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Form 990

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 20 10 APRIL 30 MAY 1 2009, and ending For the 2009 calendar year, or tax year beginning C Name of organization LOYAL ORDER OF MOOSE #501 INC D Employer identification number B Check if applicable use IRS label or 0382860 Doing Business As Address change Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Name change type See 422-6776 3009 S MAIN ST (513) Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc **MIDDLETOWN, OH 45044-7418** G Gross receipts \$ 1808543.65 Amended return F Name and address of principal officer JERRY L GABBARD H(a) Is this a group return for affiliates? Yes Application pending 2212 PEARL ST MIDDLETOWN, OH 45044 H(b) Are all affiliates included? ☐ Yes ✓ No **7** 501(c) ( **8** )**◄** (insert no.) 4947(a)(1) or If "No." attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ 1923 M State of legal domicile. OH L Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities: THIS LODGE UNITES IN THE BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED THROUGH A YEAR-ROUND SCHEDULE Governance OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a). Activities & 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 41 5 Total number of employees (Part V, line 2a) 6 50 6 Total number of volunteers (estimate if necessary) -0-7a 7a Total gross unrelated business revenue from Part VIII. column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. -0-**Prior Year** Current Year 118096.00 13291.50 Contributions and grants (Part VIII, 141855.00 1690447.65 -0--0-10 Other revenue (Part VIII, column (A) Pres 5, 6d, 8c, 9c, 10c, and 11e) 902740.00 -0-Total revenue radd Imes (hthrough 11 (must equal Part VIII, column (A), line 12) 1808543.65 12 1057886.50 87649.83 102004.96 amounts paid (Part IX, column (A), lines 1-3) . 13 -0--0-14 Benefits paid to or for members (Part IX, column (A), line 4) 539430.54 531397.57 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 436302.23 1141462.69 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1774865.22 1063382.60 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). (5496.10)33678.43 Revenue less expenses. Subtract line 18 from line 12 2 8 Beginning of Current Year **End of Year** 2610588.95 2599212.66 20 Total assets (Part X, line 16) . 1131938.59 1076576.34 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 1478650.36 1522636.32 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge rect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature Here Gabbard Type or print name and title Check if Preparer's identifying number Preparer's signature employed ▶ \_\_ Paid Preparer's Firm's name (or yours EIN • **Use Only** if self-employed), address, and ZIP + 4 Phone no ► ( No Yes

Par	t III Statement of Program Service Accomplishments						
1	Briefly describe the organization's mission.  THE LODGE UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY. THIS IS						
	ACCOMPLISHED THROUGH A YEAR-ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR						
	MEMBERS AND THEIR FAMILIES ESTIMATED TO NUMBER 8580						
2	Did the organization undertake any significant program services during the year which were not listed on						
	the prior Form 990 or 990-EZ?						
_	If "Yes," describe these new services on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?						
	If "Yes," describe these changes on Schedule O.						
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.						
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported						
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)						
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)						
	<del></del>						
4c	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)						
4d	Other program services. (Describe in Schedule O.)						
40	(Expenses \$ including grants of \$ ) (Revenue \$ )						

Par	t V Checklist of Required Schedules	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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	4		
5	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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	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," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			_
13 142	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
14a b				<u> </u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
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		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ▼

Pai	t V Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
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	✓	
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		1
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		
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 VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		1	

Par	t 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			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
28	Statements, filed for the calendar year ending with or within the year covered by this return 2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>√</b>	
_	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 by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		✓
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 Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b		5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>-</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<b>/</b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		1
_	required?	<del></del>		•
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	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		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	,	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	amounts due or received from them.)	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1 1		Yes	No
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		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	,	✓_
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	<b>√</b>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, 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	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		<b>✓</b>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ļ		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			,
	rise to conflicts?	12b		<b>✓</b>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<b>V</b>
13	Does the organization have a written whistleblower policy?	13		<b>✓</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>/</b>
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		1
þ	Other officers or key employees of the organization	15b		<b>✓</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	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		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OHIO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reco		f the	
	organization: ► JERRY L GABBARD			
	3009 S MAIN ST MIDDLETOWN, OH 45044-7418			

