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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name change

Initial return

Terminated

Amended return

Application pending

Tax-exempt status: Website: ▶

Part I

& Governance

SCANNED JUN 2 9 2012

Check if applicable. Address change

For the 2011 calendar year, or tax year beginning

Form of organization.

Corporation □ Trust □ Association □ Other ►

_					
•	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu benefit trust or private foundation)	ie Code (e	xcept blac	k lung	2011
the Treasury ue Service	► The organization may have to use a copy of this return to satisfy	state repo	rting requi	rements.	Open to Public Inspection
2011 calen	dar year, or tax year beginning , 2011, an	d ending			, 20
applicable.	Name of organization Loyal Order of the Moose Lodge 1081			D Employe	identification number
change	Doing Business As				35-0792378
ange	Number and street (or P.O box if mail is not delivered to street address)	Room/suite		E Telephone	number
ım li	PO Box 1318				812-336-5281
ed [City or town, state or country, and ZIP + 4				
return	Bloomington, Indiana 47402-1318			G Gross rec	eipts \$
on pending	F Name and address of principal officer		H(a) is this	group return fo	r affiliates? Yes No
			H(b) Are a	Il affiliates inc	luded? Yes No
npt status:	☐ 501(c)(3)	527	If "N	lo," attach a l	st (see instructions)
>			H(c) Group	exemption r	number ►
rganization.	Corporation ☐ Trust ☐ Association ☐ Other ► L Year	of formation	:	M State o	f legal domicile IN
Summa	ary				
Number o Number o Total num Total num	s box P if the organization discontinued its operations or disp if voting members of the governing body (Part VI, line 1a) if independent voting members of the governing body (Part VI, liber of individuals employed in calendar year 2011 (Part V, line 2 iber of volunteers (estimate if necessary)	 ıne 1b) .	nore than	3 4 5 6 7a	s net assets.
	ated business taxable income from Form 990-T, line 34			7b	
			Prior Ye	ear	Current Year
Contributi	ons and grants (Part VIII, line 1h)	🗀		45812	45872
Program s	service revenue (Part VIII, line 2g)	, . 🗀		496970	137429
Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d) // [].	! . 🗀		1743	2668
Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			194055	164755
	nue-add lines 8 through 11 (must equal Rart VIII, column (A), sline	12)		738580	585644
Grants an	d sımilar amounts paid (Part IX, column (A), lines 1-3)4.				
Benefits p	paid to or for members (Part IX, column (A) line 4) 102	🗀			
Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-	-10)		196210	178977
Profession	nal fundraising fees (Part IX, column (A), line 11e)	[
Total fund	Iraising expenses (Part IX, column (D), line 25) ▶				
Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	[524827	403487
Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			721037	582464

