

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, **2009, and ending** April 30, **20** 10

B Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Melbourne Moose Lodge 1406	D Employer identification number 59-0582202
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 121506	E Telephone number 321-720-4415
		City or town, state or country, and ZIP + 4 Melbourne, FL 32912	F Group Exemption Number ▶

• **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: ▶

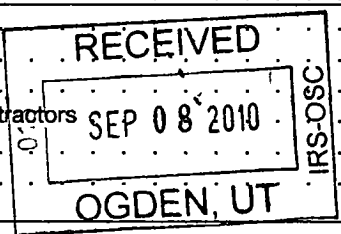
J Tax-exempt status (check only one) – 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	719.00	10	Grants and similar amounts paid (attach schedule)	10	161.00
2	Program service revenue including government fees and contracts	2	278,119.36	11	Benefits paid to or for members	11	0
3	Membership dues and assessments	3	5,431.00	12	Salaries, other compensation, and employee benefits	12	10,327.28
4	Investment income	4	0	13	Professional fees and other payments to independent contractors	13	0
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	40,579.35
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	2,983.98
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ▶)	16	154,392.72
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16 ▶	17	208,444.33
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	26,438.00	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	102,263.13
b	Less: direct expenses other than fundraising expenses	6b		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	365,475.77
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	26,438.00	20	Other changes in net assets or fund balances (attach explanation)	20	(52,929.11)
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	312,546.66
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 ▶)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	310,707.36				



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	18,841.02	22 29,012.55
23	Land and buildings	282,586.76	23 270,930.77
24	Other assets (describe ▶ <u>Inventory for Resale</u>)	7,695.44	24 12,603.34
25	Total assets	309,123.22	25 312,546.66
26	Total liabilities (describe ▶)	56,352.55	26 35,329.93
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	365,475.77	27 312,546.66

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</small>	
What is the organization's primary exempt purpose? <u>Fraternalism</u> 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.			
28 (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 (attach schedule) ▶ <input type="checkbox"/> (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	

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Walter Exell 240 Lakeview Dr, Melbourne FL. 32935	Governor 20 hrs	0	0	0
William Pelisari 1385 Pheasant Run, Rockledge FL. 32955	Administrator 40 hrs	55.00	0	0
Dan Schlum 272 Naylor Dr. Melbourne FL 32904	Jr. Governor 5 hrs	0	0	0
William Mayes 514 Jennifer Cir, Melbourne FL 32904	Treasurer 10 hrs	0	0	0
Rocco Battista 5180 Fredrick Ave, Melbourne FL. 32904	Prelate 10 hrs	0	0	0
John Ragas 1586 Norman St NE. Palm Bay FL. 32907	Jr. Past Gov. 5 hrs	0	0	0
Bob Smith 190 Stephenson Dr Melbourne FL. 32904	Trustee 5 hrs	0	0	0
Homer Gillespie 4303 Gail Blvd. Melbourne FL. 32912	Trustee 5 hrs	0	0	0
Clayton Ruth 641 Benton Dr. Melbourne FL. 32901	Trustee 5 hrs	0	0	0
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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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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	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?		✓
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?		✓
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		✓
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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
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)?	Yes	No
	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.?		✓
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ n/a		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			✓
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	Yes	No
			✓

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**
 - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **47**
 - 49a Did the organization make any transfers to an exempt non-charitable related organization? **48**
 - b If "Yes," was the related organization a section 527 organization? **49a**
 - 49b **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
NONE				

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
NONE		

d Total number of other independent contractors each receiving more than \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, in 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

▶ William Pelisari
Signature of officer

▶ **William Pelisari Administrator**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

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

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