See a Social Security Number? Say Something!
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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning May 1, 2013, and ending April 30, 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Millville Moose Lodge 2488

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

City or town, state or province, country, and ZIP or foreign postal code
Millville, N. J. U. S. A. 08332

D Employer identification number
91-1868006

E Telephone number
X1-856-825-8225

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☑ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other

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, column (B) below) are $500,000 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)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	8,800
	4	Investment income		4	0
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	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 3978.00		
	c	Less: direct expenses from gaming and fundraising events	6c 425.00		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3553.00
	7a	Gross sales of inventory, less returns and allowances	7a 77390.47		
	b	Less: cost of goods sold	7b 32362.55		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	45027.92
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	57380.00
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	400.00
	14	Occupancy, rent, utilities, and maintenance		14	22444.86
	15	Printing, publications, postage, and shipping		15	201.45
	16	Other expenses (describe in Schedule O)		16	250.00
	17	**Total expenses.** Add lines 10 through 16 ▶		17	23296.31
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	34083.69
	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	60359.00
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	94442.00

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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		22	0
23	Land and buildings		23	365,000.00
24	Other assets (describe in Schedule O)		24	0
25	**Total assets**	185,105.00	25	185,215.00
26	**Total liabilities** (describe in Schedule O)	124,746.00	26	-91,273.35
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	60,359.00	27	94,442.00

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **TO RAISE FUNDS FOR CHARIBLE ORGANIZATIONS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 N/A

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 0

29 N/A

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 0

30 N/A

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 0

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a 0

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 0

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 O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT EVES GOVERNOR	168	0	0	0
LUIS VAZQUEZ JR. GOVERNOR	168	0	0	0
kENNETH kNEE ADMINISTATOR	168	0	0	0
FRANK DISNEY TREASURER	168	0	0	0
BEN TEVIS PRELATE	168	0	0	0
JOHN OTT JR. PAST GOVERNOR	168	0	0	0
ROD STILES TRUSTEE	168	0	0	0
DICK KNOTT TRUSTEE	168	0	0	0
TIM MILLER SGT. OF ARMS	168	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant 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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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 0			
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 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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 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	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 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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	40e		✓
41	List the states with which a copy of this return is filed ▶ N. J.			
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
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.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside 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 **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE		NONE		

f Total number of other employees paid over $100,000 ▶ NONE

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE	NONE	

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☑ No

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

Kenneth Knee — Signature of officer — Date: Oct. 20, 2014

KENNETH KNEE ADMINISTATOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kenneth Knee	Kenneth Knee	10-20-14		

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: MILLVILLE MOOSE LODGE 1488

Employer identification number: 91-1868006

LINE 16 MOOSE INTERNATIONAL FINANCE DEPT. $ 250.00

LINE 24 FURNITURE, FIXTURES & EQUIPMENT $ 109,000.00

Millville Lodge 2488
Balance Sheet
As of April 30, 2014

	Apr 30, 14
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · Cash	
1005.00 · Checking - Cash	1,107.11
1025.00 · Petty Cash	1,150 00
Total 1000.00 · Cash	2,257 11
Total Checking/Savings	2,257 11
Other Current Assets	
1199.00 · Undeposited Funds	1,100 00
12100 · Inventory Asset	277 35
1300.00 · Inventory	
1315.00 · Kitchen Inventory	-350.00
1325.00 · Gaming Inventory	25,912 53
Total 1300.00 · Inventory	25,562.53
1500.00 · Due From Other Fraternal Units	-56 00
Total Other Current Assets	26,883 88
Total Current Assets	29,140 99
Fixed Assets	
1700.00 · Buildings and Property	
1705.00 · Lodge Home/Building	365,000 00
Total 1700.00 · Buildings and Property	365,000 00
1800.00 · Furniture and Equipment	
1805.00 · Furniture, Fixtures & Equipment	104,000 00
Total 1800.00 · Furniture and Equipment	104,000.00
Total Fixed Assets	469,000 00
TOTAL ASSETS	**498,140.99**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 · Accounts Payable	-25,609 58
Total Accounts Payable	-25,609 58
Other Current Liabilities	
2050.00 · Notes Payable	
2055.00 · Mortgage	-39,898 67
2060.00 · Loan	-8,441.00
2050.00 · Notes Payable - Other	-1,290 18
Total 2050.00 · Notes Payable	-49,629 85
2300.00 · Other Liabilities	
2305.00 · Sales Tax Liabilities	-11,200 61
2300.00 · Other Liabilities - Other	-786 87
Total 2300.00 · Other Liabilities	-11,987 48