-	4	Number of independent voting members of the governing body (Part VI, line 1)	0)	. 4	
Activities 6	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	4
Cţi	6	Total number of volunteers (estimate if necessary)		. 6	
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
			Prior Y	ear	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		45812	45872
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		496970	137429
9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) / ()		1743	2668
-	11	Other revenue (Part VIII, column (A), lines, 5,6d, 8c, 9c, 10c, and 11e)		194055	164755
	12	Total revenue—add lines 8 through 11 (must equal Rart VIII, column (A), (line 12)		738580	585644
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)2.			
	14	Benefits paid to or for members (Part IX, column (A) line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		196210	178977
nse.	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		524827	403487
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		721037	582464
	19	Revenue less expenses. Subtract line 18 from line 12		17543	3180
5 o			Beginning of C	urrent Year	End of Year
85	20	Total assets (Part X, line 16)		1090072	1109128
60 60			1		
t Ass	21	Total liabilities (Part X, line 26)	L	20316	36634
Net Assets Fund Balanc	21 22	Total liabilities (Part X, line 26)		20316 1069756	36634 1072494
		, ,			
Pa	22 Irt II der pena	Net assets or fund balances. Subtract line 21 from line 20		1069756 the best of n	1072494
Pa	22 Irt II der pena	Net assets or fund balances. Subtract line 21 from line 20		1069756 the best of n	1072494
Und true	22 art II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20		1069756 the best of n	1072494
Und true	22 Int II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Lities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the complete of officer.	rer has any know	1069756 the best of maledge.	1072494 ny knowledge and belief, it is
Und true	22 Int II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Utities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared to the state of	rer has any know	1069756 the best of maledge.	1072494
Und true	22 Int II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Uties of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared to the signature of officer Signature of officer Wayne Watson Administrator	rer has any know	1069756 the best of maledge.	1072494 ny knowledge and belief, it is
Und true Sig Hei	22 Int II der pena e, correc	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Uttes of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared to the signature of officer Signature of officer Administrator	rer has any know	1069756 the best of maledge.	ny knowledge and belief, it is
Und true Sig Her	22 intil der pena e, correct in	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared by Signature of officer Name Watson Administrator Type or print name and title Print/Type preparer's name Preparer's signature	rer has any know D	1069756 the best of notedge.	1072494 ny knowledge and belief, it is -/0-/ 7_ if PTIN
Und true Sig Hei Pa	22 Int II der pena e, correc in re	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared in the signature of officer is based on all information of which prepared in the signature of officer is a declaration of preparer (other than officer). Signature of officer is a declaration of preparer (other than officer) is based on all information of which preparer is preparer in the preparer is signature. Print/Type preparer's name is preparer's signature.	Parents any know	1069756 the best of management of the best of management of the best of management of the best of the	1072494 ny knowledge and belief, it is -/0-/ 7_ if PTIN
Und true Sig Her Pa Us	22 Int II der pena e, correct in re id epare e Onl	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer) is based on all information of which prepared by Signature of officer Signature of officer Wayne Watson Administration Type or print name and title Print/Type preparer's name Preparer's signature Firm's name Firm's name	Parte Fir	the best of management of the dest of management of the dest of management of the dest of	1072494 ny knowledge and belief, it is -/0-/ 7_ if PTIN
Und true Sig Her Pa Us	22 Int II der pena e, correct in re id epare e Onl	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which prepared in the property of the property	Parte Fir	the best of maledge. Check [self-emp	1072494 ny knowledge and belief, it is - /0 - /
Und true Sig Hei Pa Pro Us	22 Intil der pena c, correct in re id epare e Onl y the IF	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which preparer signature of officer Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Prim's name Firm's address RS discuss this return with the preparer shown above? (see instructions)	Parte Fir	the best of maledge. Check [self-emp	1072494 my knowledge and belief, it is - /0 - / ~
Und true Sig Hei Pa Pro Us	22 Intil der pena c, correct in re id epare e Onl y the IF	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which preparer signature of officer Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Prim's name Firm's address RS discuss this return with the preparer shown above? (see instructions)	Date Fir	the best of maledge. Check [self-emp	1072494 ny knowledge and belief, it is - /0 - /
Und true Sig Hei Pa Pro Us	22 Intil der pena c, correct in re id epare e Onl y the IF	Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer is based on all information of which preparer signature of officer Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Prim's name Firm's address RS discuss this return with the preparer shown above? (see instructions)	Date Fir	the best of maledge. Check [self-emp	1072494 ny knowledge and belief, it is - /0 - /

Form 99) (2011)			Page 2
Part				
	Check if Schedule O contains a response	to any question in this Part III	 	<u>. ப</u>
1	Briefly describe the organization's mission:			
	The organization unites its members in the bonds of frateri social and recreational activities for the member and their f	familiae	complished through year-round schedule of	
2	Did the organization undertake any significant pr prior Form 990 or 990-EZ?			 ☑ No
3	If "Yes," describe these new services on Schedul Did the organization cease conducting, or mastervices?	ake significant changes in how	it conducts, any program	☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service acc expenses. Section 501(c)(3) and 501(c)(4) organ grants and allocations to others, the total expenses.	complishments for each of its thre nizations and section 4947(a)(1)	trusts are required to report the amo	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$.)
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				·
4d	Other program services (Describe in Schedule O. (Expenses \$ including grants of State of Stat)	
4e	Total program service expenses ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Form 99	D (2011)		F	eage 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		Yes	No
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization required to complete Schedule B, Schedule C, Part I. 2 Did the organization required to complete Schedule C, Part II. 3 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. 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 offended in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 II. 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 III. 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 V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. It to Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for ormestments—program related in Part X, line 10? If "Yes," complete Schedule D, Part XIII. Did the organization report an amount for ormestments—program related in Part X, line 10? If "Yes," complete Schedule D, Part XIII. Did the organi			/
4	, ·	<u> </u>		
		4		✓_
5				
	, · · · · · · · · · · · · · · · · · · ·	5		✓
6				
				1
7		6		_
•		7		✓
8		8		✓
9				
	•	9		✓
10		10		√
11				-
а		11a		1
b		11b		1
С		11c		1
d		11d		1
е		11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Schedule D, Parts XI, XII, and XIII	12a		✓
b		12b		✓
13		13		✓
14 a	· · · · · · · · · · · · · · · · · · ·	14a		✓
U				
	·	14b		1
15		15		1
16		16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		(2011)
		ron	… ップし	, (∠UII)

