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CISGDKJBN9

Form 990

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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public S

	Forthe	2009 calendar year, or tax year beginning May 01, 2009, ar	d ending		A	or 30	0,2010
ŝ	Check if	Please C Name of organization, number and street, city, town, state, and ZIP of		plover i			
n	sopticable:	[use IRS]				92378	
Н	Address th		5 Tol	ephone :			'
Н	Name char	type. 20022 tto 1001	IE IE	•		-	
Н	install return	10	- Gri		<u>:-3.</u>	36-52	281
Ш	Terminated	Instruct POST OFFICE BOX 1318	G Gro	gots			
Ш	Amended (Is this a	a Gron	p return	
П	Application pending	F Name and address of principal officer. ROBERT WAYNE WATS	ON	for affili	ates?	i .	ON 🔀 zey 📗
_	,	2005 S ROGERS BLOOMINGTON IN 47403	_ H(b)	Are all aff			
1	Tax-exer	npt status: X 501(c)(08) ∢ (insert no.) 4947(a)(1) or 527		"No", at			Yes No
3 1	Website:		H(c)	Group ex	empton	number	>
_	form of arg		of formation.		M s	tate of leas	domete. IN
_	art I	Summary			1		
-		riefly describe the organization's mission or most significant activities:					
		HE ORGANIZATION UNITES ITS MEMBERS IN THE B	ONDS /	DE EE	מיני מ	CONTO	
Š		ENEVOLENCE AND CHARITY THIS IS ACCOMPLISHED					
Ē	-	F SOCIAL & RECREATIONAL ACTIVITIES FOR THE			_		MILLES
Ž		heck this box $ ightharpoonup$ if the organization discontinued its operations or disposed of mor				ets.	
Ō	3 N	umber of voting members of the governing body (Part VI, line 1a)		· ····	(3)		5
9	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4		
鬟	5 To	otal number of employees (Part V, line 2a)			. 5		3
Activities & Governance	6 To	otal number of volunteers (estimate if necessary)			.[6]		
ĕ		otal gross unrelated business revenue from Part VIII, column (C), line 12			7a		
		et unrelated business taxable income from Form 990-T, line 34			76		
_	 			r Year	1	Cur	rent Year
	1 8 C	ontnbutions and grants (Part VIII, line 1h)			$\overline{}$		818754.
Revenue		rogram service revenue (Part VIII, line 2g)					
Š		vestment income (Part VIII, column (A), lines 3, 4, and 7d)			 }		
8	1	• • • • • • • • • • • • • • • • • • • •					
	ł	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					010254
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					818754.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)					
		enefits paid to or for members (Part IX, column (A), line 4)					
2	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					160068.
3	16aP	rofessional fundraising fees (Part IX, column (A), line 11e)			i		
Expenses	ЬТ	otal fundraising expenses, (Part IX, column (D), line 25)		75		, ign. 2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ũ	17 0	ther expenses (Hert IX, column (A), lines 11a-11d, 11f-24f)			$\neg \gamma$		609707.
Γ	18 🛱	Par Expenses And lines 13-17 (must equal Part IX, column (A), line 25)					769775.
1	10-17	Evenue less expenses (Subtract line 18 from line 12					48979.
\dashv			Beginning	of Curi	ent		d of Year
<u> </u>		ILIN 8 0 2011 00 1 1 1 1 1 1 1 1					
			10	15765			140201.
4 5		otal flabilities (Particuline 25)		4706			59257.
ž 2	22 N	Gesets of Arpolaniances: Subtract line 21 from line 20	10	1058	8.		080944.
2	art# =	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and lo	the best of	my kno	wiedge	
		and belief, sign true, correct, and complete. Declaration of preparer (other than officer) is based on all information of	of which proper	or has any	knowle	dge	
	1	Wal 1 Colom					
Sig	ות מ	Naye Watra		- {			
He	-	Signature of officer		Dat			
•••		NAYNE WATSON ADMINIST	RATOR	_			
		Type or print name and title	Check if		Pres	aver's ident	dying number
Pai	đ	Preparer's Date	self-		(100	UnitrActions	5)
	parer's	signature 06/24/2010	employed	<u> </u>) PC	9231	955
		Firms name (or yours) JANELLAS BOOKKEEPING & TAX S	EIN	<u> </u>			
USE	Only	address, and ZIP+4 2110 BURTO MARTINSVILLE IN 461	51 - Pho	ne no 🕨	76	55-34	2-8682
Mar	v the IRS	discuss this return with the preparer shown above? (See instructions)					es No
_		Act and Paperwork Reduction Act Notice, see the separate instructions.					m 990 (2009)
	_	nt forms eaftwere only, 2009 Universal Tax Systems, Inc. All nights reserved. US990\$51 Rev 1					.
		The second secon					

