

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



06460

• Form

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 2008 Open to Public Inspection

Δ_	For the 200	08 calendar y	ear, or tax year begin	ning 3/0	1/08 , and end	ling 4	/30/0	9			
<u>B</u>	Check if applica		C Name of organization		LODGE NO				DE	mployer ide	ntification number
Ш	Address change	e use IRS label or		LOYAL O	RDER OF MC	OSE					
П	Name change	print or	Doing Business As		<u></u>	_	,		3	<u> 4-429</u>	<u> 2695                                     </u>
Ħ	Initial return	type.	,		elivered to street address)			Room/suite		elephone nur	
$\vdash$		See Specific	1028 WES	T MAIN C	ROSS ST				4	19-42	2-9662 <u> </u>
닏	Termination	Instruc-		or country, and ZIP					<b>G</b> Gros	s receipts \$	651,937
Ц	Amended return	<del></del>	FINDLAY		OH (	<u> 45839-</u>	-0931		4		
	Application per	<sub>nding</sub> F Nam	e and address of princip	oal officer						s this a group re	
										affiliates? Are all affiliates	Yes X No
									Į	ncluded?	Yes No
_	<del></del>	status X	501(c) ( 8 )	4 (incort no.)	40.47(=)(4) ==	527	<del> </del>		<b>∤</b> '	f "No," attach a	list. (see instructions)
÷	Tax-exempt Website:		501(c) ( 8 )	◆ (insert no )	4947(a)(1) or	527			ر ۱۱٫۰۰۰	Croup avamata	n number ▶ 0002
7	Type of organi		rporation Trust	Association C	Other		1,	Year of formation	n(c) (		e of legal domicile
	Part I	Summa		ASSOCIATION 1 C	Julei 🕨			Tear of formason		I WI State	s or legar domicile
	T		the organization's mi	ission or most sig	onificant activities:			<u> </u>		·	<del></del>
•	-	RATERNA	*		grimourit douvidos		•• •••	• • •	•	•••••	
2	1 -				• • • • • • • • • • • • • • • • • • • •	• •		• • • •	• • • • •	•• ••••	•••••
ī.	•	•••				•	• • • • • • • • • • • • • • • • • • • •		• •••		
o ve	2 Che	ck this box	▶ ☐ if the organiz	zation discontinue	ed its operations or o	disposed of	f more than	25% of its asse	ets.		
ڻ معر	3 Num		g members of the go						- 1	3   9	
es	4 Num		endent voting memb		• • •					4 9	
Ϋ́Ε̈́	5 Tota	al number of	employees (Part V,	line 2a)		_				<b>5</b> 26	
2UIU Activities & Governance	6 Tota	al number of	volunteers (estimate	e if necessary)			i			6 25	
7	7a Tota	al gross unre	lated business rever	nue from Part VIII	I, In RECOMMON	ED O	<b>.</b> .		L	7a	
٧	<b>b</b> Net	unrelated bu	isiness taxable incon	ne from Form 99	0-1, line 34	100	1			7b	0
>					AUG 1 6 2	2010	1	Prior Y	<u>ear</u>		Current Year
e L	8 Con		d grants (Part VIII, li		3	. 100	4	7.0	0 6		6E1 006
실률	9 Prog		revenue (Part VIII, I	ine 29) .	·	يقلبيت	:1	12	0,65		651 <b>,</b> 926
٦é	i iu inve				777	1 1-4			7	121	7.1
∷≃	44 Oth				and BODEN.	UT		_		L2	11
<u> </u>	11 Othe	er revenue (l	Part VIII, column (A),	, lines 5, 6d, 8d,	9e, 10c, and 11e)			72			
	11 Othe 12 Tota	er revenue (I al revenue—	Part VIII, column (A), add lines 8 through 1	, lines 5, 6d, 8d, 11 (must equal P	9e, 10c, and 11e) art VIII, column (A),				0,66	59	651,937
	11 Othe 12 Tota 13 Grad	er revenue (l al revenue— nts and simil	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa	, lines 5, 6d, 8d 11 (must equal Pa art IX, column (A)	9e, 10c, and 11e) art VIII, column (A), , lines 1-3)					59	
	11 Othe 12 Tota 13 Gran 14 Ben 15 Sala	er revenue (lal revenue— nts and simil refits paid to	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A) t IX, column (A),	9e, 10crand 11e) art VIII, column (A), , lines 1-3) line 4)	ine 12)		8	0,66	59	651,937 58,700
Ses CANNEL	11 Other 12 Total 13 Grant 14 Ben 15 Sala 16a Prof	er revenue (lal revenue— nts and simil refits paid to aries, other c	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplo	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Pa	9e, 10c and 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line	ine 12)	<u> </u>	8	0,66	59	651,937
penses	16a Prof	er revenue (I  al revenue—  nts and simil  efits paid to  aries, other of  fessional fun	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par	, lines 5, 6d, 8d, 11 (must equal P: ut IX, column (A) t IX, column (A), oyee benefits (Pa K, column (A), lin	9e, 10c 2017e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e)	ine 12)	4	8	0,66	59	651,937 58,700
STANINE Expenses R	16a Prof	er revenue (I  al revenue  nts and simil  efits paid to  aries, other of  fessional fundraising	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplodraising fees (Part I)	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part, column (A), lincolumn (D), line to	9e, 10crano 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e)	ine 12)		21	0,66	59 03 39	651,937 58,700
penses	16a Prof b Tota	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fun al fundraising er expenses	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplodraising fees (Part IX, g expenses (Part IX,	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), to IX, column (A), byee benefits (Part, column (A), line column (D), line 1, lines 11a-11d, 1	9e, 10c and 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) ▶ 11f-24f)	line 12)   es 5–10)		8 21 41 71	0,66 1,40 8,13 8,35 7,89	59 03 39 54	651,937 58,700 184,938 450,933 694,571
Expenses	16a Profa b Tota 17 Othe 18 Tota 19 Rev	er revenue (la revenue— nts and simil refits paid to aries, other of fessional fun al fundraising er expenses al expenses.	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplodraising fees (Part IX, (Part IX, column (A)	, lines 5, 6d, 8d, 11 (must equal P: 11 (must equal Part IX, 11 (must equal P: 11 (m	9e, 10c and 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25)	line 12)   es 5–10)		8 21 41 71	0,66 1,40 8,13 8,35 7,89 2,77	59 03 39 54	651,937 58,700 184,938 450,933 694,571 -42,634
Expenses	16a Profa b Tota 17 Othe 18 Tota 19 Rev	er revenue (la revenue—  nts and simil efits paid to aries, other of fessional fun al fundraising er expenses al expenses. renue less ex	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part Dompensation, emplodraising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses, Subtract lines (Part IX)	, lines 5, 6d, 8d, 11 (must equal P: 11 (must equal Part IX, 11 (must equal P: 11 (m	9e, 10c and 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25)	line 12)   es 5–10)		8 21 41 71 Beginning	0,66 1,40 8,13 8,35 7,85 2,77	59 03 39 54 96	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year