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Mey employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JERRY L GABBARD			ee			sated				
ADMINISTRATOR	40			1	1	1		36994.00	-0-	-0-
TOM SORRELL GOVERNOR	20			1				-0-	-0-	-0-
ROBERT J YARBER TREASURER	10			1				-0-	-0-	-0-
RONALD E LOWE PRELATE	5			1				-0-	-0-	-0-
RICHARD CHASTEEN JR PAST GOVERNOR	5			1				-0-	-0-	-0-
ROBERT L HALEY JR GOVERNOR	5			1				-0-	-0-	-0-
JIM SHORT TRUSTEE	6			1				-0-	-0-	-0-
DON YARBER TRUSTEE	6			1				-0-	-0-	-0-
CHARLES F BLAIR TRUSTEE	6			1				-0-	-0-	-0-
										<u></u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C)							(D)	(E)		(F)	
	Name and title	Average hours per week			Officer	k all	that ap	ply) Former	Reportable compensation from	Reportable compensation from related		Estimati imount other	
			Individual trustee or director	Institutional trustee	cer	employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) 0	mpensa from th ganizat nd relat ganizati	e ion ed
												•	•
													·
1b	Total							<b>&gt;</b>	36994.00	-(	)-		-0-
2	Total number of individuals (including but i			ose	list	ed a	above	e) wl	no received me	ore than \$100,	000 in		
	reportable compensation from the organiza	auon ► -u-			_							V	N-
_	Details and the second of the											Yes	No
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete S	chedule J	for su	ıch	ındı	vidu	ual	٠.			3		1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	007	If '	'Yes,"	' coi	mplete Schedu	le J for such	4		1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen:	sati	on i	from	any	unrelated org		5		1
Se	ction B. Independent Contractors	•							·				
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$	100,00	0 of	
	(A) Name and business add	dress							(B) Description of s	ervices		C) ensatio	n
_													
					_						-		
_	Tatal number of radio and a destruction of	ا - سام بام					4h = -	1:	ad abaus)t	**************************************			
2	Total number of independent contractors (in more than \$100,000 in compensation from					1 (0	uiose	ะแรง	eu above) who	received			

Par	<b>EV</b> III	Statement of Revenue			<u> </u>	1
a e		Statement of Nevertue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d	Federated campaigns . 1a -0-  Membership dues . 1b 118096.00  Fundraising events . 1c -0-  Related organizations . 1d -0-  Government grants (contributions) . 1e -0-				
	f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	118096.00			
Program Service Revenue	2a b c d e	Business Code  BAR & KITCHEN SALES  BINGO INCOME  VENDING  COMMITTEES  ENTERTAINMENT  All other program service revenue .	332269.00 229343.82 59458.22 7536.49 105757.48	956082.64		
<u> </u>	3 4 5	Total. Add lines 2a–2f	-0- -0- -0-			
	b d	Gross Rents	-0-			
	b	assets other than inventory  Less: cost or other basis and sales expenses .  Gain or (loss)	-0-			
Other Revenue	b	Gross income from fundraising events (not including \$	-0-			
	b	Gross income from gaming activities.  See Part IV, line 19 a  Less: direct expenses b				
	10a b	Net income or (loss) from gaming activities	-0-			
	11a	Miscellaneous Revenue Business Code				
	c d	All other revenue				
		Total. Add lines 11a–11d  Total revenue. See instructions	-0- 1808543.65			

