	•
OMB No. 1545-0047	0
2020	<u> </u>
Open to Public Inspection	6806

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)

D		f the Treesure	Do not enter social security numbers on this form, as it may be made p	ublic.		spection
inte	Department of the Treasury Internal Revenue Service Service Go to www.irs.gov/Form990EZ for instructions and the latest information.			HOW. I OF	"	spection
A	For the	2020 calend	ar year, or tax year beginning May 1 , 2020, and ending		pril 30	, 20 21
В	Check if ap	plicable	C Name of organization ?	D Empl	oyer identific	ation number
	Address c	hange	WEIRTON LODGE 688 LOOM		55-027	18214
=	Name cha	-	Number and street (or P O. box if mail is not delivered to street address) ? Room/suite	E Telep	hone number	
=	Initial retui		3963-67 MAIN STREET		304-748	-4707
=	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exemptio	n
=	Applicatio		WEIRTON WV 26070 0	Nun	nber 🕨 💈	0002
G	Account	ing Method:	☐ Cash 🗹 Accrual Other (specify) ►	Check I	▶ ☑ if the o	organization is not
	Vebsite	-			to attach S	
JT	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990-EZ,	or 990-PF).
			: ☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets		
♂(Pa	rt II, col	umn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions for	Part I)
ຕ		Check if	the organization used Schedule O to respond to any question in this Part	١		🔲
9	1	Contribution	ons, gifts, grants, and similar amounts received		1	12245
A E	2	Program s	ervice revenue including government fees and contracts		2	68817
	3	Membersh	ip dues and assessments		3	3024
LY 2	4	Investment	tincome		4	1
5	5a	Gross amo	ount from sale of assets other than inventory 5a			
SCANNED IN	b	Less: cost	or other basis and sales expenses			
ک	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
, ,	6	Gaming ar	nd fundraising events:			
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
Revenue		\$15,000)				
Ver	b	Gross inco	me from fundraising events (not including \$ of contribution)	ons		
ě		from fundr	aising events reported on line 1) (attach Schedule G if the			
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b			
	C		et expenses from gaming and fundraising events 6c			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c)			6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	b		of goods sold			
	С	Gross prof	it or (loss) from sales of inventory (subtract line /b from line 7a)		7c	
	8		nue (describe in Schedule 0)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	84087
	10		similar amounts paid (list in Schedule O) . 161 3 . 21.21. 161		10	735
	11		and to or for members		11	
ŝ	12	Salaries, o	ther compensation, and employee benefits 2		12	44273
S.	13		al fees and other payments to independent contractors DEN, UT	٠	13	· · · · · · · · · · · · · · · · · · ·
Expenses	14	•	y, rent, utilities, and maintenance		14	20513
Ш	15	• • •	ublications, postage, and shipping		15	14
	16		enses (describe in Schedule O) 🔞	• •	16	27772
	17		enses. Add lines 10 through 16	. ▶	17	93307
ठ	18		(deficit) for the year (subtract line 17 from line 9)	·	18	-9220
se(19		or fund balances at beginning of year (from line 27, column (A)) (must agre			
As		-	ar figure reported on prior year's return)	• •	19	403770
Net Assets	20		nges 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	394550
						200

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2020)



