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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Depa Inter	artment of th	e Treasury Service	•	•	_	it trust or private f this return to satisfy			//09 ments		Open to Publ Inspection	lic
	For the 2	010 calend	ar year, or tax year begin		5/01		and ending				, 2011	
B	Check if app		an your, or tax your bogin	9	- 0, 02	, 20.0,	una onam	<u> </u>	7	er Identi	fication Number	
_	$\overline{}$		MOOSE INTERNATIO	NAT.	TNC					1408		
	\vdash		155 S. Internati						E Telepho			
	Name) i	Mooseheart, IL 6		DIIVC							
	Initial r	eturn	,						630	-859	-2000	
	Termin	ated]			
	Amend	ed return							G Gross r	eceipts \$	<u>48,317,</u>	
	Applica		F Name and address of principa	l officer					a group retur		liates? Yes	X No
		!	Same As C Above						affiliates incl attach a list		tructions) Yes	∐ No
ı	Tax-exem	npt status	501(c)(3) X 501(c) (3)	✓ (insert no)	4947(a)(1) or	527	11 140,	attach a hist	(366 11131	, actions,	
J	Websit	e: ► WWW	v.mooseintl.org	•				H(c) Group	exemption nu	ımber 🟲	0002	
K	Form of a	rganization	X Corporation Trust	Associa	tion Other	Ly	ear of Formation				egal domicile IN	
_		Summary		7 1000010			00. 01. 01.1101.1	J 200	<u> </u>	rate of te	aga: dominent	
1			e the organization's missi	on or n	nost significar	t activities To	act as		vernin	a bo	dy for a	
_		zetem of	f_fraternal_and_	shari	table or	ranizations	Tho	nrima	ACTIVITY	g bo	of those	
ဦ			Chapters and other									
Ē			y, <u>b</u> enevolence			5 mirred rine		76157	TT 1716	DOLL	12 71	- -
ĕ.	2 Ch	eck this how	if the organization	n disco	narry k	erations or dispo	sed of mor	e than 2	 5% of its	net ass	. — — — — — — sats	
Ąĕ			ing members of the gover				/3ca 01 11101	C than 2	370 01 113	3	Jet3.	13
W			ependent voting members				1b)			4		6
J :≅	1		of individuals employed in		-		•			5		177
21€			of volunteers (estimate if			` '				6		480
2₹	7a Tot	al unrelated	d business revenue from f	Part VII	I, column (C),	line 12				7a	304,	,860.
4	b Net	unrelated	business taxable income	from Fo	orm 990-T, lin	e 34				7b		,037.
Art Activities & Governance								Р	rior Year		Current Ye	ear
	8 Cor	ntributions a	and grants (Part VIII, line	1h)				35	779,4	23.	37,225,	,656.
MA/L Revenue			ce revenue (Part VIII, line						, 362, 5		4,634,	
<i>A</i> .≜	10 Inv	estment inc	Par MIV, Column (A	Ines	3, 4, and 7d))			,100,9		4,676,	
₹75°	11 Oth	er rev onue	anne (Parl My Icolumn (A Parl VIII column (A), III	nes 5, 6	d, 8c, 9c, 10d	, and 11e)			, 919, 3		1,780,	
	12 Tot	al levenue	- add lines 8 through	must	equal Part VIII	l, column (A), lın	ie 12)		,162,3		48,317,	,622.
Je			nılar lamgufits paid (Part						,289,8		16,522,	
0	14 Ber	nefits baid t	to or for members (Part 4)	t∬colur	nn (A), line 4)	•						
U	15 Sal	aries officer	to or for members (Part \$)	benef	its (Part IX cr	olumn (A) lines !	5-10)	8	,744,5	45	8,286,	.022
20C	16 a Dro	forcional	indraising lees (Part IX, o		(A) line 11e)	, , , , , , , , , , , , , , , , , , ,	o,	\vdash	7 . 1170		<u> </u>	<u> </u>
% €								<u> </u>		%	'.1	
Ø, ×			ng expenses (Part IX, col					<u></u>		`		
Жш	17 Oth	er expense	es (Part IX, column (A), Iır	nes 11a	-11d, 11f-24f)			11	,226,9	83.	20,362,	<u>,016.</u>
	18 Tot	al expenses	s Add lines 13-17 (must e	equal P	art IX, columr	n (A), line 25)		35	,261,3	68.	45,170,	735.
<u> </u>	19 Rev	enue less	expenses Subtract line 1	8 from	line 12			11	,900,9	40.	3,146,	887.
#E\$								Beginnin	g of Curren	t Year	End of Ye	ar
	20 Tot	al assets (F	Part X, line 16)					140	,597,6	45.	150,519,	338.
AAC Asset			(Part X, line 26)						,132,7		42,693,	
¥ 25	22 Net	assets or f	fund balances Subtract III	ne 21 fi	rom line 20			9.5	,464,9	39.	107,826,	300
VPa		Signature			•				, , .			
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		ation of prepar	clare that I have examined this reti er (other than officer) is based on	ali inform	ation of which pre	parer has any knowled	ige	ie best of it	ly kilowieuge	,	er, it is true, correct	, and
Sig			1(110)						12/15/	//		
Sic	ın	ngnature	of officer					Da	te			
Mare	re	Jose'	ph R. Mech					Treas	surer			
3,4	0		rint name and title								,	
M	• • • • • • • • • • • • • • • • • • • •	Print/Type pre	eparer's name	Prepare	r's signature		Date		Check	ıf F	PTIN	
OPai	d			Self	-Prepare	4		1	self-employe	- I.		
	parer	Firm's name	•			<u> </u>			Jon Chiploye	<u> </u>	<u> </u>	<u></u>
20°	e Only	Firm's address	. • 						Exm's Ethi	▶		
3 3	e Only	, iiii 2 addres:	·					===	Firm's EIN	<u> </u>		
VAL.	he IDS	discuss this	roturn with the accessor	chows	abova? (cas	notruotiono)			Phone no	<u> </u>	TTV65 F	TNa
			return with the preparer					0110			Yes Oor	No (2010)
~₽M	₩ ror Pap	serwork Re	duction Act Notice, see t	ne sepa	arate instructi	ons.	TEEA	0113L 12/	21/10		Form 990	J (ZUTU)