## Part IX Statement of Functional Expenses

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

	All other organizations must complete colu				
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-0-	-0-		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	102004.96	102004.96	<u></u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-0-	-0-		
4	Benefits paid to or for members	-0-	-0-		
5	Compensation of current officers, directors,				
_	trustees, and key employees	36994.00	36994.00	-0-	-0-
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	320586.17	320586.17	-0-	-0-
8	Pension plan contributions (include section 401(k)	-0-	-0-	-0-	-0-
^	and section 403(b) employer contributions)	-0-	-0-	-0-	<del>-0-</del>
9 10	Other employee benefits	173817.40	173817.40	-0-	-0-
11	Fees for services (non-employees).				
···	Management	-0-	-0-	-0-	-0-
b		-0-	-0-	-0-	-0-
С		-0-	-0-	-0-	-0-
d	Lobbying	-0-	-0-	-0-	-0-
е		-0-			-0-
f	Investment management fees	-0- -0-	-0- -0	-0- -0-	-0-
g		-0-	-0-	-0-	-0- -0-
12 13	Advertising and promotion	25177.73	25177.73	-0-	-0-
14	Information technology	140.00	140.00	-0-	-0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	240707.52	240707.52	-0-	-0-
17	Travel	-0-	-0-	-0-	<u>-0-</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-0-	-0-	-0-	<u>-0-</u>
19	Conferences, conventions, and meetings .	6100.77	6100.77	-0- -0-	-0-
20	Interest	8474.90	-0- 8474.90	-0-	-0- -0-
21 22	Payments to affiliates	-0-	-0-	-0-	-0-
23	Insurance	14678.94	14678.94	-0-	-0-
24	Other expenses. Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		445464.66		
а	COST OF GOODS SOLD	417161.60	417161.60	-0-	-0-
b	OTHER SUPPLIES/REPAIRS SALES TAX	179951.31 71643.41	179951.31 71643.41	-0- -0-	<u>-0-</u> -0-
C	BANK CHARGES	3599.37	3599.37	-0-	-0-
d e	CELEBRATION/ENTERTAINMENT	80298.08	80298.08	-0-	-0-
f	All other expenses	93529.06	93529.06	-0-	-0-
25	Total functional expenses. Add lines 1 through 24f	1774865.22	1774865.22	-0-	-0-
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	-0-	-0-	-0-	-0-

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	62117.32	1	46606.78
	2	Savings and temporary cash investments	-0-	2	-0-
	3	Pledges and grants receivable, net	0-	3	-0-
	4	Accounts receivable, net	-0-	4	-0-
	5	Receivables from current and former officers, directors, trustees, key			
	,	employees, and highest compensated employees. Complete Part II of Schedule L	-0-	5	-0-
	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 Schedule L	-0-	6	-0-
ဟ	_		-0-	7	-0-
Assets	7	Notes and loans receivable, net	27268.07	8	27268.07
Ass	8	Inventories for sale or use	-0-	9	-0-
	9 10a	Prepaid expenses and deferred charges			-0-
	b	Less: accumulated depreciation 10b	2516985.04	10c	2518980.04
	11	Investments—publicly traded securities	-0-	11	-0-
	12	Investments—other securities. See Part IV, line 11	-0-	12	-0-
	13	Investments—program-related. See Part IV, line 11	-0-	13	-0-
	14	Intangible assets	_	14	-0-
	15	Other assets. See Part IV, line 11	4218.52	15	6357.77
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2610588.95	16	2599212.66
	17	Accounts payable and accrued expenses	-0-	17	-0-
	18	Grants payable	-0-	18	-0-
	19	Deferred revenue	-0-	19	-0-
	20	Tax-exempt bond liabilities	-0-	20	-0-
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-0-	21	-0-
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	-0-	22	-0-
	23	Secured mortgages and notes payable to unrelated third parties	1127235.03	23	1071872.78
	24	Unsecured notes and loans payable to unrelated third parties	-0-	24	-0-
	25	Other liabilities. Complete Part X of Schedule D	4703.56 1131938.59	25	4703.56
	26	Total liabilities. Add lines 17 through 25	1131938.39	<b>26</b>	1076576.34
a	27	Unrestricted net assets	<b>-</b> 0-	27	-0-
Bal	28	Temporarily restricted net assets	-0-	28	-0-
ᅙ	29	Permanently restricted net assets	-0-	29	-0-
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	-0-	30	-0-
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-	31	-0-
Ą	32	Retained earnings, endowment, accumulated income, or other funds	-0-	32	-0-
<u>f</u> et	33	Total net assets or fund balances	1478650.36	33	1522636.32
_	34	Total liabilities and net assets/fund balances	2610588.95	34	2599212.66

Par	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>√</b>	
b Were the organization's financial statements audited by an independent accountant?					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
			_		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both:	ĺ			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		✓	

Form **990** (2009)

#### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection ► Attach to Form 990.