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Par		ce Sheets (see the instructions			5		
	Check	if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
	0						
22		gs, and investments		, .	23367 376436		14410
23		uldings					375116
24 25		s (describe in Schedule O)			5112 404915		5112
25 26					-1145	-	394638
26 07		ies (describe in Schedule O)		<u> </u>	403770		-88
27 Part		or fund balances (line 27 of column				21	394550
	Check	nent of Program Service Accome if the organization used Schedule ation's primary exempt purpose?				(Req	Expenses juired for section
esci s m	ribe the organeasured by endinger	ization's program service accompli kpenses. In a clear and concise mand other relevant information for ea	nanner, describe the ach program title.	e services provided	d, the number of		c)(3) and 501(c)(4) nizations, optional fo rs.)
		on unites its members in bonds of fra d schedule of social and recreational			ccomplished		
	Estimated at 6		activities for illeriber.	- and aren remined.			
	Grants \$		includes foreign gra	ents check here	▶ □	28a	
29	<u> </u>					200	
							İ
•							
	(Grants \$	\ If this amount	ıncludes foreign gra	nte chock horo		29a	1
30	(Grants 5					234	
	(Grants \$		includes foreign gra			30a	
		n services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ 📙 </u>	31a	
32		n service expenses (add lines 28a				32	<u> </u>
art		Officers, Directors, Trustees, and Ke				nstruc	ctions for Part IV)
	Check	if the organization used Schedule	O to respond to an	ny question in this	Part IV		<u> </u>
		(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-)		0	Estimated amount of their compensation
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	Part					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	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	163	· ·	
?	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		/	- 121
	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	<u> </u>	~	•
	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		7	•
	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		~	ī
	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	364			
	39	Section 501(c)(7) organizations. Enter:	1		ļ '	
	а	Initiation fees and capital contributions included on line 9]			
	b	Gross receipts, included on line 9, for public use of club facilities]			ĺ
	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	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		>	<u> </u>
	41	List the states with which a copy of this return is filed ▶				_
	42a	The organization of books are in date of participation of the control of the cont	304-74		7	-
	.	Located at ► 3963-67 Main Street Weirton WV At any time during the calendar year, did the organization have an interest in or a signature or other authority over	260	Yes	No	-
	J	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	103	~	-
		If "Yes," enter the name of the foreign country ▶			-	ĺ
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	L	_	-
	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	• •	.	► □	-
	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	Yes	No	ļ
	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		~	İ
	С	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			1
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	_
	b	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	1		

Form 990	0-EZ (2	020)							F	age 4	
									Yes	No	
46	Did th	ne organization engage, directly or ir	ndirectly, in political c	ampaign activities of	on behalf c	of or i	n oppositio				١_
		ndidates for public office? If "Yes," o		, Part I		·-	• • • •		<u></u>	~	
Part \		Section 501(c)(3) Organizations		estions 47 40h on	d EO and		nloto the	tables f	ar lin		
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–490 and	u 52, and	CON	ipiete trie	lables	or iin	es	
		So and ST. Check if the organization used Scl	hadula O ta raspana	t to any avection in	thic Dort	M					
		Check if the organization used Sci	nedule O to respond	to any question in	i uns Fart	<u> </u>		- : - : - :	Yes	No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elect	tion in effe	ect du	uring the ta	ax	1.03	110	•
	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					49a			. –			
		s," was the related organization a se						49b			
		plete this table for the organization's									
	empl	oyees) who each received more than	1 \$100,000 of compe	nsation from the org				enter "N	ione.		
	(-)	Name and this of each arrelance	(b) Average	(c) Reportable			enefits, employee (e) Estimate	ed amo	unt of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	SC) benefit plans		nd deferred	other con	npensat	ion	
			•	<u> </u>	cor	npens	ation				
				<u> </u>							
											•
*											
·											
f	Total	number of other employees paid ov	er \$100,000	. >		_					
		olete this table for the organization'			nt contract	tors v	who each i	received	more	thar	
	\$100	000 of compensation from the organ	nization. If there is no	ne, enter "None."							
	(a)	Name and business address of each independ	dent contractor	(b) Type of so	ervice	İ	(c) C	ompensat	ion		
											
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		number of other independent contra	_		. •		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) org	ganizations	s mu	_				
		eleted Schedule A	<u> </u>			•		Yes		No	
Inder pe	enaities rect an	of perjury, I declare that I have examined this i d complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	lying schedules and state	ments, and to	the b	est of my knov ie.	wledge and	d belief,	ıt is	
, 5611		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7/.			.7	1/7/1	1/			
Sign		Signature of officer	V)		l	Date	100/	0.1_			
Here	?							-			
	_	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Charle .	PTIN			•
Paid		· ······ · ype propuor o numo					Check II if self-employe				
Prepa		Firm's name ▶	<u> </u>			Firm's	EIN ►	<u> </u>			•
Use C	JNIY	Firm's address >		·····		Phone					
May th	o IDS	discuss this return with the prepare	r chown above? See	inetriotione				□ Vos	<u> </u>		

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

WEIRTON LODGE 688 LOOM	55-0278214
LINE 10: Donations	
LINE 16: Cost of good sold, state association dues, license, permits, and othe taxes	
LINE 24: Inventory	
LINE 26: Unpaid bill	
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