ar	1 990 (2010) MOOSE INTERNATIONAL, INC. 36- TIII Statement of Program Service Accomplishments	11001	20	
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission			
	To act as a governing body for a system of fraternal and charitable of	rgani	zati	ons
	The primary purpose of these Lodges, Chapters and other units is to u			
	members in the bonds of fraternity, benevolence and charity.	===-	5.103	
	members in the bonds of fracefficty, benevotence and charity.			
-	Did the organization undertake any significant program services during the year which were not listed on the pi			
2		101		127
	Form 990 or 990-EZ?		Yes	X
	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?		Yes	X
	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 ex	nancac	Section	n 50
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc expenses, and revenue, if any, for each program service reported	ations to	other	s, the
4a	(Code	Ś		
	Expenses of coordinating, supervising, advising, directing and encour	· 	act	1 17:
	of approximately 3,488 local moose units, their officers and their 1,	T 00' 0	<u> </u>	<u>emb</u>
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	10.000.000			
4 D	(Code) (Expenses \$ 10,800,000. including grants of \$ 10,800,000.) (Revenue	\$		
	Providing additional funding for Mooseheart Child City & School, Inc.		sehe	
	provides full care for children, including: education, vocational tra			
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	provides full care for children, including: education, vocational tra life, religious instruction and social activities. Mooseheart also p	ining rovid	<u>, ho</u> es a	me we
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	•		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? (see instructions)	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Х
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		Χ_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , Yes	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	~ ^	<u>)</u>	***
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
t	b 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	11 b		Х
•	c 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	11 c		Х
(d 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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
	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, Parts II and IV	15		<u> </u>
	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, Parts III and IV	16		X
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 (see instructions)	17		X
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		<u>X</u>
	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 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
b	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

t.IV给《Checklist of Required Schedules (continued)			
·		Yes	No
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	X	
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23	х	
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No.'go to line 25			Х
· ·	24b		
	24c		
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		
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		
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		Х
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		Х
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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		X
Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
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	х	
is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X Yes No			
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		
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		<u>X</u>
	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 and III Did the organization answer 'Yes'. De 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 I. Part IV Did the organization have a lax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If Yes,' answer lines 24b through 24d and complete Schedule K if No, 'go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding as any time during the year to defease any tax-exempt bonds? Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? Section 501(cX)3 and 501(cX)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 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-E27 If Yes,' complete Schedule L, Part II 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 fax year? If Yes,' complete Schedule L, Part III Did the organization prioride a grant or other assistance to an officer, director, trustee, key employee, by the proposed propose of the proposed proposed proposed proposed proposed proposed proposed propos	United Stales on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grafts and other assistance to individuals in the United Stales 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, 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 I 'Boy to line 28' 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule Ix If No, yo to line 28' Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization and exceptions of the end of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Ferminger (2010) MODES INTERNATIONAL, INC. Page 17 Statements Requarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V 1a Enter the number of forms Was Carinutude in the IE. Enter-0-if and applicable 5 Enter the number of forms Was Carinutude in the IE. Enter-0-if and applicable 6 Defer the number of forms Was Carinutude in the IE. Enter-0-if and applicable 6 Defer the number of membry was connected on Form Was, Transmittal of Wage and Tax State- 7 (gambling) wirmings to prize was ending with or within the year cowered by this return 8 If at least one is reported on fine 2a, did the organization is ellipsely expended to the carinum of the wage and the wage and tax State- 8 If the complex is sent of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 9 If Yes's is as the dia Form 990 To firs the year? If No, Provide an explanation in Schedule O 4a At any time during the calendar year, did the organization thave 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 name and account): 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes's, to line 5a or 5b, did the organization file Form 8886.7? 5a Does the organization are organized to receive a statement that such contributions or gifts were not tax deductable. 5b If Yes's, did the organization in the way is a party to a prohibited tax shelter transaction? 5c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 5c Does the organization are stated with the contributions under section 170(c). 5c Does the organizati	·			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 16 If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 17 If It Is Is It Is Is It Is Is It Is Is Is It Is Is Is Is	10 Section 501(c)(7) organizations. Enter			
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13b				
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	•			ا ـ ـ ـ ا
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			-	
		14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2010) MOOSE INTERNATIONAL, INC. 36-1408120 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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 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? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8Ь 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 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х **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? Х 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 Χ 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? Х a The organization's CEO, Executive Director, or top management official 15 a X 15b **b** Other officers of key employees of the organization 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 Х 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 X 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 interest policy, and financial statements available to the public See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Joe Mech 155 S. International Drive Mooseheart IL 60539 630-859-2000

