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## 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)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning MAY 1, 2005, and ending APRIL 30, 20 05

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

LOYAL ORDER OF MOOSE, GOSHEN #836

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

388 JOHNSTON ST, PO BOX 476

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

GOSHEN, IN 46527

## D Employer identification number

35 : 0818898

## E Telephone number

( 574 ) 534-2461

F Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

## I Group Exemption Number ▶

## G Website: ▶

J Organization type (check only one) ▶ ☒ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.M Check ▶ ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 248,910.00

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

## 1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a

4420

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ noncash \$ 4420 )

1d

4420.00

## 2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

## 3 Membership dues and assessments

3

7,999.00

## 4 Interest on savings and temporary cash investments

4

32.00

## 5 Dividends and interest from securities

5

## 6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

## 7 Other investment income (describe ▶)

7

## 8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

## 10a Gross sales of inventory, less returns and allowances

10a

316,750.00

b Less: cost of goods sold

10b

80,291.00

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

236,459.00

## 11 Other revenue (from Part VII, line 103)

11

## 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

248,910.00

## 13 Program services (from line 44, column (B))

13

14,261.00

## 14 Management and general (from line 44, column (C))

14

119,081.00

## 15 Fundraising (from line 44, column (D))

15

## 16 Payments to affiliates (attach schedule)

16

## 17 Total expenses (add lines 16 and 44, column (A))

17

133,345.00

## 18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

253,182.00

## 19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

31,834.00

## 20 Other changes in net assets or fund balances (attach explanation)

20

## 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

291,016.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2005)

669

SCANNED MAY 17 2010

MAY 06 2010

**Part II** Statement of  
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25	10,548.00	10,548.00	
26	Other salaries and wages . . . . .	26	38,985.00	38,985.00	
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29	20,167.00	20,167.00	
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	16,641.00	16,641.00	
34	Telephone . . . . .	34			
35	Postage and shipping . . . . .	35			
36	Occupancy . . . . .	36	30,986.00	30,986.00	
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38	1,320.00	1,320.00	
39	Travel . . . . .	39	434.00	434.00	
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule)	42	14,267.00	14,267.00	
43	Other expenses not covered above (itemize):				
a	.....	43a			
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	133,348.00	14,267.00	119,081.00

**Joint Costs.** Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>MOOSEHEART AND MOOSEHEAVEN</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a</b>	<b>MOOSEHEAR CHILD CITY: TO SUPPORT, EDUCATE, TRAIN AND DEVELOPE THE ORPHANS AND ABANIDONED CHILDREN TAKEN TO MOOSEHEART TO LIVE</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		<b>7,067.00</b>
<b>b</b>	<b>MOOSEHEAVEN: A RETIREMENT COMPLEX HOUSING ELDERLY PEOPLE, SUPPLING FOOD, CLOTHING, RECREATION AND MEDICAL SERVICES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		<b>3,200.00</b>
<b>c</b>	<b>LOCAL COMMUNITY SERVICE: WE MONITER THE NEEDS OF OUR LOCAL COMMUNITY. WE RECONIZE THE NEEDS AND THEN TAKE ACTION TO HELP WITH THE COMMUNITIES NEEDS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		<b>4,000.00</b>
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b>	<b>Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services).</b>	<b>14,267.00</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	26,402.00	45	12,222.00
	46 Savings and temporary cash investments . . . . .	5,242.00	46	13,420.00
	47a Accounts receivable . . . . .	47a		
	b Less: allowance for doubtful accounts . . . . .	47b	47c	
	48a Pledges receivable . . . . .	48a		
	b Less: allowance for doubtful accounts . . . . .	48b	48c	
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b	51c	
	52 Inventories for sale or use . . . . .	16,576.00	52	24,742.00
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b 37,122.00	55c	
56 Investments—other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment: basis . . . . .	57a 450,893.00			
b Less: accumulated depreciation (attach schedule) . . . . .	57b 37,122.00	413,771.00	57c	413,771.00
58 Other assets (describe ► . . . . .)		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	461,991.00	59	464,155.00	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		60	
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .	229,414.00	64b	219,604.00
65 Other liabilities (describe ► . . . . .)		65		
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	229,414.00	66	219,604.00	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .		67	
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	37,834.00	72	71,412.00
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 74; column (A) must equal line 19; column (B) must equal line 21) . . . . .	37,834.00	73	71,412.00
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	267,248.00	74	291,016.00

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
MARK ZIMMERMAN 50553 E. INDIANA LAKE RD, BRISTOL, IN 46507	30 ADMINISTRATOR	0	0	0
JOHN REINER 58336 BENEDICT DRIVE, GOSHEN, IN 46528	20 GOVERNOR	0	0	0
MARVIN WILSEY 702 W. CARLTON AVE, ELKHART, IN 46517-1844	10 JR. GOVERNOR	0	0	0
JACK FIELDS 18685 COUNTY ROAD 40	5 PRELATE	0	0	0
ROBERT BARNES 381 ROXBURY PARK, GOSHEN, IN 46526-1745	5 TREASURER	0	0	0
CLIFFORD SMELTZER 817 SOUTH 12TH ST, GOSHEN, IN 46526-4459	5 TRUSTEE 1 YR.	0	0	0
WILLIAM SKAGGS 213 OLIVE STREET, GOSHEN, IN 46528	5 TRUSTEE 2 YR.	0	0	0
JOHN TRUSSELL 219 TANGLEWOOD DR, APT-C, GOSHEN, IN 46526	5 TRUSTEE 3 YR.	0	0	0
MICHAEL HARTZELL 25053 SHEPARD HILL, ELKHART, IN 46517-9106	5 JR. PAST GOVERNOR	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
<b>82b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	✓	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?	✓	
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		✓
<b>85c</b>	Dues, assessments, and similar amounts from members		
<b>85d</b>	Section 162(e) lobbying and political expenditures		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		✓
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86a</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders		
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed ▶		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
<b>91a</b>	The books are in care of ▶ <b>MARK ZIMMERMAN</b> Telephone no. ▶ <b>( 574 ) 534-2461</b> Located at ▶ <b>388 JOHNSTON ST, GOSHEN, IN</b> ZIP + 4 ▶ <b>46528</b>		
<b>91b</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 <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	Yes	No
<b>91c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		✓
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>92</b>		□



**Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .			3	7,999.00	
<b>95</b> Interest on savings and temporary cash investments			14	32.00	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .			9	38,548.00	
<b>102</b> Gross profit or (loss) from sales of inventory				202,331.00	
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				248,910.00	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					

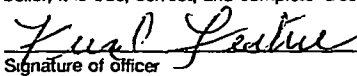
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	UNITING MEMBERS IN THE BOND OF FATHERITY, BENVOLENCE AND CHARITY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	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		Date 12-24-2009	
	Type or print name and title. FRED FISHER ADMINISTRATOR			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ( )	