Expenses	16a Profa b Tota 17 Othe 18 Tota 19 Rev	er revenue (la revenue—  nts and simil afits paid to aries, other of fessional fun al fundraising er expenses al expenses. renue less ex	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplodraising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses, Subtract lines 13, line 16)	, lines 5, 6d, 8d, 11 (must equal P: 11 (must equal Part IX, 11 (must equal P: 11 (m	9e, 10c and 11e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25)	line 12)   es 5–10)		8 21 41 71 Beginning 86	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58	59 03 39 54 96 73	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464
penses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota	er revenue (la revenue—  nts and simil aefits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al lassets (Pa al liabilities (l	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, emplo draising fees (Part IX, expenses (Part IX, Clart IX, column (A) Add lines 13-17 (muxpenses, Subtract linert X, line 16)	, lines 5, 6d, 8d, 11 (must equal Pint IX, column (A), to IX, column (A), eyee benefits (Part, column (A), line column (D), line 11, lines 11a-11d, 1 list equal Part IX, te 18 from line 12	9e, 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25)	line 12)   es 5–10)		8 21 41 71 Beginning 86 33	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58 2,05	59 03 39 54 96 73	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al lassets (Pa al liabilities (I assets or fur	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part Darising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses. Subtract lines 1x, line 16)	, lines 5, 6d, 8d, 11 (must equal Pint IX, column (A), to IX, column (A), eyee benefits (Part, column (A), line column (D), line 11, lines 11a-11d, 1 list equal Part IX, te 18 from line 12	9e, 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25)	line 12)   es 5–10)		8 21 41 71 Beginning 86 33	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58	59 03 39 54 96 73	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, employarising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses, Subtract line art X, line 16) Part X, line 26) Ind balances Subtract ind balances Subtract index in Block	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)		8 21 41 71 Beginning 86 33 52	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58 2,05 8,52	59 03 39 54 96 73 33 59	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part Darising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses. Subtract lines 1x, line 16)	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)	ing schedules	8 21 41 71 Beginning 86 33 52	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58 2,05 8,52	59 03 39 54 96 73 33 59	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par compensation, employarising fees (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses, Subtract line art X, line 16) Part X, line 26) Ind balances Subtract ind balances Subtract index in Block	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)	ing schedules	8 21 41 71 Beginning 86 33 52	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58 2,05 8,52	59 03 39 54 96 73 33 59	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
Sets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue nts and simil defits paid to aries, other of fessional fun al fundraising er expenses al expenses. renue less ex al liabilities (I assets or fu  Under pena and better	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par ompensation, emploid draising fees (Part IX, expenses (Part IX, (Part IX, column (A) Add lines 13-17 (mux openses. Subtract lines 13 through the subtract lines of being and balances Subtract re Block	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)	ing schedules	8 21 41 71 Beginning 86 33 52	0,66 1,40 8,13 7,89 2,77 0,58 2,05 8,52 and to the	59 39 54 66 73 33 59 24 we best of my this any known has any known that any known that are the same that are the	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
Sets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	er revenue (I al revenue nts and simil refits paid to aries, other of fessional fun al fundraising er expenses al expenses. renue less ex al liabilities (I assets or fur Signatu Under pena and better	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par ompensation, employers) (Part IX, expenses (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses. Subtract lines of the part X, line 16) and balances Subtract re Block	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)		8 21 41 71 Beginning 86 33 52 s and statements, ormation of which	0,66 1,40 8,13 7,89 2,77 0,58 2,05 8,52 and to the preparer	59 03 39 54 96 73 33 59	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
S   Net Assets or   Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al liabilities (I assets or fur Signatu Under pena and beller	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Par ompensation, emploid draising fees (Part IX, expenses (Part IX, (Part IX, column (A) Add lines 13-17 (mux openses. Subtract lines 13 through the subtract lines of being and balances Subtract re Block	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	9e, 10c 2 a 10 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) 2	line 12)		8 21 41 71 Beginning 86 33 52	0,66 1,40 8,13 7,89 2,77 0,58 2,05 8,52 and to the preparer	59 39 54 66 73 33 59 24 we best of my this any known has any known that any known that are the same that are the	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890