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Page 7

Rantivilia Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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 neither the organization	n nor any	relate	ed or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trus	tee
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	ndividual frustee or director			Key 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
_(1) William B. Airey	50	.,		.,				007.505		07.657
President/Direc	50	Х		X				207,685.	0.	27,657.
(2) Willard Kitchens Director	2	Х						9,799.	0.	0.
(3) Warren Cummings		<u> </u>						37,733.	0.	······································
Director	2	Х						10,447.	0.	0.
(4) Danny R. Albert								,		
Secretary	2	Х						9,450.	0.	0.
_(5) Franz_RGriswold Director	2	x						9,965.	0.	0.
(6) Warren G Black								3/300.		<u></u>
Director	2	Х						3,150.	0.	0.
	50	Х						40,071.	0.	0.
(8) Liguori Saladin										<u></u>
Director	2	Х						40,455.	0.	0.
(9) James F Henderson		,,						14.050		
Director	2	Х	\vdash	_				14,950.	0.	0.
(10) Terry L Walls Director	2	х		ļ				9,958.	0.	0.
(11) Joseph R Koons				\neg	_			3,300.	<u> </u>	<u></u>
Director	2	Х						9,988.	0.	0.
(12) Wesley I Crowder Director	2	х						35,400.	0.	0.
(13) Harry L. Johnston	-							33,400.		
Director	2	Χ						10,170.	0.	0.
(14) James K Fleming Director	50			х				75 226		14 820
(15) Steve F Greene	50		\vdash	- ^ 		\dashv		75,236.	0.	14,829.
Vice President	50			х				89,133.	0.	15,135.
(16) Joseph R Mech				一				-		
Treasurer	50			Х				129,778.	0.	23,656.
(17) Eric_Vonhoff				I]				
Director IS	50		Щ			X		127,717.	0.	12,401.
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Part VII Section A. Officers, Directors, Trus	T	\ey			_	C 5,	all			
、	(B) Average	Posit	tion (•	c) call i	hat a	nnlv)	(D)	(E)	(F)
Name and little	hours per week (describe hours for related organi zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of ot compensation from the organization and relate organization
(18) Thomas M. Leuer Legal Counsel	50					х		128,618.	0.	23, 6
(19) Chuck Thulin Retired CFO	0					•	х	0.	0.	18,5
(20) Donald Ross Retired Director General	0						х	0.	0.	25,9
(21)										
(22)										
(23)										
(24)										
(25)										
(26)								F		
(27)										
(28)										-
(29)										
1 b Sub-total c Total from continuation sheets to Part VII, Section	Α		1				•	961,970. 0.	0.	117,3
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited)		se lis	ted		vel	who	► rec	961,970.	0.	161,8
from the organization ► 4										Yes
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	ee, k ıl	кеу	emp	loye	ee, d	or hi	ghest compensate	ed employee	3 X
4 For any individual listed on line la, is the sum of re the organization and related organizations greater the such individual	portable nan \$15	con 0,00	npei 0? /	nsat If 'Y	ion es' i	and com	oth plet	er compensation t e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompens complete	atior e <i>Scl</i>	n fro hedi	om a ule .	ny <i>I foi</i>	unre suc	late ch p	d organization or erson	ındıvıdual	5
Complete this table for your five highest compensation from the organization	ed ındej	pend	ent	con	trac	tors	tha	t received more th	nan \$100,000 of	·
(A) Name and business address	s							(B) Description o	of services	(C) Compensatio
						-		- <u>-</u>		-

Pa	rt VIII Statement of Revenue				
; ;	•	(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	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f	37,225,656.			
<u></u>	Business Code	31,223,030.			
PROGRAM SERVICE REVENUE	2a Sales/Official Supplies 453000 b Program related fees 611710 c Other miscellaneous 561499 d Advertising Income 511120	2,111,495. 1,185,485. 1,033,155. 304,860.	2,111,495. 1,185,485. 1,033,155.	304,860.	
Se S	f All other program service revenue				
<u>8</u>	g Total. Add lines 2a-2f ▶	4,634,995.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	4,676,683.			4,676,683.
	5 Royalties	503,988.			503,988.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) 1,276,300. 1,276,300.	1,276,300.	1,276,300.		
	(i) Securities (ii) Other	1,276,300.	1,270,300.		
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	A shakari a			, , , , , , , , , , , , , , , , , , ,
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events		X X		
	-				
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b			- 10m2	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				/
į	Miscellaneous Revenue Business Code				
	11a b c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	48,317,622.	5,606,435.	304,860.	<u>5,180,671.</u>