rom	990 (2009) LODGE NO	1081	35-0792378 P	age 2
		gram Service Accomplishments		
1	Briefly describe the organiza	ation's mission:		
	THE ORGANIZATI	ON UNITES ITS MEMBERS IN THE	BONDS OF FRATERNITY, BEN	E-
	VOLENCE & CHAP	ITY THIS IS ACCOMPLISHED THRO	DUGH YR-ROUND SCHEDULE OF	·
	SOCIAL & RECRE	ATIONAL ACTIVITIES FOR THE ME	EMBER & THEIR FAMILIES	
2	Oid the organization underta	ike any significant program services during the year which	were not listed on	
		Z?	[] Yes K	NO
_	If "Yes," describe these new	r services on Schedule O. conducting, or make significant changes in how it conducts	any erectam sections?	Ma
3	if "Yes," describe these cha		any program activities i	RU
4		nges on actionals O. Be achievements for each of the organization's three larges	t program services by expenses	
•)(4) organizations and section 4947(a)(1) trusts are require		
		al expenses, and revenue, if any, for each program service		
4a	(Code.) (Expens	es \$ including grants of \$) (Revenue \$	
4b	(Code:) (Expens	es \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expense	es \$ including grants of \$) (Revenue \$	
40	Other program services. (De	scribe in Schedule O.)	•	
4d	Other program services. (De (Expenses \$	•	Revenue \$	

Pa	t IV 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		x_
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	l!	_ x_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	. 4	!	(_ x_
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	•	x
8	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Γ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			ĺ
	Schedule D, Part I	- 8		_ x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		×
. 8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	×
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,"			İ
	complete Schedule D, Part IV	9_		x
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,			
	VII, VIII, IX, or X as applicable	11		×
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 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	F .	- z. ;	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			^a
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	ł,	5 -	H
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			' '3
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		•	į.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	F -		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	ļ .		المبر
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	٠.		
•	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			-
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	1	· .	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		·	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	{ {	1	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	}]		1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
15	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	Oid the organization report more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	į	×
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		×
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		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	And the distributions of the or many marketing the seas, company agriculture to the seasons of t		m 990	

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X

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organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O

R	art V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1095, Annual Summary and Transmittal of	:		
	U.S. Information Returns. Enter -O- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Į		
c	Did the organization compty with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	<u> </u>		نتتنسب
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file this return. (see instructions)	ļ.	: :	
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	سنتم	تنسم	فسيغض
	this return?	3a		×
	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 authority over,	¹ - {		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		<u>x</u>
þ	If "Yes," enter the name of the foreign country: >	م اسم	·z.	-41,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	. بريم	र्दें ∙ ∙	
	and Financial Accounts.	سسا		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	<u>5b</u>		X_
C	If "Yes," to question 5s or 5b, did the organization file Form 8986-T, Disclosure by Tax-Exempt Entity Regarding	- 1		l
	Prohibited Tax Shelter Transaction?	<u>5c</u>		 -
68	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a		×
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6Ь		ł
-	gifts were not tax deductible?	60 1	, 	ببيب
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			سنسخ
9	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 82827	76		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			• •
•	benefit contract?	7e		(
f	The state of the s	71		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	•		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	95		
10	Section 501(c)(7) organizations.Enter.		- ; ;	
8	Initiation fees and capital contributions included on Part VIII, line 12	4	·	9
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations.Enter:	() : .	÷	: 3
	Gross income from members or shareholders		: 6 0 .	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	*		- 7
	egainst amounts due or received from them.)		نست	است
12a	Section 4947(a)(1) non-exempt charitable trustals the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,		