in : 22 Die	Checklist of Required Schedules (continued) id the organization report more than \$5,000 of grants and other assistance to any government or organization the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
in : 22 Did	the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	
22 Die	id the organization report more than \$5,000 of grants and other assistance to individuals in the United States in Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			✓
				√
org	mployees? If "Yes," complete Schedule J	23		√
\$1	id the organization have a tax-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b grough 24d and complete Schedule K. If "No," go to line 25	24a		1
c Die	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		√ √
25a Se	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction ith a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
ye	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I	25b		1
26 Wa	as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or squalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
su	the organization provide a grant or other assistance to an officer, director, trustee, key employee, abstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled ntity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
	las the organization a party to a business transaction with one of the following parties (see Schedule L, art IV instructions for applicable filing thresholds, conditions, and exceptions):			
b A	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV family member of a current or former officer, director, trustee, or key employee? If "Yes," complete chedule L, Part IV	28a		✓
c Ar	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		√
30 Di	id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, art I	31		1
co	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," omplete Schedule N, Part II	32		1
se	Id the organization own 100% of an entity disregarded as separate from the organization under Regulations ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
IV,	las the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, line 1	34		✓
b Di	id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable elated organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
an	id 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, art VI	37	•	1
38 Di	id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 9? Note. All Form 990 filers are required to complete Schedule O	38		√

Part '	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	· · ·		
4.			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	✓_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
	If "Yes," enter the name of the foreign country: ►		1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	ł	,
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	organization solicit any contributions that were not tax deductible?	6a	İ	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ	1	
_	and services provided to the payor?	7a	ļ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	1
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		\ <u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1]	
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	ļ
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	ł		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	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			
С	100	ł		
14a	Enter the amount of reserves on hand	14a	 	1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a	 	 •

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu				
	• Check if Schedule O contains a response to any question in this Part VI			ucu	∪13. □
Section	on A. Governing Body and Management		<u> </u>		<u></u> -
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar		1		
	committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent .	- 14 ith	l		i i
2	any other officer, director, trustee, or key employee?) WILLI	2	-	~
3	Did the organization delegate control over management duties customarily performed by or under the	direct	-		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	ı?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets	—	5		✓
6	Did the organization have members or stockholders?	[6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or approximation of the power to elect or				
	one or more members of the governing body?	_ ∟	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) men stockholders, or persons other than the governing body?				1
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	<u> </u>	7b		
0	the year by the following:	Juling	•		,
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Revenu	ie Co		
		г		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		✓
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	_ [10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	om?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ī		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor-	⊢	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'describe in Schedule O how this was done		40-		
13	Did the organization have a written whistleblower policy?	· · -	12c		
14	Did the organization have a written document retention and destruction policy?	· · }	14		▼
15	Did the process for determining compensation of the following persons include a review and approve	val by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				[
а	The organization's CEO, Executive Director, or top management official	[·	15a		√
b	Other officers or key employees of the organization	[15b		✓
40-	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 arrange with a taxable entity during the year?		ا - مه		. ,
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		16a		-
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua				· '
	organization's exempt status with respect to such arrangements?	1	16b		ا ا
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
19	Own website Another's website Upon request	ع مالمه		- to	بجرام
13	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co and financial statements available to the public during the tax year.	AITHCT OT	ınter	est p	юнсу,
20	State the name, physical address, and telephone number of the person who possesses the books and r	ecords c	of the		
	Organization: Robert Wayne Watson, 2005 S Rogers St. Bloomington, Indiana 47403, 812-336-5281		,, ,,,,		