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) (**D**) Fundraising (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 16,522,697 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 786,912. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,465 5,718,375 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 280,544 Other employee benefits 951,790 503,936 10 Payroll taxes 11 Fees for services (non-employees) a Management 358,175. **b** Legal 53,344.c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 166,820. a Other 673,400. 12 Advertising and promotion 1,750,293. 13 Office expenses. 324,215 14 Information technology 90,035 15 Royalties 416,745 16 Occupancy 921,930. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ,164,729. 20 Interest 452,448. 21 Payments to affiliates 1,410,258 22 Depreciation, depletion, and amortization 23 Insurance 6,839,028 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 1,518,251 a Centralized Dues Program b Bad Debts___ 1,031,144. ,025,546. c Official Supplies d Postage and Shipping 961,539. e Printing and Publications 738,666. 465,450. f All other expenses 25 Total functional expenses Add lines 1 through 24f 45,170,735 Joint costs. Check here ► If following SOP 98-2 (ASC 958-720) Complete this line

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only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Balance Sheet

Part X

(A) Beginning of year End of year 1,346,872 1 1,072,635. Cash - non-interest-bearing 2,701,976. 2 3,820,274. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 3,862,059 4 6,342,327 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 2,118,192. 4,618,222 7 Notes and loans receivable, net 775,891. 8 661,353 Inventories for sale or use Prepaid expenses and deferred charges 173,549 9 574,715. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule $\ensuremath{\mathsf{D}}$ 10a 62,574,001 28,100,534. <u>34,4</u>73,467. 10b 33,038,978 b Less accumulated depreciation 10c 11 Investments - publicly traded securities 86,407,109 94,903,488 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 7,787,527 6,438,349. 15 Other assets See Part IV, line 11 15 140,597,645 150,519,338. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 18,392,115. 17 17 16,011,225. Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 22 25,895,965. 23 902,378 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 838,213 25 785,848. 26 Total liabilities. Add lines 17 through 25 45, 132, 706 26 42,693,038. X and complete lines Organizations that follow SFAS 117, check here 校 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 95, 464, 939 27 107,826,300. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 95, 464, 939 33 107,826,300. Total net assets or fund balances. 34 140,597,645 Total liabilities and net assets/fund balances 34 150,519,338.

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Form **990** (2010)

Form 990 (2010) MOOSE INTERNATIONAL, INC.	36-1408120) Pag	ge 12
Reconciliation of Net Assets	_		
Check if Schedule O contains a response to any question in this Part XI			X
	F . 1		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	48,317,6	_
2 Total expenses (must equal Part IX, column (A), line 25)	2	45,170,7	
3 Revenue less expenses Subtract line 2 from line 1	3	3,146,8	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,464,9	<u>39.</u>
5 Other changes in net assets or fund balances (explain in Schedule O). See Schedule Q	5	9,214,4	74.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line column (B))	33, 6 1	07,826,3	00.
RantXIII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			\Box
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O	ain		
2a Were the organization's financial statements compiled or reviewed by an independent accounta	ınt?	2a	X
b 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 review, or compilation of its financial statements and selection of an independent accountant?	oversight of the audit,	2c X	
If the organization changed either its oversight process or selection process during the tax year in Schedule \boldsymbol{O}	, explain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the separate basis, consolidated basis, or both	year were issued on a		
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as s Audit Act and OMB Circular A-133?	et forth in the Single	3a	<u>x</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not ur or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	idergo the required audit	3b	
BAA		Form 990 (2	2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