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	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	uction	5 .	
Sect	ion A. Governing Body and Management		Yes	No
		}		
1a	Enter the number of voting members of the governing body			
ь		}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	نتنبأ		
	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		[
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_	<u> </u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
. 5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_	L	X
6	Does the organization have members or stockholders?	6	L	X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members	ł	Ì	}
	of the governing body?	7a	<u> </u>	X
Þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	75	<u> </u>	L X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ł	•	•
	the year by the following:	نا		محمنم
8	The governing body?	8a		×
b		86		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			ļ
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u>Lx</u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Ooes the organization have local chapters, branches, or affiliates?	10a		×
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	effiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-,-
	Has the organization provided a copy of this Form 990 to all members of it's governing body before filling the form?	11	لببا	ĻX,
11A		42		لسينا
_	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		×
0	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		L
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
44	describe in Schedule O how this is done	12c		
	Does the organization have a written whistleblower policy?	13		X
14		14	لــــــــــــــــــــــــــــــــــــ	_
13	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?			
_		150		X
	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	15a 15b		$\frac{\hat{x}}{x}$
٥	· · · · · · · · · · · · · · · · · · ·	130	لبب	<u> </u>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		٠.	
TOE	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-	•	العينة مع. ح
	with a taxable entity during the year?	16a	ليب	X
D	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	465	í	X
	the organization's exempt status with respect to such arrangements?	165)		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed IN			
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			
4.0				
ער	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	noticy and financial statements available to the oublic.			

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20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: PROBERT WAYNE W 2005 S ROG BLOOMINGTO IN 47403 812-336-5281

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 fisted. 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'scurrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -O- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent 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'sformer 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'sformer 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.

(A) Name and Title	(B) Average	Bes!	ina /c	(C		hat a-	nnh.	(D) Reportable	(E) Reportable	(F) Estimated
Name and Time	hours per week		institutional trustee	Officer	Key employee	Highest compensated employee		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
ROBERT WATSON										
ADMINISTRATOR	40			<u>×</u>	L		 _	24050.	0	0
JAN KOON										
ADMIN	20			×	_		 	3900.	0	0
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		}		_ }	ı		J		]	

Part VII Section A. Officers, Directors, (A)	(B)			(C	)			(O)	(E)	(F)
Name and title	Average hours per week			Officer	Rey employee	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
ROBERT WATSON	<del> </del> -	-		-	┝╌	<b> </b> -	┝	<del></del>		<del> </del>
ADMINISTRATOR	40			×		[		0	0	0
JOHN KREBBS										
TREASURER	10			×_	_		L_	0	00_	00
TOM RAMON		1		l. I	1	(				
GOVERNOR	10	<b>}</b>		<u>×</u>	<u> </u>	<del> </del>		0	0	0
LOU BAILEY PRELATE	10	x		1	١,		1	o	o	0
PRELATE	1	Î			-				<u> </u>	<u>*</u>
DANNY KREBBS	<del>                                     </del>		<b></b> -		-	<b>-</b>	-			<del> </del>
SQT OF ARMS	10	X		_	-	<u> </u>	_	0	0	0
JAN KOON ADMIN	40	1		x		[ '	1	o	o	
1b Total  2 Total number of individuals (including but a from the organization ▶  3 Did the organization list anyformer officer,	not limited	to tho	se list	ed a	bove	e) who		<del></del>	O 0,000 in reportable	O compensation
employee on line 1a? If "Yes," complete S  For any individual tisted on line 1a, is the s the organization and related organizations individual  Did any person listed on line 1a receive or services rendered to the organization? If "	chedule J sum of repo greater the accrue co	for suc ortable an \$15  mpens	composition	ividu cens c? If '  from	al ation Yes	n and o	othe	r compensation from le Schedule J for suc forganization for	ch 	3 X
Section B. Independent Contractors		A in a c			201		•h-	racehed more than	\$100,000 of	
<ol> <li>Complete this table for your five highest or compensation from the organization.</li> </ol>	ипрелѕате	u inde	pende	nt C	UNUT	actors	uial	received more man	# 100,000 OI	
compensation from the organization. (A)								(8)		(C)
Name and busines	s address						_	Description of s	services	Compensation
Total number of independent contractors (     \$100,000 in compensation from the organi BCA Copyright from software only, 2009 Universal Tax 5	zation 🕨				lhos		d at		nore than	Form 990 (2009)