Form	$\alpha\alpha\alpha$	120	111

				 	
Dart VIII	Compensation of Officers, Dire	actore Truetage	Kov Employees	Highest Companyate	d Employage and
raitvii	Compensation of Officers, Dire	ectors, musices,	rcy Lilipioyees,	ingriesi compensate	u Lilipioyees, aliu
	Independent Contractors				
	macponachi contractoro				

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 no	any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	(do n	ot ch	Pos eck s pe	c) ition more	than o	one an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Forme	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	orther compensation from the organization and related organizations
(1) Frank Conard										
Governor	10			✓	ļ			0	o	0
(2) William Edwards										
Past Governor	10			✓		l.		0	o	0
(3) Terry Wikle										
Jr. Goveror	10			1				0	0	0
(4) Kevin Russ										
Treasurer	10	L		✓				0	o	0
(5) Mark Taylor								1		
Prelate	10			✓				0	0	0
(6) David Jackson										
Trustee	10	✓						0	0	0
(7) Troy Smith										
Trustee	10	✓	<u> </u>					0	0	0
(8) Danny Boruff			ļ							
Trustee	10	1	L					0	0	0
(9) Robert Watson										
Administrator	40			✓		<u> </u>	L.	36400	0	0
(10)										
(11)										
(12)			<u> </u>							
(13)			-							
(14)										,
								<u> </u>	_	

(A) Name and title		(B) Average hours per week (describe hours for related organizations	box, office Individual or directo	Position (do not check more than or box, unless person is both officer and a director/truste employee (do not check more than or box, unless person is both officer and a director/truste employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee (do not check more than or box, unless person is both officer employee) (do not check more than or box, unless person is both officer employee) (do not check more than or box, unless person is both officer employee) (do not check more than or box, unless person is both officer employee) (do not check more than or box, unless person is box, unless person is box, unless person is box, unless person is b					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensatior related organizatio (W-2/1099-M	n from ons	comp		f on •n
		in Schedule O)	rustee	il trustee		уее	mpensated						nization	
(15)														
(16)														
(17)								_	<u> </u>					
(18)								_	<u> </u>					
(19)								-						
(20)								_						
(21)		<u> </u>					····							
(22)		<u> </u>				-								
(23)														
(24)	•••••													
(25)														
1b c d	Sub-total	VII, Sectio	n A					> > >	36400 0 36400					
2	Total number of individuals (including but reportable compensation from the organic	not limited			_			e) w		L	00,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual			150,	000	? /:		s, "				4		
5	Did any person listed on line 1a receive of for services rendered to the organization			nsat	tion	fro	m any	un un		ation or ind		5	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	tress							(B) Description of s	ervices	C	(C) ompens		
													<u> </u>	
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed abo	ove) who				

	90 (201	<u>· </u>				Page 9
Part		Statement of Revenue	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
91 va	1a	Federated campaigns 1a		function revenue	revenue	under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b		7497			
s, Gifts milar A	d	Related organizations 1d Government grants (contributions) 1e				
bution ther Si	f	All other contributions, gifts, grants,	6469			
Contri and O	g h	Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f	▶ 45872			
Program Service Revenue	2a	Committees Business Co	137429	137429		
rvice R	b b				· · · · · · · · · · · · · · · · · · ·	
ram Se	e e	All all all all all all all all all all				
Prog	f g 3	All other program service revenue . Total. Add lines 2a-2f	▶			L
	4		2668			2668
	5	Royalties	•			
	6a b	Gross rents Less: rental expenses Rental income or (loss)				
	c d 7a	Net rental income or (loss)	>			
	b	Less: cost or other basis and sales expenses				
	c d	Gain or (loss)	•		-	
enne/	8a	Gross income from fundraising events (not including \$				
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a				
ð	b c 9a	Net income or (loss) from fundraising events . Gross income from gaming activities.				
	b	Less: direct expenses b 27.	8562 3642 • 234920			
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	234920 3685	234920		
	b c	Net income or (loss) from sales of inventory	8930 • 164755	164755	-	
	11a	Miscellaneous Revenue Business Co				
	b c					
	d e 12	Total. Add lines 11a-11d	505644			
	14	Total revenue. See instructions	585644	537104		2668

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).	. , , , , , , , , , , , , , , , , , , ,