H C   Net Assets or   Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net 22 Net	er revenue (I al revenue— nts and simil defits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al liabilities (I assets or fur Signatu Under pena and better Signatu Type o	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part IX) of expenses (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses. Subtract lines to the part X, line 16) and balances Subtract lines to the property of the part X, line 26) and balances Subtract lines of officer of officer M ZIEGLER	, lines 5, 6d, 8d, 11 (must equal Part IX, column (A), t IX, column (A), byee benefits (Part X, column (A), line column (D), line 11, lines 11a-11d, 1 ust equal Part IX, le 18 from line 12	ge, 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) e 20  ded this return, including of preparer (other than	dine 12)es 5–10) accompanyiofficer) is ba		8 21 41 71 Beginning 86 33 52 s and statements, ormation of which	0,66 1,40 8,13 8,35 7,89 2,77 of Year 0,58 2,05 8,52 and to the preparer	59 39 54 96 73 33 59 24 Prepi	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890 knowledge wyledge wyledge
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu  Under pena and botter Type o  Preparer's signature	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part IX) of expenses (Part IX, (Part IX, column (A) Add lines 13-17 (muxpenses. Subtract lines to the part X, line 16) and balances Subtract lines to the property of the part X, line 26) and balances Subtract lines of officer of officer M ZIEGLER	, lines 5, 6d, 8d, 11 (must equal Pint IX, column (A), to IX, column (A), oyee benefits (Parx, column (D), line column (D), line 11 (D), lines 11 (D), lines 11 (D), lines 12 (D), lines 12 (D), lines 12 (D), lines 13 (D), lines 14 (D), lines 15 (D), lines 16 (D), lines 17 (D), lines 18 (D), lines 19 (D), lines	ge, 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) e 20  ded this return, including of preparer (other than	line 12)	ADMIN	8 21 41 71 Beginning 8 6 33 52 s and statements, ormation of which	0,66 1,40 8,13 7,85 2,77 of Year 0,58 2,05 8,52	59 39 54 66 73 33 59 24 Prepi (see	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890 knowledge wledge wledge verifications
TO THE PROPERTY OF THE PROPERT	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu Under pena and better Type o Preparer's signature	Part VIII, column (A), add lines 8 through 1 ar amounts paid (Part or for members (Part or for members (Part IX), compensation, employers (Part IX, column (A)), add lines 13-17 (muxpenses, Subtract lines (Part X, line 16), and balances Subtract (Part X, line 26), and balances Subtract (Part X, line 26), and balances Subtract (Part X, line 26), and column (Part X,	, lines 5, 6d, 8d, 11 (must equal Pint IX, column (A), to IX, column (A), lines (Column (D), lines (D), lines 11a-11d, 1 list equal Part IX, the 18 from line 12 that I have examinate that I have exa	ec. 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) ee 20	es 5–10)	ADMIN Date	8 21 41 71 Beginning 86 33 52 s and statements, ormation of which	0,66 1,40 8,13 7,89 2,77 of Year 0,58 2,05 8,52 and to the preparer	59 39 54 66 73 33 59 24 Preparation of my known of the control of my known of the control of the contro	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890 knowledge wledge
TO THE PROPERTY OF THE PROPERT	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu Under pena and botter Signatu From's signature Firm's name	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Part or for members (Part IX) of expenses (Part IX), (Part IX, column (A) Add lines 13-17 (mux openses. Subtract line at X, line 16) Part X, line 16) Part X, line 26) Ind balances Subtract line block Interest of officer Int	ines 5, 6d, 8d, 11 (must equal Part IX, column (A), to IX, column (A), lines	ec. 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) ee 20  ded this return, including of preparer (other than	accompany officer) is ba	ADMIN	8 21 41 71 Beginning 8 6 33 52 s and statements, ormation of which	0,66 1,40 8,13 7,89 2,77 0,58 2,05 8,52 and to the preparer	59 39 54 66 73 33 59 24 Le best of my r has any known of the second of the se	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890 knowledge wledge wledge verifications
TO THE PROPERTY OF THE PROPERT	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses al expenses. renue less ex al assets (Pa al liabilities (I assets or fur Signatu Under pena and better Type o Preparer's signature	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part IX) of expenses (Part IX), (Part IX, column (A) Add lines 13-17 (mux openses. Subtract lines of officer of officer of officer	Innes 5, 6d, 8d, 11 (must equal Part IX, column (A), to IX, column (A), lines	ec. 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) ee 20  ded this return, including of preparer (other than	accompany officer) is ba	ADMIN	8 21 41 71 Beginning 8 6 33 52 s and statements, ormation of which	0,66 1,40 8,13 8,35 7,83 2,77 0,58 2,05 8,52 and to the preparer	59 39 39 54 96 73 33 33 59 24 Prepi(see PC) 1 → 3	651,937 58,700  184,938  450,933 694,571 -42,634 End of Year 845,464 359,574 485,890  knowledge widedge widedg
Net Assets or Expenses	16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net Part II gn ere	er revenue (I al revenue— nts and simil refits paid to aries, other of fessional fundraising er expenses. al expenses. al assets (Pa al liabilities (I assets or fur Signatu  Under pena and botter  Type o  Preparer's signature  Firm's name if self-emplo address, an	Part VIII, column (A), add lines 8 through 1 lar amounts paid (Pa or for members (Part IX) of expenses (Part IX), (Part IX, column (A) Add lines 13-17 (mux openses. Subtract lines of officer of officer of officer	Innes 5, 6d, 8d, 11 (must equal Part IX, column (A), to IX, column (A), lines	ee, 10c and 17e) art VIII, column (A), , lines 1-3) line 4) rt IX, column (A), line e 11e) 25) 11f-24f) column (A), line 25) ee 20 eed this return, including of preparer (other than the column of preparer (other than the column of preparer (other than	accompany officer) is ba	ADMIN	8 21 41 71 Beginning 8 6 33 52 s and statements, ormation of which	0,66 1,40 8,13 8,35 7,83 2,77 0,58 2,05 8,52 and to the preparer	59 39 39 54 96 73 33 33 59 24 Prepi(see PC) 1 → 3	651,937 58,700 184,938 450,933 694,571 -42,634 End of Year 845,464 359,574 485,890 knowledge wledge