OMB No 1545 0047

Name of the organization

MOOSE INTERNATIONAL, INC 36-1408120 Part M Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other No purpose conferring impermissible private benefit? Yes Part III Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 400 Held at the End of the Tax Year 2a a Total number of conservation easements 2<u>b</u> **b** Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **⊳**\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	ming Conection	ns of Art, Histo	<u>orical Treasu</u>	res, or C	Other Similar A	ssets (c	<u>ontın</u>
3 Using the organization's acquisitivens (check all that apply)	ion, accession, and	other records, ch	neck any of the f	ollowing t	hat are a significar	nt use of its	colle
a Public exhibition		d 🗌 Loan	or exchange pro	grams			
b Scholarly research		e Other					
c Preservation for future gener	rations	_					
4 Provide a description of the orga Part XIV						pose in	
5 During the year, did the organiza assets to be sold to raise funds r	rather than to be m	aıntaıned as part	of the organizati	on's colle	ction?	Yes	
Part IV Escrow and Custodia 9, or reported an amo	unt on Form 99	Complete if 0, Part X, line	organization a 21.	answere	ed 'Yes' to Form	1 990, Pa	art IV
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediar	y for contribution	s or other	assets not	Yes	
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ing table				
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1 f		
2a Did the organization include an a	mount on Form 99	0. Part X. line 21	>		<u> </u>	Yes	
b If 'Yes,' explain the arrangement		-,				□	'
Part V Endowment Funds. Co		ganization an	swered 'Yes'	to Form	990. Part IV. II	ne 10.	
	(a) Current year	(b) Prior yea		rears back	(d) Three years bad		our yea
1a Beginning of year balance	79,386,992			0.	(u) Thirde years bar	, (e) i	oui yeu
b Contributions	5,413,658			<u> </u>	· · · · · · · · · · · · · · · · · · ·	1 ₂	<u>'</u>
b Contributions	3,413,030	4,157,0	707.			**	•/
c Net investment earnings, gains, and losses	14,530,456						
d Grants or scholarships	-2,650,000	. −3,650,C	00.		* **	<u> </u>	
Other expenditures for facilities and programs						** 1	<u> </u>
f Administrative expenses					<u> </u>		
g End of year balance	96,681,104	. 79,386,9	92.	0.	*		
2 Provide the estimated percentage	e of the year end b	alance held as					
a Board designated or quasi-endow	vment ►8	39.00 %					
b Permanent endowment ►	1.00%	-					
c Term endowment ► 10	.00%						
3a Are there endowment funds not a	n the nossession o	f the organization	that are held an	d adminis	tered for the		
organization by	ii tile possession o	i the organization	triat are netu ar	iu auminis	stered for the		Yes
(i) unrelated organizations.						3a(i)	
(ii) related organizations						3a(ii)	Х
•	organizations listed	as required on So	chedule R?			3b	X
b If 'Yes' to 3a(u), are the related of	. 5	•		Part	XTV		
b If 'Yes' to 3a(ii), are the related ofDescribe in Part XIV the intended	t uses of the organ	ization's endowm					
4 Describe in Part XIV the intended							
4 Describe in Part XIV the intended	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot	her	(c) Accumulated	(d) B	look v
Part VI Land, Buildings, and Description of investment	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot basis (othe	r)	(c) Accumulated depreciation		
Part VI Land, Buildings, and Description of investment 1 a Land	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot basis (othe 1,772,	r) 781.	depreciation	1,	, 772
Describe in Part XIV the intended Part VI Land, Buildings, and I Description of investment 1 a Land b Buildings	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot basis (othe	r) 781.		1,	
4 Describe in Part XIV the intended Part VI Land, Buildings, and Composition of investment 1 a Land b Buildings c Leasehold improvements	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot basis (othe 1,772,	r) 781.	depreciation	1,	, 772
Describe in Part XIV the intended Part VI Land, Buildings, and I Description of investment 1 a Land b Buildings	Equipment. See	Form 990, Pa	art X, line 10. (b) Cost or ot basis (othe 1,772,	781. 387.	depreciation	1, 30,	, 772

ScHedule D (Form 990) 2010 MOOSE INTERNATIONA			108120 Page 3
Part VII Investments-Other Securities. See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
(1) Financial derivatives		Cost of end-of-year fin	arket value
(2) Closely-held equity interests	·-		
(3) Other			
(A)			
(B)			
(C)			
(D)			····
(E)		· · · · · · · · · · · · · · · · · · ·	
(F)			
(G)			
(H)			
(1)			*."
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		·	-
Part VIII Investments-Program Related. (See I	orm 990, Part X, I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	arket value
(1)			
(2)			
_(3)			-
(4)			
(5)			4
(6)			
(8)			
(9)			
(10)			
Tabal (0-10-0-24)	Li de la companya di santa di	in v A 🛝 8.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			X. X
Part IX Other Assets. (See Form 990, Part X,	line 15) N/A		
Part IX Other Assets. (See Form 990, Part X, (a) Des			(b) Book value
Part IX Other Assets. (See Form 990, Part X, (a) Des	line 15) N/A		
Part IX Other Assets. (See Form 990, Part X, (a) Des (1) (2)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	line 15) N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15) N/A scription		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Total.)	line 15) N/A scription		
Column (b) must equal Form 990, Part X, column(B) Part X Other Assets. (See Form 990, Part X, (a) Des (a	line 15) N/A scription or line 15) N/A N/A N/A N/A		
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part (a) Description of liability	line 15) N/A scription or line 15) N/A N/A N/A N/A		
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Par), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part X Other Liabilit	Inne 15) N/A scription 1), line 15) X, line 25) (b) Amount 226, 78	D. 5.	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Par), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Due to Moose Charities (3) Due to Moose Foundation (4) Due to Moosehaven), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Due to Moose Charities (3) Due to Moose Foundation (4) Due to Moosehaven (5)), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Due to Moose Charities (3) Due to Moose Foundation (4) Due to Moosehaven (5) (6)), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Rart IX Other Assets. (See Form 990, Part X, (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B, Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Due to Moose Charities (3) Due to Moose Foundation (4) Due to Moosehaven (5) (6) (7)), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Column (b) must equal Form 990, Part X, column(B) Ca), line 15) X, line 25) (b) Amount 226, 78 70, 29	D. 5.	
Column (b) must equal Form 990, Part X, column(B) Call Column (b) must equal Form 990, Part X, column(B)), line 15) X, line 25) (b) Amount 226, 78 70, 29	0. 5. 3.	