		2009) LODGE NO 1081			,	35-0792	378 Page 9
Part	VIII	Statement of Revenue	<del></del>		(2)	(C)	(0)
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
3	¥.				revenue		512, 513, or 514
	1a	Federated campaigns 1a			÷12.2		
Contributions, gifts, grants and other similar amounts	ь	Membership dues	27037.				
9.€	6	Fundraising events1c					
	d	Related organizations 1d	449415.		1 - C		
2 E	•	(contributions)			1.5	10 mg	1. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .
	f	All other contributions, gifts,					
퉏觽	[	grants, and smiler amounts not included above	342302.		English Company	The same and dis-	1
P P	9	Noncestr contributions included in lines 1s-1f;					agta (j. 1. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1.
	h	Total, Add lines 1a-1f		818754.			
<u> </u>			Business Code	1	A Company of the Company		
Program Service Revenue	2a						
2	ъ						
.8	c						
ř.	ď		•				
Ē	•						
, E	1	All other program service revenue					
٦	g	Total. Add lines 2a-2f	▶		2		
	3	Investment income (including dividend	is, interest, and		·		
1		other similar amounts)					
1	4	Income from investment of tax-exempt bond proces	eds▶				
1	5	Royalties	<u></u> `▶				
i		(i) Real	(ii) Personal			<b>3</b> 41. 565. 34.	
4	6a	Gross Rents		7 2 7 7 7 7		Line Williams	
	Ь	Less rental expenses					- 4
	C	Rental income or (loss)			A second	<u> </u>	
	đ	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other		· · · · · ·	ان ہے۔ ان میں درجمہ وجھ	* ****
		other than inventory				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	ь	Less cost or other basis and sales					The Street of Page
		expenses				Transmitted to the second	
1	c	Gain or (loss)				<del></del>	لسنستسا
1	đ	Net gain or (loss)	<u>.</u>	<u></u>			
	88	Gross income from fundraising events		The same	والمنافق المأكون والمنافقة المنافقة الم	Ė.	
9		(not including \$				A. 18. 18 3 4 3 7 1	
venue		of contributions reported on line 1c).					
٤		See Part IV, line 18 a					· · · · · · · · · · · · · · · · · · ·
Other Re	ь	Less: direct expensesb		and the state of			أنسيب
ਠੋਂ	c	Net income or (loss) from fundraising (	events				
	9a	Gross income from gaming		The state of the s		Cara a rai-	- 4
1		activities. See Part IV, line 19a		2.5		مسافات والتناسفيان	
ſ	ь	Less: direct expenses b					المعتند
- (	c	Net income or (loss) from gaming active	rities▶				
	10a	Gross sales of inventory, less	I				
(		returns and allowancesa					
1	b	Less: cost of goods soldb		7			أتسب يستبثث ست
[	c	Net income or (loss) from sales of inve	ntory▶		[		
ſ		Miscellaneous Revenue	Business Code		7.7.17		
ſ	118						
(	b						
{	c					·	
(	d	All other revenue					
ĺ	0	Total. Add lines 11a-11d	▶		Bed diese	γ , -	
ĺ	12	Total revenue					
Ì		See instructions	<u></u>	818754.			
BCA	Cop	right form software only, 2009 Universal Tax System		ved. US9905	\$9 Rev 1		Form 990 (2009)

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

	All other organizations must complete	column (A) but are no		e columns (B), (C) and	d (D).
Dor	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(O) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	1 otal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			1957 - CAMPA	
	organizations in the U.S. See Part IV, line 21	!		-	
2	Grants and other assistance to individuals in	-			
	the U.S. See Part IV, line 22	ł		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Page 1
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	]	1		
	U.S. See Part IV, lines 15 and 16		<u> </u>		- E-18
4	Benefits paid to or for members			*	The second second
5	Compensation of current officers, directors,		[		
	trustees, and key employees	27950.	27950.		
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and	ì	}	ļ	
	persons described in section 495B(c)(3)(B)	ļ	ļ		
7	Other salaries and wages		115969.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<b>.</b>		
9	Other employee benefits				
10	Payroll taxes	16149.	16149.		
11	Fees for services (non-employees):				
a	Management	)	}		_
ь	Legal	2209.	2209.		
c	Accounting	500.	500.		
d	Lobbying				
•	Professional fundrausing services. See Part IV, line 17		-		
1	Investment management fees				
Ω	Other	28057.	28057.		
12	Advertising and promotion	4551.	4551.		
13	Office expenses		8032.		
14	Information technology				
15	Royalties				
16	Occupancy				l
17	Travel	315.	315.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1	<b>`</b>		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11018.	11018.		
24	Other expenses, Itemize expenses not		Bregaring the Edition	e je i na jedina i	
	covered above. (Expenses grouped together		The same of	1 4 7 EX	
	and labeled miscellaneous may not exceed				the transport
	5% of total expenses shown on line 25 below.)				
_	SEE STMT	34773:	1		<u></u>
-	<u> </u>	28900.			
		1416.			
ا د		1446.			<del></del>
đ		62577.		<del></del>	
6	Aff other evenesses	425913.			
ľ	All other expenses.	769775.	769775.		<del></del>
25	Total functional expenses.Add lines 1 through 24f	103113.	, 63, 73.	<del></del>	
26	Joint costs. Check here ▶ ☐ if following		1		
	SOP 98-2. Complete this line only if the organization			{	
	reported in column (B) joint costs from a combined		}	Į.	
	educational campaign and fundraising solicitation		UCOCCEAC Box 5		Form 990 (2000)