DAA

Form 990 (2008) FINDLAY LODGE NO 698	34-4292695 Page
Part III Statement of Program Service Accomplishments	s (see instructions)
1 Briefly describe the organization's mission:	
FRATERNALISM	
2 Did the organization undertake any significant program services during the	
the prior Form 990 or 990-EZ?	Yes 🔀 No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how	
services?	Yes 🔀 No
If "Yes," describe these changes on Schedule O.	three largest program convece by evenence
4 Describe the exempt purpose achievements for each of the organization's Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts	
allocations to others, the total expenses, and revenue, if any, for each program $(x,y)$	
allocations to others, the total expenses, and revenue, if any, for each prog	granii Service reported.
4a (Code: ) (Expenses \$ 694,571 including gran	nts of \$ 58,700 ) (Revenue \$
THE LODGE UNITES ITS MEMBERS IN THE BO	
	COMPLISHED THROUGH A
YEAR ROUND SCHEDULE OF SOCIAL AND RECI	
FOR MEMBERS AND THEIR FAMILIES. THE ES	
MEMBERS IS 1,323.	
4b (Code: ) (Expenses \$ including gran	nts of \$
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
4c (Code: ) (Expenses \$ including gran	nts of \$ ) (Revenue \$
TO (COOC). / (Experience of moduling grain	, (ποτοίωο ψ
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$	) (Revenue \$
	st equal Part IX, Line 25, column (B) )

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 is the organization required to complete Schedule B, Schedule of Contributors? 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 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I. 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. X 24a <u>2</u>4b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

<u>P</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			ĺ
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			ĺ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ĺ
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"		:	1
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			1
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	_		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	VI	37		X

<u>Pa</u>	ert V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
	U.S. Information Returns. Enter -0- if not applicable	1a	_1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	е			
	gaming (gambling) winnings to prize winners?	,		1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ļ				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthon	ty	l		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancıal				
	account)?			4a		X
b	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 B	Bank				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than		_		3.7
	\$75?	•		7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• •		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		l _		3.7
	required to file Form 8282?	٠ ١	•• • • •	7c		X,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	ersona	ll .			•
	benefit contract?		•	7e 7f		<u>X</u>
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			_	-	$\frac{\Lambda}{X}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			7g		
h	required?	as		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	 ion		<b>'''</b>		
Ü	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon-					
	organization, have excess business holdings at any time during the year?	Joining		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	• •		ľ		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter:	•			<b></b>	<del></del>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:	1	······································	1		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-	1		
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	and a contract of the contract	12b	•			

B) FINDLAY LODGE NO 698 34-4292695 F

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct	İ		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ_	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
ь	Other officers or key employees of the organization?	15b		X
_	Describe the process in Schedule O. (see instructions)			
16a				
	with a taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	ľ	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed OH			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	•		
18				
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
00	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ► TOM ZIEGLER 1028 W MAIN CROSS ST	4.0	2 ^	c c c
F	INDLAY OH 45840 419	-42	<u> 2-9</u>	<u>662</u>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

		ensate T	e an			direc	ctor,	trustee, or key employee.		
(A) Name and Title	(B) Average	Posi	ition (	)) checl	C) call t	hat a	(ylgc	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK STEWARI	3	Х						0	0	0
STEVEN SCOTT TRUSTEE	3	Х						. 0	0	0
MIKE POLLACE ADMINSTRATOR	40			Х				12,200	0	0
RANDY CRISLI GOVERNOR	P 8			Х				0	0	C
LARRY MILLS JR GOVERNOR	2			X				0	0	C
LARRY HAZELT	4	_		Х				0	0	C
GARY JACKSON PRELATE	2	1		Х		_		0	0	C
BUD RUCKER PRELATE MIKE AGAN	2		_	Х				0	0	C
TREASURER	2	_	_	Х				0	0	C
		-				_				
	<del></del>			_						
		-		_						
		-		_						
		_							· · · · · · · · · · · · · · · · · · ·	
•										