	Check if Schedule O contains a respon	se to any question	in this Part IX		🗆
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			·	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36400	36400		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	132044	132044		
9	Other employee benefits				
10	Payroll taxes	10533	10533		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1100	1100		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		"		
f	Investment management fees				
g	Other	203031	206211		
12	Advertising and promotion		<u>i</u>		
13	Office expenses	1253	1253		
14	Information technology				
15	Royalties				
16	Occupancy	131541	131541		
17	Travel	947	947	·	···
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	<i>541</i>	747		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Charges	80	80		<u> </u>
b	Permits	540	540		
C	Entertainment	39090	39090		
d	Supplies	25905	25905		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	582464	582464	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	75032	1	94188
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net	100	4	. 0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	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	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventones for sale or use	9245	8	9245
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 810594			
	b	Less: accumulated depreciation 10b	810594	10c	810594
	11	Investments—publicly traded securities	195101	11	195101
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1090072	16	1109128
	17	Accounts payable and accrued expenses	20316	17	36634
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	20316	26	36634
S	1	lines 27 through 29, and lines 33 and 34.			
Š	27	- · ·	1060756		1077404
<u> </u>	28	Unrestricted net assets	1069756	27 28	1072494
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	25	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		23	
ō	30	Capital stock or trust principal, or current funds		20.	
jets	30 31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	30 31	
4.85	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et '	33	Total net assets or fund balances	1069756	33	1072494
Z	34	Total liabilities and net assets/fund balances	1090072	34	1109128
	1.57	10th indefined and not assets fully palatices	1030072	J-4	1103128

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		Pa	ge 12
Total expenses (must equal Part IX, column (A), line 25)			
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			
Schedule O.		Yes	No
 Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 			1
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	}		

3b

Form **990** (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Loyal O	rder of the Moose Lodge 1081		35-0792378
Par		r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo		
	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3 4	Aggregate grants from (during year) Aggregate value at end of year		
5	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		
6	Did the organization inform all grantees, do	_	
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .		· · · · · · □ Yes ☑ No
Part		lete if the organization answered "Yes	
1	Purpose(s) of conservation easements held I	by the organization (check all that apply).	· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g.,	recreation or education) Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Hold of the Ford of the Ton Vers
_	Total number of concernation accoments		Held at the End of the Tax Year
a b	Total number of conservation easements . Total acreage restricted by conservation eas	· · · · · · · · · · · · · · · · · · ·	
C	Number of conservation easements on a cer		
d	Number of conservation easements includ		
_	historic structure listed in the National Regis		1 1
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	
	tax year ►		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written pol		· •
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
_			
7	Amount of expenses incurred in monitoring, ▶\$	inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170/b\//\/B\
0			· · · · · · ·
9	In Part XIV, describe how the organization re		
•	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other	•	
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted un	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other	•	education, or research in furtherance of
	public service, provide the following amount		. .
	(i) Revenues included in Form 990, Part VIII	, IINO 1	• • •
9	(ii) Assets included in Form 990, Part X If the organization received or held works		
2	following amounts required to be reported u		<u> </u>
а	Revenues included in Form 990, Part VIII, lin	· · · · · · · · · · · · · · · ·	

b Assets included in Form 990, Part X .