Schedule D (Form 990) 2010 MOOSE INTERNATIONAL, INC.		36-1408120 Pag
Reconciliation of Change in Net Assets from Form 990 to Audited	d Financial Statements	N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12).		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		<u> </u>
7 Prior period adjustments		
8 Other (Describe in Part XIV)		-
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	
Part XIII Reconciliation of Revenue per Audited Financial Sta		Return N/A
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		×.3
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
· · · · ·		- \$\$\$[
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e
	1 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Rart XIII Reconciliation of Expenses per Audited Financial St	atements With Expenses pe	
Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	<u> </u>
c Other losses.	2c	
d Other (Describe in Part XIV)	2d	
e 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:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, ar Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Par any additional information		
Part V, Line 4 - Intended Uses Of Endowment Fund		
To_ensure_continued_operations_of_charitable_e		
Part X - FIN 48 Footnote		
Income_Taxes		
During the fiscal year ended April 30,2010, th		d the
authoritative guidance issued by the Financial		
that clarifies the accounting for uncertainty		
BAA TEEA3304L 02/11/		Schedule D (Form 990) 20
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Schedule D (Form 990) 2010 MOOSE INTERNATIONAL, INC. Part XIV Supplemental Information (continued)	36-1408120	Page 5
Part X - FIN 48 Footnote (continued)		
entity's financial statements and prescribes a recognition the	hreshold of	
more-likely-than-not to be sustained upon examination. Measu	urement of the tax	
uncertainty occurs if the recognition threshold has not been	met. This guidance	
also addresses_derecognition, classification, interest and pe	enalties, disclosure,	'
and transition. The Organization conducts business solely in	n the U.S. and Canada	a
and, as a result, files information returns for U.S., Illino:	is_and_various_other	
states and jurisdictions. In the normal course of business,	the Organization is	
subject to examination by taxing authorities. The Organizat:	ion's information	
returns for years subsequent to fiscal 2005 are open, by stat	tute, for review by	
authorities. However, at present, there are no ongoing incor	ne_tax_audits_or	
unresolved disputes with the various tax authorities that the	e Organization currer	ıtly
files or has filed with. The adoption of this quidance did r	not have any materia]	L
effect_on_the Organization's financial position, changes in r	<u>net_assets,_or_cash_</u>	
flows as of April 30, 2010.		

Schedule D (Form 990) 2010 MOOSE INTERNATIONAL, INC. Partix V Supplemental Information (continued)	36-1408120	Page 5
Partix Supplemental Information (continued)		
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	·	- -
	- 	- -

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. 2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)				Oversight of Canadian	
(1) North America (2)		1	Program services	Moose units	113,772
(3)					
(4)					
(5)					
(6)	1				-
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3a Sub-total		1			113,772.
b Total from continuation		1			
sheets to Part I c Totals (add lines 3a and 3b)	0	1			113,772.

Page 2

× Schedule F (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Đ									
(3)		And the second s							
(9)	and the second s	* * *							
€									
9	The Constitution of the Co								
9									
9									
8									
6									
(10)	THE MINISTRAL AND ADDRESS OF THE PARTY OF TH								
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

BAA

Schedule F (Form 990) 2010

Page, 3

36-1408120

Schedule F (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Partilla Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2010 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance **a** 9 BAA BAA € 8 e 8 9 3 (13) 14 <u>[</u>2 0 ପ୍ 9 <u></u> (2) (E)

Sche	edule F (Form 990) 2010 MOOSE INTERNATIONAL, INC.	36-1408120	Page 4
Pai	TilV Foreign Forms		
1	Was the organization a US transferor of property to a foreign corporation during the tax year? If 'Yes,' organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see instructions for Form 926)	<i>the</i>	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization majerequired to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Ceforeign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certa Foreign Corporations (see instructions for Form 5471)	e ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621)	fied <i>r a</i> Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instruction for Form 5713)	yes	X No

TEEA3505L 10/27/10

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Schedule **F** (Form 990) 2010

Schedule F (Form 990) 2010 MOOSE INTERNATIONAL, INC.	36-1408120	Page 5
Supplemental Information Complete this part to provide the information required by Part I, line 2 (m 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also any additional information (see instructions).	ionitoring of funds); Pa art III (accounting meth complete t his part to p	rt I, line lod); and provide
any additional information (See instructions).		
		- -
		
		-
		-
		-
	- 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545 0047

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Employer identification number 36-1408120 ž |