(A) Name and title	(B) Average	Posi	tion (		C) k all t	hat a	pply	(D) Reportable	(E) Reportable		(F) Estima		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compensation from related organizations (W-2/1099-MISC)	co	amour othe ompens from s organiz and rel rganiza	nt of er sation the ation lated	
•••											-		
•													
·													
						<u> </u>							
1b Total .							<b>•</b>	12,200					
2 Total number of ind organization ▶ 0	lividuals (including those in	1a)	who	rece	eived	mor	re th	an \$100,000 in reportable o	compensation from the				
employee on line 1a 4 For any individual lithe organization and individual 5 Did any person liste	a? If "Yes," complete Sche sted on line 1a, is the sum d related organizations gre	dule of re ater crue	J for eport than com	r suc able \$15 pens	h ind com 0,00	dividi npen: 10? If n froi	ual satio "Ye m ai	oyee, or highest compensation and other compensation es," complete Schedule J for the compensation for such person	from r such		3 4 5	Yes	X X X
Section B. Independent	t Contractors								· · · · · · · · · · · · · · · · · · ·				
Complete this table compensation from	the organization.	ensa	ated	inde	pend	dent (	cont	tractors that received more				· (0)	
	(A) Name and business address							Descrip	(B) ton of services		Co	(C) mpensa	tion
		-	-										
	lependent contractors (inclining the organization	udınç	g tho	se ır	1 1) v	who i	rece	eived more than \$100,000 ir	1		0		(2008)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pa	rt VI	I Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns 1a		revenue		312, 313, 0r 314
un da		Membership dues 1b				
PE		Fundraising events 1c				
aria		Related organizations 1d				
S,E		Government grants (contributions) 1e				
is is	_	All other contributions, gifts, grants,				
혈	•	and similar amounts not included above				
들을	а	Noncash contributions included in lines 1a-1f \$				
Se		Total. Add lines 1a–1f				
Program Service Revenue Contributions, gifts, grants		Busn. Code				
ven	2a	PROGRAM SERVICE REVENUE	633,030	633,030	_	
Se l	b	MEMBERSHIP DUES	18,896	18,896		
Vi CE	С					
Ser	d					
E,	8					
<u>S</u>		All other program service revenue		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
-		Total. Add lines 2a–2f ▶	651,926	<u> </u>	<u></u>	<u> </u>
	3	Investment income (including dividends, interest, and				
		other similar amounts)	11			11
	4	Income from investment of tax-exempt bond proceeds		<del></del>		
	5	Royalties (i) Real (ii) Personal				
	<b>6</b> -					
	6a	Gross Rents				
	b	Less rental exps  Rental inc or (loss)				
	d	Net rental income or (loss)		İ		
		Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less cost or other				
		basis & sales exps				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events				
E E		(not including \$				
Ver		of contributions reported on line 1c)				
8		See Part IV, line 18 a				
Other Revenu		Less: direct expenses b				
Ò		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less direct expenses b  Net income or (loss) from gaming activities			<del></del>	
		Gross sales of inventory, less				
	IVa	returns and allowances a				
	h	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busn. Code	77.		. ,	
	11a					
	b					_
	С					
	d	All other revenue				
	0	Total. Add lines 11a–11d				
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,			<del></del>	
		9c, 10c, and 11e .	651,937	651,926	0	11

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must c	(A)	(B)	(C)	(D).
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	57,950	57,950		
•	organizations in the U.S. See Part IV, line 21	31,330	31,330		
2	Grants and other assistance to individuals in	750	750		
_	the U.S. See Part IV, line 22	730	730		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16		<del> </del>	······································	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	12 200	12 200		
_	trustees, and key employees	12,200	12,200		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	145 220	145 220		
7	Other salaries and wages	145,330	145,330		
8	Pension plan contributions (include section 401(k)	ļ			
_	and section 403(b) employer contributions)	12 100	12 100		
9	Other employee benefits	12,199	12,199 15,209		
10	Payroll taxes	15,209	15,209		<u> </u>
11	Fees for services (non-employees):				
a	Management				
b	Legal	2,670	2 670		<del></del>
C	Accounting	2,0/0	2,670		
d	Lobbying				
9	Professional fundraising services See Part IV, line 17	-			
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,303	3,303		
13	Office expenses	3,303	3,303		
14	Information technology	+	- +		
15 16	Royalties	41,356	41,356		<del></del>
17	Travel	41,330	41,000	·	
18	Payments of travel or entertainment expenses		.,		-
10	for any federal, state, or local public officials				
19					
20	Interest	32,194	32,194		
21	Payments to affiliates	<u> </u>	<u> </u>		
22	Depreciation, depletion, and amortization	- 1	+		-
23	Insurance	928	928		
		220			
24	Other expenses. Itemize expenses not				
7	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	COST OF FOOD & BEVERAGE	201,110	201,110		<u></u>
b	GAMING CONTRIBUTIONS	64,779	64,779		
C	GAMING SUPPLIES	25,764	25,764		<del></del>
d	COMMITTEE EXPENSES	25,720	25,720	<del>" " " " " " " " " " " " " " " " " " " </del>	<del></del>
e	LODGE SUPPLIES	12,273	12,273		
f	All other expenses	40,836	40,836	<u></u>	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	694,571	694,571		<del></del>
26	Joint Costs. Check here if following	- 001,011	<u> </u>	<del></del>	<del></del>
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs			İ	
	from a combined educational campaign and fundraising solicitation			İ	
DAA	tunaraising concitation .				Form <b>990</b> (2008

