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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)

2006**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 2006 calendar year, or tax year beginning **May 1**, 2006, and ending **April 30**, 20 **07****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**GOSHEN MOOSE #836 LOYAL ORDER OF MOOSE**

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

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 ▶ **0002****G** Website: ▶**J** Organization type (check only one) ▶ ☒ 501(c) (**8**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶ **927616.00****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds		1a		
b Direct public support (not included on line 1a)		1b		
c Indirect public support (not included on line 1a)		1c		
d Government contributions (grants) (not included on line 1a)		1d		
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)		1e		
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		49892.00
3 Membership dues and assessments		3		12919.00
4 Interest on savings and temporary cash investments		4		157.00
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 ▶)				
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses	8a	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 <input checked="" type="checkbox"/>				
a Gross revenue (not including \$ 578617.00 of contributions reported on line 1b)	9a	578617.00		
b Less: direct expenses other than fundraising expenses	9b	516528.00		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		62089.00
10a Gross sales of inventory, less returns and allowances	10a	297670.00		
b Less: cost of goods sold	10b	125055.00		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		160976.00
11 Other revenue (from Part VII, line 103)		11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		286033.00
13 Program services (from line 44, column (B))		13		54889.00
14 Management and general (from line 44, column (C))		14		102607.00
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		157496.00
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		128537.00
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		37834.00
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		166371.00

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

Cat No 11282Y

Form **990** (2006)

6/10

SCANNED MAY 17 2010

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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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	8319.00	8319.00	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	20100.00	20100.00	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	60237.00	60237.00	
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29	35101.00	35101.00	
30	Professional fundraising fees	30			
31	Accounting fees	31	1100.00	1100.00	
32	Legal fees	32			
33	Supplies	33	5735.00	5735.00	
34	Telephone	34	3580.00	3580.00	
35	Postage and shipping	35	150.00	150.00	
36	Occupancy	36	21420.00	21420.00	
37	Equipment rental and maintenance	37			
38	Printing and publications	38	1320.00	1320.00	
39	Travel	39	434.00	434.00	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	_____	43e			
f	_____	43f			
g	_____	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	157496.00	54889.00	102607.00

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? ►

Program Service Expenses

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

a MOOSE HEART

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

5600.00

b MOOSEHAVEN

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

2399.00

C CHARLES ALEXANDER
INDIANA MOOSE ASSOCIATION

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

320.00

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). ►

8319.00

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
Assets	45 Cash—non-interest-bearing	12222.00	45	31560.00
	46 Savings and temporary cash investments		46	
	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	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use	24742.00	52	16317.00
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis 57a 413771.00			
b Less: accumulated depreciation (attach schedule) 57b		57c	413771.00	
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	464155.00	59	463003.00	
Liabilities	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)	219604.00	64b	207605.00
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	219604.00	66	207605.00
Net Assets or Fund Balances	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	37834.00	72	69014.00
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	37834.00	73	69014.00
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	257428.00	74	276619.00	