Employer identification number

0382860

OMB No 1545-0047

Name of the organization **LOYAL ORDER OF MOOSE #501 INC** 31

11-A) A COPY OF THE 990 IS READ BY THE ADMINISTRATOR AND DISCUSSED, IF NECESSARY, AT THE NEXT OFFICERS MEETING AFTER THE FORM IS FILED - MEETINGS ARE HELD THE 2ND & 4TH WEDNESDAY OF EVERY MONTH 19) ALL INFORMATION CONCERNING THE LODGE IN REFERENCE TO GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL RECORDS ARE AVAILABLE UPON REQUEST TO ANYONE AS THEY ARE A MATTER OF PUBLIC RECORD

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
	1
	<b></b>
	·····

# SCHEDULE R (Form 990)

Internal Revenue Service
Name of the organization Department of the Treasury

**LOYAL ORDER OF MOOSE #501 INC** 

Part I

<b>Partnerships</b>
d Unrelated
anizations and
Related Org

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Open to Public

OMB No 1545-0047

Employer identification number Inspection

0382860 31 (f)
Direct controlling
entity (f)
Direct controlling entity SOLE MEMBER Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 501(C)8 (d) Exempt Code section (d) Total income (c) , Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ILLINOIS FRATERNAL ORG Primary activity Primary activity 31-1408120 155 S INTERNATIONAL DR MOOSEHEART, IL 60539 (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Schedule R (Form 990) 2009

Percentage ownership managing partner? Yes No General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income Direct controlling entity ਰ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization <u>a</u> Part IV

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete line 1 if any entity is listed in Barts II III or IV of this schedule		Yes	
NOTE: COUNTY INC. I I I I I I I I I I I I I I I I I I I	Parts II_IV2		
1 During the tax year, did the organization engage in any of the following transactions with one of those letated organizations issed in a to a many	ו בשונא וו איז	;	1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		\ V	1
		ф 	
		10	ı
c Giff, grant, or capital contribution from other organization(s)		2 ;	1
d Loans or loan guarantees to or for other organization(s)		<b>D</b>	1
		1e >	
E Loads of loan guarantees by onier organization(s)			
		,	
f Sale of assets to other organization(s)		>	ı
		1g /	
		- <del>-</del>	ı
h Exchange of assets	• • • • • • • •		ı
i Lease of facilities equipment or other assets to other organization(s)	•	<b>-</b>	ı
		`	
j Lease of facilities, equipment, or other assets from other organization(s)	• • • • • • • • • • • • • • • • • • • •	•	1
k Derformance of services or membership or fundraising solicitations for other organization(s)	•	1k /	
	•	7	ı
Performance of services of membership of fundraising solicitations by other organization(s)			ı
m Sharing of facilities, equipment, mailing lists, or other assets		> E	1
a Chaine of raid ampliance		‡ ~	
			ı
<b>o</b> Reimbursement paid to other organization for expenses		>	1
		1p <	1
A Other transfer of cash or property to other organization(s)		1g /	
r Other transfer of cash or property from other organization(s)	· ·	1r /	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	elationships and transa	ction thresholds.	ı
1		1.5	ı
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	
(1)			
(2)			1
(£)			
			t
(4)			1
(5)			1
	Schedule	Schedule R (Form 990) 2009	l o

Schedule R (Form 990

Part VI Un

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	3	3	5		(6)	9	(9)	U	9
Name, address, and EIN of entity	Primary activity		Are all p	artners	of	Disproportionate		Gene	eral or
		(state of foreign country)	501(c)(3) organizations?	(3) ttons?		allocations	of Schedule K-1 (Form 1065)	part	partner?
	-		Yes	No		Yes No	0	Yes	Yes No

Schedule R (Form 990) 2009