<u> P</u>	art )	Representation Balance Sheet					
	•	•	(A) Beginning of year			(B) of year	
	1	Cash—non-interest bearing	30,837	1			695
	2	Savings and temporary cash investments	5,671	2			250
	3	Pledges and grants receivable, net		3			
	4	Accounts recovering not	,	4			
	5	Receivables from current and former officers, directors, trustees, key					
	•	employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schodulo I		6			
S	7	Notes and loans receivable, net	-	7			
šėt	8		11,394	8		5.	530
Assets	9	Inventones for sale or use Prepaid expenses and deferred charges	11/051	9			
•	10a		8.9				
		Less: accumulated depreciation. Complete	<u> </u>				
	"	Part VI of Schedule D	811,296	100		810,	989
	11	Investments publicly traded cocurties	011/230	11		<u> </u>	<u> </u>
	12	Investments, other securities, See Part IV, Inc. 11		12			
	13	Investments—program-related. See Part IV, line 11		13			
	14			14			
	15	Intangible assets	1,385	15	-		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	860,583			845,	464
	17	Accounts payable and accrued expenses	2,631	17			677
	18	Create psychia	2,031	18		<u> </u>	011
	19	Deferred severe	-	19			
	20			20			
Ś	21	Tax-exempt bond liabilities  Escrow account liability Complete Part IV of Schedule D		21			
ij	22	Payables to current and former officers, directors, trustees, key					
Liabilities	122	employees, highest compensated employees, and disqualified					
<u>.e</u>		persons. Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated third parties	329,428			352,	897
	24		323/120	24		<u> </u>	<del>0 <i>5</i> </del>
	25	Other habilities, Complete Bort V of Schoolule D	•	25			
	26	Total liabilities. Add lines 17 through 25	332,059			359,	574
<u></u>	20	Organizations that follow SFAS 117, check here ▶ X and	332,033	20		<u> </u>	<u> </u>
nces		complete lines 27 through 29, and lines 33 and 34.					
an	27	Unrestricted net assets	528,524	27		485,	890
32	28	Temporanly restricted net assets	3207321	28	<del>-</del>	1001	<u> </u>
핕	29	Permanently restricted net assets		29		-	
or Fund Balar		Organizations that do not follow SFAS 117, check here ▶					
Ľ		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	<b>i</b>	30			
et	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31			
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ä,	33	Total net assets or fund balances	528,524	33	•	485,	890
Net	34	Total liabilities and net assets/fund balances	860,583			845,	
	art :						
		· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Ac	counting method used to prepare the Form 990: X Cash Accrual	Other			T	
2		ere the organization's financial statements compiled or reviewed by an independent acc	countant?		2		X
		ere the organization's financial statements audited by an independent accountant?			21		Х
		"Yes" to lines 2a or 2b, does the organization have a committee that assumes responsil	bility for oversight of				
		ne audit, review, or compilation of its financial statements and selection of an independe	•		20	;	<u> </u>
3		s a result of a federal award, was the organization required to undergo an audit or audits	•••	•	.		
		e Single Audit Act and OMB Circular A-133?			38	<u>.</u>	
_ {		"Yes," did the organization undergo the required audit or audits?	· · · · · · · · · · · · · · · · · · ·		31		
	_						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

Open to Public Inspection

	of the organization		Employer Identification number
	INDLAY LODGE NO 698		24 400000
	OYAL ORDER OF MOOSE		34-4292695
Pa	organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	Accounts. Complete if
	the organization answered "Yes" to Form 990,		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exc		L Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in		
	used only for chantable purposes and not for the benefit of the donor of	or donor advisor or other	п., п.,
	impermissible private benefit?		Yes No
_Pa	art II Conservation Easements. Complete if the org		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	
	Protection of natural habitat	☐ Preservation of certified historic	structure
	Preservation of open space		
2	Complete lines 2a–2d if the organization held a qualified conservation	contribution in the form of a conservation	easement
	on the last day of the tax year.		
	,		Held at the End of the Year
а			. 2a
b			2b
С	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included in (c) acquired after 8/17.		2d
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	ition during
	the taxable year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, violations, and	П., П.,
	enforcement of the conservation easements it holds?		L Yes L No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforci	_	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	п., п.,
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	lescribes
_	the organization's accounting for conservation easements  art III Organizations Maintaining Collections of Art,	Historical Tracquires or Other	Similar Acada
P	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar Assets.
	Complete if the organization unswered Tes a	5 1 Gilli 666, 1 dit 1 v , iii 6 G.	
4.	If the association planted as permitted under CEAC 116, not to conce	tup its revenue statement and balance sh	oot works of
та	If the organization elected, as permitted under SFAS 116, not to repor art, historical treasures, or other similar assets held for public exhibition		
	provide, in Part XIV, the text of the footnote to its financial statements		public service,
	provide, in Part XIV, the text of the loodilote to its infancial statements	that describes triese items.	
h	If the organization elected, as permitted under SFAS 116, to report in	its revenue statement and halance sheet	works of art
b	historical treasures, or other similar assets held for public exhibition, e		
	provide the following amounts relating to these items.	eacadon, or research in futurerance of pu	DIIO 001 1100,
	•		<b>&gt;</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	r other similar assets for financial coin as	
2	If the organization received or held works of art, historical treasures, o		OAIGE (IIE
	following amounts required to be reported under SFAS 116 relating to	u 1535 (1511)3.	<b>•</b> \$
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		. • •