		Balance Sheet			(A)	{ }	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			28191.	1	115799
- }	2	Savings and temporary cash investments			2		
J	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	2553
	5	Receivables from current and former officers, di					
ſ		employees, and highest compensated employee				5	
1	6	Receivables from other disqualified persons (as	,				
1		4958(f)(1)) and persons described in section 499	58(c)(3	(B). Complete			
ł		Part II of Schedule L		******		6	
.	7	Notes and loans receivable, net			7		
Assota	A	Inventories for sale or use				8	15475
8	9	Prepaid expenses and deferred charges				9	
j	10a	Land, buildings, and equipment: cost or other	]			<del></del>	,
}	100	basis. Complete Part VI of Schedule D	102	811273.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- {	ь	Less: accumulated depreciation			811273.	10c	811273
(	11			<del></del>	11	195101	
ĺ	12	Investments - other securities. See Part IV, line			12		
ľ	13	Investments - program-related. See Part IV, line		13			
ł	14	Intangible assets		14	<del></del>		
ł		Other assets. See Part IV, line 11			15		
- }	15	Total assets. Add lines 1 through 15 (must equa			16	1140201	
{	16	Accounts payable and accrued expenses				17	59257
J	17		[	18	3723,		
J	18	Grants payable  Deferred revenue		19			
	19					20	<del></del>
- [	20	,		· Cabadula D		21	
8	21	Escrow or custodial account liability. Complete F			<del></del>		<del>~</del>
ቔ	22	Payables to current and former officers, director					
labilities		employees, highest compensated employees, a				T 1	<del> </del>
-		persons. Complete Part II of Schedule L				22	<del></del>
l	23	Secured mortgages and notes payable to unrela				23	
Į	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D				25	<del>~~~~</del>
┙	26	Total liabilities Add lines 17 through 25			47068.	26	59257
		Organizations that follow SFAS 117, check he		⊴ and	Elife to the		
		complete lines 27 through 29, and lines 33 and				<del>,                                    </del>	محنف حسيسيس
d Balances	27	Unrestricted net assets				27	1063652
<u> </u>	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		29			
		Permanently restricted net assets Organizations that do not follow SFAS 117, ch		•	• • • • • • • • • • • • • • • • • • • •		
֡֡֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓֡֓֓֡֡֓֡֓		and complete lines 30 through 34.	·	-	<u> </u>		
Net Assets or Fur	30	Capital stock or trust principal, or current funds	L	30			
§ )	31	Paid-in or capital surplus, or land, building, or eq		31			
₫ }	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances				33	1063652
ſ	33	Total liabilities and net assets/fund balances			3053656	34	1122909

Form !	35-07923 (2009) LODGE NO 1081	78	Pag	e 12
[™] 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		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
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?	<b>2</b> c		
	If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O.		•	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were	{	-	- 4
	issued on a consolidated basis, separate basis, or both:	٠.		:
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
34	As a result of a tederal 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	х
Þ	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)

	r Functional Exp	Program	Management )	* adamining
Description of the Asset	Total	Services 34,773.	and General	Fundraising
PPLIES	34,773.		· ·	•
TERTAINMENT	28,900.	28,900.	1	
NK CHARGES	1,416.	1,416.		
STAGE	1,446.	1,446.	}	
NGO EXPENSE	62,577.	62,577.	)	
LES TAX	24,596.	24,596.	j	
MING EXPENSE	130,221.	130,221.	)	•
LEPHONE	1,645.	1,645.	)	
ILITIES	34,156.	34,156.	)	
XES	50.	50.)	]	
INTENANCE	63,059.	63,059.	i	
	2,873.	2,873.	1	
FICE SUPPLIES		2,941.	i	
ASE	2,941.			
EC PROJECT	1,127.	1,127.	ì	
ST OF SALES	165,245.	165,245.		
	555,025.	555,025.		
		}	}	
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	}	1	1	
	}	j	}	
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#### CISGDKJBN9

0437884676 June 24, 2011 LTR 4399C 0 35-0792378 201004 67 Input Op: 0437884676 00036423

BLOOMINGTON LODGE NO 1081 LOYAL ORDER OF MOOSE 1081 PO BOX 1318 BLOOMINGTON IN 47402-1318



DECLARATION

017285

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this statement will become a permanent part of that return.

K Waye Malson
Signature of officer or trustee

6-28-11 Date

Title