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

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

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

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

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 EAST INDIANALAKE RD. BRISTOL IN 4650	ADMIN. 30	39000.00	0	0
JACK SEXTON 18368 CR.42 GOSHEN, IN 46528	JR.GOV 10	0	0	0
TOMMY SILER 1910 CHERYL ST, GOSHEN IN 46526	PAST GOV 10	0	0	0
RON NELSON 205 BLACKPORT DR,GOSHEN IN4526	TREASURER 5	0	0	0
WILLIAM SKAGGS 213 OLIVE ST,GOSHEN IN 46528	1 YEAR TRUSTEE 5	0	0	0
JOHN TRUSSEL 219 TANGLEWOOD DR, APT C, GOSHEN IN 46526	2 YEAR TRUSTEE 5	0	0	0
FRED FISHER 16976 CR.40, GOSHEN IN 46526	3 YEAR TRUSTEE 5	0	0	0
JACK FIELDS 18658 CR 40, GOSHEN IN 46526	PRELATE 5	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 8		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c If "Yes," attach a statement that includes the information described in the instructions.		✓
d Does the organization have a written conflict of interest policy? 75d		✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARK ZIMMERMAN - ADMINISTRATOR				
50553 E. INDIANA LAKE RD, BRISTOL IN 46507				
JOHN REINER - GOVERNOR				
58336 BENEDICT DR, GOSHEN IN 46528				
MARVIN WILSEY - JR. GOVERNOR				
702 W. CARLTON AVE, ELKHART IN 46517				
JACK FIELDS - PRELATE				
18685 CR 40, GOSHEN IN 46526				
ROBERT BARNES - TREASURER				
381 ROXBURY PK, GOSHEN IN 46526				
CLIFFORD SMELTZER - 1 YEAR TRUSTEE				
817 S. 12TH ST, GOSHEN IN 46526				
WILLIAM SKAGGS - 2YEAR TRESTEE				
213 OLIVE ST, GOSHEN IN 46528				
JOHN TRUSSEL - 3 YEAR TRUSTEE				
219 TANGLEWOOD DR, APT C, GOSHEN 46526				
MICHAEL HARTZELL - JR. PAST GOV.				
25053 SHEPHARD HILL, ELKHART IN 46517				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes. 77		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b		✓
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	✓	
b If "Yes," enter the name of the organization ► MOOSE INTERNATIONAL and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . 81a		
b Did the organization file Form 1120-POL for this year? 81b		✓

Part VI Other Information (continued)

		Yes	No
82a	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	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.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		✓
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		✓
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.		✓
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	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?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	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	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. 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	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, 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?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a	List the states with which a copy of this return is filed ▶ INDIANA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	
91a	The books are in care of ▶ GOSHEN MOOSE #836 Telephone no. ▶ (574) 534-2461 Located at ▶ 388 JOHNSTON ST, GOSHEN IN ZIP + 4 ▶ 46528		
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.	91b	Yes No ✓

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ **92**
 and enter the amount of tax-exempt interest received or accrued during the tax year: _____

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	
93 Program service revenue:					
a SPECIAL PROJECTS					49892.00
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			3	12919.00	
95 Interest on savings and temporary cash investments			14	157.00	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			9	62089.00	
102 Gross profit or (loss) from sales of inventory					160976.00
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				75165.00	210868.00
105 Total (add line 104, columns (B), (D), and (E))					286033.00

Note: Line 105 plus line 1e, 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).
1	UNITING MEMBERS IN THE BOND OF FRATERNITY, 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Fred Fisher Date: 4-22-2010

FRED FISHER ADMINISTRATOR 4-22-2010

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

	BINGO	PULL TABS	TIP BOARDS	RAFFLE
Number of events	104	Daily	104	1
Gross Receipts	\$ 41,672.00	\$ 505,222.00	\$ 28,293.00	\$ 3,430.00
Less Contributions	\$ -	\$ -	\$ -	\$ -
Gross Revenue	\$ 41,672.00	\$ 505,222.00	\$ 28,293.00	\$ 3,430.00
Less Direct Expense	\$ 31,899.00	\$ 465,449.00	\$ 16,330.00	\$ 2,850.00
Net Income	\$ 9,773.00	\$ 39,773.00	\$ 11,963.00	\$ 580.00
				\$ 62,089.00

Sch for line 9

Gaming Bingo Sch.

Yearly sales to members

Beer Income	Liquior	Misc	Food
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Totals \$ 173,434.00 \$83,548.00 \$ 23,298.00 \$ 17,390.00

\$ 297,670.00

Sch for line 11

2006 - 2007 Years

[illegible]

2006 - 2007 Mortgage & Loan Schedule

Starting Principal balance	219,604.00
Ending Principal Balance	207,605.00
	Mortgage on Building
	Indiana Community Bank

Sch for line 64 b