Millville Lodge 2488
Profit & Loss
May 2013 through April 2014

	May '13 - Apr 14
Ordinary Income/Expense	
Income	
4000.00 · Dues and Fees Income	
4005.00 · Membership Dues	1,416 00
4025.00 · *Transfer Fees*	252 39
4000.00 · Dues and Fees Income - Other	126.00
Total 4000.00 · Dues and Fees Income	1,794.39
4200.00 · Sales Income	
4205.00 · Resale Merchandise	0.00
Total 4200.00 · Sales Income	0.00
4225.00 · Social Quarters Sales	
4228.00 · Social Quarters Sales	71,868.50
4230.00 · Beer Sales	-358 78
4235.00 · Liquor Sales	6 00
4245.00 · Miscellaneous Merchandise Sales	700 00
4225.00 · Social Quarters Sales - Other	5,174.75
Total 4225.00 · Social Quarters Sales	77,390.47
4300.00 · Donations Received	
4310.00 · Hall Rental	1,700.00
4315.00 · Fund Raiser	1,520.00
4320.00 · Celebration Meals	105 00
4300.00 · Donations Received - Other	653 00
Total 4300.00 · Donations Received	3,978 00
4600.00 · Other Income	800.00
4800.00 · *Entertainment Income*	929.00
Total Income	84,891.86
Cost of Goods Sold	
5000.00 · Cost of Goods Sold	0 00
5025.00 · Social Quarters Cost/Goods Sold	
5030.00 · Beer - Cost of Goods Sold	21,585.43
5035.00 · Liquor - Cost of Goods Sold	10,051.87
5040.00 · Wine - Cost of Goods Sold	370.00
5045.00 · Misc Merch - Cost of Goods Sold	0.00
5025.00 · Social Quarters Cost/Goods Sold - Other	355.25
Total 5025.00 · Social Quarters Cost/Goods Sold	32,362.55
Total COGS	32,362.55
Gross Profit	52,529.31
Expense	
5200.00 · Supplies & Misc Expense	
5215.00 · Soda Equipement Rental	1,237.10
Total 5200.00 · Supplies & Misc Expense	1,237.10
5225.00 · Social Qtrs Supplies & Misc Exp	
5230.00 · Social Quarter Supplies	1,439.09
5240 · Social Quarters Entertainment	1,300.00
5245.00 · SECURITY SYSTEM	332.69
5225.00 · Social Qtrs Supplies & Misc Exp - Other	121 66
Total 5225.00 · Social Qtrs Supplies & Misc Exp	3,193.44
5300.00 · Donation Expense	
5340.00 · NJMA Donations	135 00
5345.00 · MooseCharities	260.00
5300.00 · Donation Expense - Other	30.00
Total 5300.00 · Donation Expense	425.00
5400.00 · General Administration Exp	
5405.00 · Bank Charges	200.00
5415.00 · Licenses and Permits	866.00

Millville Lodge 2488
Profit & Loss
May 2013 through April 2014

	May '13 - Apr 14
5420.00 · Office Supplies	151.45
5425.00 · Audit Fees	400.00
5435.00 · Finance Charge MI	250.00
5400.00 · General Administration Exp - Other	50.00
Total 5400.00 · General Administration Exp	1,917.45
5600.00 · Occupancy Expense	
5615.00 · Insurance	4,045.40
5620.00 · Security Services	315.40
5625.00 · Waste Removal	1,352.00
5630.00 · Gas	814.55
5635.00 · Electric	8,545.71
5640.00 · Cable	1,588.30
5645.00 · WATER & SEWAGE	986.50
5665.00 · Pest Control	231.00
5670.00 · Fire and Safety	407.00
5675.00 · entertainment expense	4,159.00
Total 5600.00 · Occupancy Expense	22,444.86
Total Expense	29,217.85
Net Ordinary Income	23,311.46
Net Income	23,311.46