<u>Sche</u>	<u>dule D (Form 990) 2008 — ЕТNDLAY — L</u>				292695	Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Othe	er Similar Ass	ets (continued)
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a	significant use of	its collection	
а	Public exhibition	d Loan o	r exchange progran	ns		
b	Scholarly research	e Other				
c	Preservation for future generations	о <u>—</u> со.				-
4	Provide a description of the organization's co	llections and explain how t	hey further the orga	nization's exempt	purpose in	
5	During the year, did the organization solicit or	r receive donations of art, I	nistorical treasures,	or other similar		п., п.,
	assets to be sold to raise funds rather than to					Yes No
Pa	Trust, Escrow and Custod Part IV, line 9, or reported a				erea res lo	Form 990,
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	r contributions or ot	ner assets not		
	included on Form 990, Part X?					∐ Yes
b	If "Yes," explain the arrangement in Part XIV	and complete the following	table:			
	,					Amount
c	Beginning balance				1c	
	Additions during the year		••		1d	
u					1e	
	Distributions during the year			• •	1f	<del></del>
f	Ending balance			•	. [17]	
	Did the organization include an amount on Fo					∐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV		<del></del>			
Pa	art V Endowment Funds. Comp		nswered "Yes"	to Form 990, F	Part IV, line 10	).
		(a) Current year	(b) Pnor year	(c) Two years back	k (d) Three years	back (e) Four years back
1a	Beginning of year balance					
	Contributions	<del></del>	···			
	Investment earnings or losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs				_	
f	Administrative expenses					
g				L		
2	Provide the estimated percentage of the year	r end balance held as:				
а	Board designated or quasi-endowment > _	%				
b	Permanent endowment ▶ %					
	Term endowment ▶ %					
	Are there endowment funds not in the posse	ssion of the organization th	at are held and adn	ninistered for the		
-	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations		•	•••		3a(ii)
	•		odulo B2		• • • • • • • • • • • • • • • • • • • •	3b
D	If "Yes" to 3a(II), are the related organization:					
4	Describe in Part XIV the intended uses of the			0 Dad V II-a	40	
<u>Pa</u>	art VI Investments—Land, Build					
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1 ''	Depreciation	(d) Book value
		(investment)	basis (other			<u> </u>
1a	Land			,000		65,000
b	Buildings		635	,038		635,038
	: Leasehold improvements					
	Equipment		110	,951		110,951
	Other		+	,		
	II. Add lines 1a-1e. (Column (d) should equal I	Form 990, Part X, column (	B), line 10(c).)	<u> </u>	•	810,989

Schedule D (Form 990) 2008 FINDLAY LODGE NO 69		34-4292695	Page Page
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of va	luation.
(including name of security)		Cost or end-of-year r	market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		<u> </u>	
	_		-
	_		
	_		<del>-</del> ·
	_		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	<b>•</b>		
Part VIII Investments—Program Related. See Form		<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of va	uluation:
(-)	(1)	Cost or end-of-year r	
		-	
		-	-
	_	<del></del>	
	· <del>-</del> ·		
<del></del>			
			· -
· · · · · · · · · · · · · · · · · · ·	-	<del>                                     </del>	
			·
· · · · · · · · · · · · · · · · · · ·	· · ·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	<b>•</b>		······
Part IX Other Assets. See Form 990, Part X, line 1		<u> </u>	
(a) Description		<u> </u>	(b) Book value
			<b>(,</b>
	<del></del>		
		· †-	
		-	
			<del> </del>
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, lin	e 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
		1	
		1	
		1	
		1	
		1	
		•	
	<del></del>	1	
	<del></del>	1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	1	
In Part XIV, provide the text of the footnote to the organization's financia		ganization's liability for	

uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008 FINDLAY LODGE NO 698	34-42926	95	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn	<u></u>
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIV)	2d	_	
9	Add lines 2a through 2d		2е	_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV)	4b	_	
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	4	
С	Losses reported on Form 990, Part IX, line 25	_2c	-	
d	Other (Describe in Part XIV)	2d	-	
8	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 _ 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIV)	4b	-  .	
	Add lines 4a and 4b		4c	<del> </del>
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
	At XIV Supplemental Information	and the part of the same	<del></del>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li			
and	2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b.		
_		<del></del>	·	<del>-</del>
			·	_
_		<del>-</del>		
_		<b></b>		_ <b></b>
_				
_		<b></b>	<b></b>	<b></b>
_		<b></b>		<del></del> -

Schedule D (F	om 990)	2008	FI	NDL	<u>AY</u> _	LOI	OGE	NC	6 (	98							3	4 – 4	292	269	95				Pa	ge <b>5</b>
Schedule D (F Part XIV	Supp	leme	ntal Ir	nform	natio	n (cc	ontinu	ed)			-															
						_			_	_			_	_				_			-	_	_	_	 	
						_			_	_			_	_	_			_				_	_	_	 	
						_			_	_			-	-	_			_			-	_	-	_	 	
						_			_	_		- –	_	-	_			_			- –	_	-	_	 	- –
						_			_	_			_	_	_			_			-	_	_	_	 	
						_			_	_			_	_	_			_	<del>-</del> -			_	_	_	 	
						_			_	_		- –	_	_	_			_			. —	_	_	_	 	- –
						_			_	_			_	_	_	_		_				_	_	_	 	
						_			_	_			_	_	_			_			-	_	_	_	 	
						_			_	_			_	_	_			_			_	_		_	 	
						_			_				_	_	_			_				_	_	_	 	
						_			_	_			_	_	_			_		_		_	_		 _	
																						_				_
						_			_				_		_			_			_	_	_	_		_
						_			_	_			_	_	_			_			-	_	_	_	 	
						_			_				_	_	_			_			-	_	_	_	 	-
						_			_	_			_	_	_			_			-	_	_	_	 	-
						_			_	_				-	-			_			-	_	-	-	 	• –
<del>-</del>						_			_	_			_	_	_			_			-	_	_	_	 	
						-			_	_		- –	_	_	_			_			· –	_	_	_	 	
						_	<del>-</del> -		_	_		- –	_	_	-			_				_	-	_	 	_
						_			_	_			_	_	_						· —	_	_		 	-
						_			_	_			_	_	_			_				_	_		 	
						_			_				_	_	_			_			_	_	_		 	
						_			_	_			_	_	_			_				_			 	
						_			_	_			_	_				_			_	_	_	_	 	
<b>_</b>		_	_		_	_		_	_					_				_			_	_	_		 	
	_	_	_		_	_		_		_	_	_														
		_				_			_	_			_	_	_			_			_	-	_			_
						_			_	_			_	_	_			_			_	_	_	_	 	-