XXes

配部側盤 General Information on Grants and Assistance MOOSE INTERNATIONAL,

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. মুর্টায় Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II can be duplicated if additional space is needed

Part II can be duplicated if additional space is	additional space	needed					▲
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(η)							Provide
							funds for
							the
(2) Moose_Charities,_Inc							operation of
155_S. International_Dr_							Moose
Mooseheart, IL 60539	36-3993740 50	501 (c) 3	422, 697.	0			Charities
(3)							To provide
							additional
							funding to
(4) Moosehaven, Inc.							provide &
155_S. International_Dr_							care for
Mooseheart, IL 60539	59-3268779	501 (c) 3	5,300,000.	0.			elderly
(5)							To provide
							additional
							funding to
(6) Mooseheart Child City &							provide &
onal [care for
Mooseheart, IL 60539	36-3993735	501 (c) 3	10,800,000.	0.			children
ω							
(8)							
2 Enter total number of section 501(c)(3) and povernment proaptions	3) and government o	rdanizations					7
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Schedule I (Form 990) 2010

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Parill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(f) Description of non-cash assistance								ther additional information.								
(e) Method of valuation (book, FMV, appraisal, other)								rt I, line 2, and any o		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		 		
(d) Amount of non-cash assistance						:		ation required in Par		 		 	! ! ! ! ! !	 	 	1
(c) Amount of cash grant								provide the inform		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 		 1	 	; ! ! ! ! !
(b) Number of recipients								olete this part to p		 				1 1 1 1 1 1 1 1 1 1		
(a) Type of grant or assistance	1	2	m	4	5	9	7	Supplemental Information. Con						1 1 1		1

Schedule I (Form 990) 2010

BAA

SCHEDULE J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545 0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990.
► See separate instructions.

Open to Public

Employer identification number 36-1408120 INTERNATIONAL Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Х 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee ۱ Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization ٩١ Х a Receive a severance payment or change-of-control payment from the organization or a related organization? **4**a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b b Any related organization? If 'Yes' to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
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	(ii) 0			0.	0	i	
Thomas M. Leue	128,618	0	0		23, 657.	152,275.	
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Chuck Thulin	()	0	0	18,5	0.		
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Donald Ross	0	-0	0	25, 937.	0.	2	
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ВАА			TEEA4102L 11/15/10	15/10		Sched	Schedule J (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open(to)Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOOSE INTERNATIONAL, INC.

Employer identification number 36-1408120

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(c) Corrected?

Yes No

(1)

(2)

(3)

(4)

(5)

(6)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.

►\$___ ►\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Partधाः Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) Balance due	(e) In (iefault?	(f) App by bo comm	oroved ard or ottee?	(g) W agree	/ritten ment?
	То	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)							•			
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total			▶ \$		20	4.300	٠ <u>٠</u> ٠٠.	£ \$1. 1	100	1, 10

Rartillia Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Part IV Business Transactions	Involving Interested Days	nc		P	age
. Complete if the organiza	tion answered 'Yes' on For	m 990, Part IV, I	ıne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	iring o
				Yes	No
(1) Don E. Airey	Director's son	25,559.	Paid wages for service		_X
(2)					
(3)					
(4) (5)				\vdash	
(6)				\vdash	
(7)	-			 	
(8)					
(9)					
(10)					
Part V Supplemental Information	ì				
Complete this part to provide ad	ditional information for responses	to guestions on Sch	nedule L (see instructions)		
					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public Inspection

Employer identification number

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

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization

MOOSE INTERNATIONAL, INC.	36-1408120
Form 990, Part III, Line 4d - Other Program Services Description	· -
Total_expenditures_incurred_in_the_publication_of_Moos	se_MagazineThe_approximate
number of individuals served is 750,000.	
Provide funds for the operation of Moose Charities, In	nc.
Form 990, Part VI, Line 11b - Form 990 Review Process	·
The 990 is sent to all Directors either via e-mail or	regular mail. Any comments or
questions are addressed before filing the return.	·
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
The Form 990 is available on the Moose International V	Website. All other documents
are available upon request.	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

MOOSE INTERNATIONAL,

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

:

Employer identification number

36-1408120

<u>Pague</u> Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)	Complete if the organiza	ition answered 'Ye	s' to Form 990,	Part IV, line 33	<u></u>		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
Ω							
(2)							
(3)							
(4)							
(5)							
(6)							
	rganizations (Complete ations during the tax ye	if the organization ar.)	answered 'Yes	to Form 990,	Part IV, line 34	because it h	ad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tus Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
(1) Mooseheart Child City & School, In 155 S. International Drive	Operation and maintenance of						
<u>IL_60539</u>	home and school for youth	II	501 (C) 3	509 (a) 1	N/A		×
(3) Moosehaven, Inc. 155 S. International Drive	Retirement community for						
(4) Mooseheart, IL 60539 59-3268779	Moose members and their family	FL	501 (c) 3	509 (a) 2	N/A		×
(5) Moose_Charities, Inc. 155 S. International Drive	Charitable organization						
(6) Mooseheart, IL 60539	supporting Moose International	TI	501 (c) 3	509 (a) 1	N/A		×
ω							
BAA For Paperwork Reduction Act Notice, see the Instructions fo	tions for Form 990.		TEEA5001L 12/22/10		Sche	Schedule R (Form 990) 2010	90) 2010

