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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning May 1, 2010, and ending April 30, 20 11

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization KLAM
Loyal Order of Moose International #1106
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1577 Oak Avenue
 City or town, state or country, and ZIP + 4 93-0160838
Klamath Falls, OR 97601

D Employer identification number 93-016838

E Telephone number 541-883-3762

F Group Exemption Number 6002

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: KLAMATHFALLSMOOSE.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	<u>Schedule Attach</u>	1	<u>98019</u>
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	<u>1112</u>
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	<u>5a</u>	5c	
	b	Less: cost or other basis and sales expenses	<u>5b</u>		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	<u>6a</u>	6d	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<u>6b</u>			
c	Less: direct expenses from gaming and fundraising events	<u>6c</u>			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances	<u>7a</u>	7c		
b	Less: cost of goods sold	<u>7b</u>			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	<u>99131</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance	<u>Schedule Attach</u>	14	<u>16518</u>
	15	Printing, publications, postage, and shipping	<u>Schedule Attach</u>	15	<u>603</u>
	16	Other expenses (describe in Schedule O)	<u>Schedule Attach</u>	16	<u>26857</u>
	17	Total expenses. Add lines 10 through 16		17	<u>43978</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>55153</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	<u>39574</u>
	20	Other changes in net assets or fund balances (explain in Schedule O) <u>Randy</u>		20	<u>4</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	<u>94731</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

SCANNED JAN 13 2012

JAN 10 2011

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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a -0-	
b Gross receipts, included on line 9, for public use of club facilities	39b -0-	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Garry Lane</u> Telephone no. ▶ <u>541-883-3762</u> Located at ▶ <u>1577 Oak Avenue, Klamath Falls, OR</u> ZIP + 4 ▶ <u>97601</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **-0-**


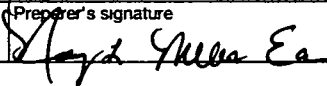
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **-0-**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here			12-11-11	
	Signature of officer		Date	
	Garry Lane Administrator			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	Nancy L Miller		12/9/11	PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LOYAL ORDER OF MOOSE FORM 990-EZ WORKSHEETS RECEIPTS		EMPLOYER IDENTIFICATION 93-016838
DESCRIPTION:		
A. Collections for Mooseheart or Moosehaven, the Endowment Fund, Lodge Building fund, Charities, etc		60,161
TOTAL (To Part I, Line 1)		60,161
B. Entertainment		
Merchandise Sales (include sales tax)		21,548
Member Gaming		
Donations		16,310
TOTAL (To Part I, Line 1)		37,858
C. Membership Dues		1,112
ABCD (A Big Chanty Dollar)		
Enrollment and other fees		
Life Membership Fees		
TOTAL (To Part I, Line 3)		1,112
D. Interest on investments-include Savings accts., CD's & NOW's		
TOTAL (To Part I, Line 4)		
E. Income from Sale of Assets (other than inventory)		
(Enter totals here and attach a detailed list.)		
Gross Sale Price		
Less Cost or other basis and sales expense		
Gain (Loss) (To Part I, Lines 5 a,b & c)		
Income from Bingo and other Non-Member gaming:		
Gross proceeds		
Less: Pay-Outs and Other Expenses		
Net Income or (Loss) (To Part I, Lines 6 a,b & c)		99,131

	LOYAL ORDER OF MOOSE FORM 990-EZ WORKSHEETS BALANCE SHEET (PART 1)		
	EMPLOYER IDENTIFICATION 93-016838		
Cash Savings and Investments		Beg. Year	End Year
Actual Cash-Lodge & ABCD		1,472	7,012
Actual Cash-House Committee			
Actual Cash-Other Authorized Checking			
Petty Cash		350	350
CD's, Savings, etc			
TOTAL (To Part II, Line 22)		1,822	7,362
LAND and BUILDINGS			
Amount Invested in Lodge Home & Other Real Estate		74,499	74,499
Furniture and Fixtures, Paraphernalia		11,342	11,342
TOTAL (To Part II, Line 23)		85,841	85,841
OTHER ASSETS:			
Inventory Social Quarters Merchandise		1,204	1,207
Inventory Kitchen Merchandise		321	321
Inventory Lodge Merchandise			
Emblems			
N.S.F. Checks			
TOTAL (To Part II, Line 24)		1,525	1,528
TOTAL LIABILITIES:			
First Mortgage Indebtedness on Real Estate		49,614	0
Other Mortgage Indebtedness			
Certificates of Indebtedness			
Notes Payable			
Indebtedness on Furniture & Fixtures			
Compensation Due Administrator			
Social Security/Withholding and Unemployment Taxes			
Unpaid Sales Tax			
Other Unpaid Taxes			
Unpaid Rent			
Unpaid Interest			
Other Lodge Bills			
Indebtedness House Committee Merchandise			
Other Unpaid House Committee Bills			
Moose International Indebtedness			
TOTAL (To Part II, Line 26)		49,614	0

LOYAL ORDER OF MOOSE		
FORM 990-EZ WORKSHEETS		
BALANCE SHEET (PART 2)		
EMPLOYER IDENTIFICATION		
93-016838		
Actual Cash-General Checking		1,312
Actual Cash-Other Auth. Checking		5,700
Escrow		
Petty Cash		350
N S F Checks		
Inventory-Social Quarters		1,207
Inventory-Food Service		321
Inventory-Other		
Lodge Home/Building		74,499
Other Property/Real Estate		
Furniture & Fixtures		11,342
Leasehold/Bldg. Improvements		
Other Receivables		
Security Deposits		
CD's, Savings, etc.		
TOTAL ASSETS (Sum of Lines 1-21)		94,731
Accounts Payable		
Notes Payable		
Indebtedness on Furniture & Fixtures		
Moose International Indebtedness		
Life Membership		
Endowment Fund		
Compensation Due Administrator		
Payroll Tax		
Wage Garnishments		
Monies Due to Other Units		
Unpaid Interest		
Real Estate Tax		
First Mortgage Indebtedness on Real Estate		
Other Mortgage Indebtedness		
Certificate of Indebtedness		
TOTAL LIABILITIES (Sum of Lines 1-19)		0
NET ASSETS (Total Assets less Total Liabilities)		94,731
TOTAL (Must be same as TOTAL ASSETS)		94,731

KLAMATH FALLS LOYAL ORDER OF MOOSE LODGE # 1106				
FYE: 4-30-2010				
OFFICERS				
NAME	TITLE	HOURS		COMPENSATION
Dick Milburn	Governor	15		0
Ernie Johnson	Past Governor	8		0
Dale Musgrove	Prelate	10		0
Doby Stork	Jr. Governor	10		0
Garry Lane	Administrator	30		0
Bob McLallen	Treasurer	6		0
Alan Church	Trustee	10		0
Tom Keen	Trustee	4		0
Phil Plumondore	Trustee	4		0
Sreve Warner	Sgt at Arms	6		0
Jim Sexton	Inner Guard	4		0
Bob Vinson	Outer Guard	4		0