► \_\_\_\_\_ FAX No ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . ►  . If it is for part of the group, check this box . . . . ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until \_\_\_\_\_, 20 \_\_\_\_\_.  
5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.  
6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period  
7 State in detail why you need the extension

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Michael P. Wolfson

Title ► SF 12500

Date **9-14-11**

Form 8868 (Rev. 1-2011)