Page,2

36-1408120

Schedule R (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Partill Included on the control of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Decause it flad of Highe related of galfizations treated as a partitle ship during the tax year.		מוכח חואם	ווובמווחווא וובמוו	בח מז מ למוחובו	and filling dille	tan Jeal.	:			i
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct	(e) Predominant	(f) Share of total	(g) Share of	(h) Dispropor-	Code V-UBI	(i) General or	(k) Percentage
related organization		domicile	olling entity	income (related,	income	end-of-year	tionate	amount in box	managing	ownership
		(state or foreign		unrelated, excluded from fax under		assets	allocations	20 of Schedule K-1	partner?	
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
(1)										
(2)										
(3)										
								_		
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Partival Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Coled or a	rporation or To treated as a c	r ust (Complete corporation or t	if the organizarizations in	ration answered 'Ye e tax year.)	es' to Form 990, Pa	art IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(b) (c) Legal domicile (state or foreign country)	Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) or trust)	(e) Type of entity (C corp, S corp, or trust)	Type of entity (f) (g) Share of total income (C corp., S corp. or trust)	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Diamond Marketing Solutions							
St_Charles, IL_60174	Direct						
26-0573531	Marketing	IL	N/A	Ccorp	-857, 420.	30,659,371. 91.00	91.00
(2)							
(3)							

Schedule R (Form 990) 2010

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36-1408120

Schedule R (Form 990) 2010 MOOSE INTERNATIONAL, INC.

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
	ations listed in Parts II.	١٧٠	* 44.	X. X.	5- 6
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to other organization(s)			1 b	×	
c Gift, grant, or capital contribution from other organization(s)			2		×
d Loans or loan guarantees to or for other organization(s)			1 9	×	
e Loans or loan guarantees by other organization(s)	•		<u>.</u>		×
			27.2		
f Sale of assets to other organization(s)			11		×
g Purchase of assets from other organization(s)			10		×
h Exchange of assets			Ę		×
i Lease of facilities, equipment, or other assets to other organization(s)		•	: =	×	
					* * * * *
j Lease of facilities, equipment, or other assets from other organization(s)			ï		×
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		×
I Performance of services or membership or fundraising solicitations by other organization(s)			11		×
m Sharing of facilities, equipment, mailing lists, or other assets			1m		×
n Sharing of paid employees.		•	1n		×
o Reimbursement paid to other organization for expenses			10		×
p Reimbursement paid by other organization for expenses			1 D		×
				12	
q Other transfer of cash or property to other organization(s)			19		×
r Other transfer of cash or property from other organization(s)			11		×
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.	ng covered relationship	os and transaction thres	sholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	determ involve	ouu. Pa
(1) Mooseheart Child City & School, Inc.		10.800.000			
1					
(2) Mooseheart Child City & School, Inc.	<u> </u>	1,364,312.			
(3) Moosehaven, Inc.	a a	5,300,000.			
(4) Moosehaven, Inc.	ָּ	3,700,000.			
(5) Moose Charities, Inc.	_ <u>A</u>	422,697.			
Jamond Marketing Solutions	ס	5, 300, 0			
BAA TEEA5003L 12/23/10		Carlos	School to D (Form 990) 2017	0000	2

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Schedule R (Form 990) 2010 MOOSE INTERNATIONAL, INC.

児童和歌歌 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.

(a) (b) (c) (d) Name, address, and EIN of entity (b) (c) (c) (state or foreign 501(c)(3) (c) (d)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	ral or aging
			Yes No		Yes No		Yes	No
(1)								
(2)								
(E)								
[4]								
(5)								
<u> </u>								
<u></u>								
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	_							
ВАА		TEEA5004L 12/23/10				Schedule R (Form 990) 2010	rm 990) 2010

Schedule R	(Form 990) 2010 Supplemental Information	Page 5
Part VII	Supplemental Information	
•	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule R Cont (Form 990) 2010 MOOSE INTERNATIONAL, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

Continuation Page 1 of 1

36-1408120

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code	(E) Public charity status	(F) Direct controlling	(G) Sec 512(b)(13)	b)(13)
						Yes	S 2
Moose Title Holding Company 155 S. International Drive	Holds title to property and						
eart, IL 6053 3732	Ü	II	501 (c) 2		N/A	_	×
							<u> </u>
	•						
	•						
	•		;				
		TEEA5102L 01/25/11			Schedule R Cont (Form 990) 2010	orm 990) 2010

2010

Schedule O - Supplemental Information

Page 2

MOOSE INTERNATIONAL, INC.

36-1408120

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

\$ 9,214,474. Total \$ 9,214,474.