Š Open to Public Inspection OMB No 1545-0047 2008  $\boxtimes$ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on ...... .... .... **Employer identification number** non-cash assistance (g) Description of 34-4292695 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance assistance other) ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. assistance ► Attach to Form 990. 38,629 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? FINDLAY LODGE NO 698 LOYAL ORDER OF MOOSE IL 60539-1173 (a) Name and address of organization or government MOOSE CHARITIES 155 S INTRNL DR Department of the Treasury Internal Revenue Service Name of the organization MOOSEHEART SCHEDULEI (Form 990) Part II Part

Schedule I (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 DAA

Enter total number of other organizations

Schedule I (Form 990) 2008

Page 2	(f) Description of non-cash assistance						:		:	:			
34-4292695 United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	on-cash as						:	:		:		:	•
art IV,	otion of no					mation			:	•	:	:	:
1 990, F	f) Descrip					al infor	:		:	:			
on Form	<u> </u>	-		_	 	additior			:			:	:
"Yes" (	aluation (	isal, oule				/ other							
swered	(e) Method of valuation (book,	IIV, appia				and an			•		:	:	
ation an	(e) Me	Ĺ				Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	:		:	•	:		
5 organiza	nt of	Stance				n Part I,				•		:	:
34-4292695 symplete if the organical	(d) Amount of	HON-CASH ASSISTANCE				quired i	:	:	:				:
34-43						ation re	:		:	:			:
ates. C	(c) Amount of	diant				inform	•			:			:
nited St	needed. (c) Am	cash grant				vide the	:				:	:	
n the U						t to pro			:	:			
698 Iduals i	ditional space (b) Number of	recipients	1			this par	:		:	:			
NO NO Indivi	additio	9				mplete	:			<u>:</u>		·	:
n 990) 2008 FINDLAY LODGE NO 698 Grants and Other Assistance to Individuals in the	Use Schedule I-1 (Form 990) if additional space is Type of grant or assistance (b) Number of					ion. Co	•		:	•	:	:	· :
OLAY er Assis	I (Form tance					format	•		:				
FINI othe	Use Schedule I-1 (Fo (a) Type of grant or assistance					ental In				•	:		•
990) 2008 rants al	se Sche pe of grar					npplem						•	
1 (Form 9	(a) Tyr												:
Schedule I (Form 990) 2008 FINDLAY LODGE NO 698 Part III Grants and Other Assistance to Individual						Part IV	:	•					

Page 2

06460

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

FINDLAY LODGE NO Name of the organization Employer identification number LOYAL ORDER OF MOOSE 34-4292695 FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE RETURNS IS PRESENTED AT THE BOARD MEETING FOLLOWING THE COMPLETION OF THE RETURN AND BEFORE FILING BY THE ADMINISTRATOR AT THAT TIME.

FINDLAY LODGE NO 698 LOYAL ORDER OF MOOSE  FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION  Name of lender  Relationship to disqualified pe	2008 Identification Number
For calendar year 2008, or tax year beginning 5/01/08 and ending 4/30/09  Name FINDLAY LODGE NO 698 LOYAL ORDER OF MOOSE 34-42  FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION  Name of lender Relationship to disqualified per	Identification Number
FINDLAY LODGE NO 698 LOYAL ORDER OF MOOSE  FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION  Name of lender  Relationship to disqualified pe	Identification Number
FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION  Name of lender Relationship to disqualified per	92695
FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION  Name of lender Relationship to disqualified per	92695
Name of lender Relationship to disqualified pe	
	rson
(1) FIRST FEDERAL	
(2) SMALL BUSINESS ADMINISTRATION	
(3)	
(4) (5)	<del></del> -
(6)	
(7)	
(8)	
(9)	
(10)	·····
Onginal amount Matunty borrowed Date of loan date Repayment terms	Interest rate
(1) 457,000 1/29/02 2/01/12 \$3914.70 MTHLY PRN & IN	
(2) 10,000 10/28/07 5/28/09 \$697 MONTHLY PRIN & INT	4.000
(3)	
(4)	
(5) (6)	
(7)	
(8)	
(9)	
(10)	
Security provided by borrower Purpose of loan	
Security provided by borrower Purpose of loan  (1) LODGE LODGE CONSTRUCTION/RENOV.	ATTON
(2) FLOOD REPAIRS	
(3)	
(4)	
(5)	
(6) (7)	
(8)	
(9)	
(10)	
Balance due at Consideration furnished by lender beginning of year	Balance due at end of year
(1) CASH 320,621	305,249
(2) CASH 8,807	47,648
(3)	·- ·-
(4) (5)	
(6)	
(7)	
(8)	<del></del>
(9) (10)	
Totals 329, 428	352,897