Por	20	2

Sched	ח בווו	/Eorm	QQAN\	2011

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	follow	ing that are a s	significant use of its
а	☐ Public exhibition				or exchange			
b	☐ Scholarly research		е [Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expla	in how t	hey further th	e orga	anization's exer	npt purpose in Part
	XIV.							
5	During the year, did the organization							
	assets to be sold to raise funds rather		-					
Part					anization ar	nswer	ed "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amoun						-46	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
L	If "Yes," explain the arrangement in Pa							☐ Yes 🗹 No
b	ii res, explain the arrangement in Fa	art Aiv and Comp	iete tile io	nowing to	abie.		A	mount
_	Beginning balance					1c		
c d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance			• • •		1f		
	Did the organization include an amoun							☐ Yes ☑ No
	If "Yes," explain the arrangement in P							
	V Endowment Funds. Comple	ete if the organi	zation an	swered	"Yes" to Fo	rm 99	0, Part IV, line	e 10.
		(a) Current year	(b) Pno				(d) Three years bac	
1a	Beginning of year balance							
b	Contributions							,
C	Net investment earnings, gains, and							1
	losses							1
d	Grants or scholarships							
e	Other expenditures for facilities and	-						
	programs							
f	Administrative expenses							
g	End of year balance				<u>l</u>			<u> </u>
2	Provide the estimated percentage of t	-		e (line 1g	j, column (a))	held a	as:	
a	Board designated or quasi-endowmen		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ►		000/					
За	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			zation th	at are held a	nd adı	ministered for th	he
Qd	organization by:	c posociation or t	ino organii	cation (iii	at are field at		1117110101010 101 11	Yes No
	(i) unrelated organizations							3a(i)
	<u> </u>							3a(ii)
b	If "Yes" to 3a(ii), are the related organ							3b
4	Describe in Part XIV the intended use	s of the organizat	ion's endo	owment f	unds.			
Part	VI Land, Buildings, and Equip	oment. See For	m 990, Pa	art X, lin	e 10.			
	Description of property	(a) Cost or of (investi			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings		810594		810594			
C	Leasehold improvements							
d	Equipment							
e	Other	.		L <u></u> .				
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part)	K, columi	n (B), line 10(d	c).) .	▶	810594

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
. (6	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	l derivatives			
	held equity interests	ļ		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)		<u> </u>		
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related	d. See Form 990. Part X	line 13	
T GIT VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation	າດ
	(a) Seesipaan of misselficial type	(0, 000.1000	Cost or end-of-year marke	
(1)				
(2)		<u> </u>		
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				,
(6)				
(8)				
(9)				
(10)	umn (b) must equal Form 990, Part X, c	ool (D) line 15)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
	il income taxes	(b) Dock vaco	-	
(2)	a moome taxoo		-	
(3)			-	
(4)			1	
(5)			1	
(6)			1	
(7)		<u> </u>	7	
(8)			1	
(9)			1	
(10)			7	
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25)			
	ASC 740) Footnote. In Part XIV, provide		the organization's financial statemen	ts that reports the
organizatio	on's liability for uncertain tax positions i	under FIN 48 (ASC 740).		

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
	Reconciliation of Revenue per Audited Financial Stateme	·		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	4	
C	Recoveries of prior year grants		4	
d	Other (Describe in Part XIV.)	2d	4	
e	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV.)		վ .	
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			<u> </u>
Part			_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b	4	
C	Other losses			1
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	48	-	
b	Other (Describe in Part XIV.)	·	۔۔۔	_
C	Add lines 4a and 4b		4	
5 Part		8 10.) 	0	<u> </u>
Comp Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, iditional information.			

Schedule D (Form 990) 2011

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 Open to Public

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Loyal Order of the Moose Lodge 1081 35-0792378 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants 8 Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (or retained by) organization (ii) Activity or entity (fundraiser) col (i) Yes Nο 1 2 3 5 6 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	•	gross receipts greater tha	ιι φο,σσο.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
•			(event type)	(event type)	(total number)	∞l (c))
Revenue	1	Gross receipts				
Reve	2	Less: Chantable contributions				
	3	Gross income (line 1 minus				
	ļ .	line 2)				_
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Comb	dd lines 4 through 9 in co	olumn (d)		()
Pa	rt III	Gaming. Complete if the	e organization answei	red "Yes" to Form 99	0, Part IV, line 19, or r	reported more
	,	than \$15,000 on Form 9	90-EZ, line 6a.			
	1			6-3 D .II 4-1- 644	I · · · · · · · · · · · · · · · · · ·	4.0 T-1-1 /- 4.4
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo 359502		(c) Other gaming	
						col (a) through col. (c))
	2	Cash prizes	359502		149060	col (a) through col. (c)) 508562
			359502		149060	col (a) through col. (c)) 508562
Direct Expenses Revenue	2	Cash prizes	359502		149060	col (a) through col. (c)) 508562
	2	Cash prizes	359502 129784	bingo/progressive bingo	149060 143858	col (a) through col. (c)) 508562
	3 4	Cash prizes	359502		149060 143858	col (a) through col. (c)) 508562
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	359502 129784 ✓ Yes 100 %	bingo/progressive bingo Yes % No	149060 143858	col (a) through col. (c)) 508562
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	359502 129784 ✓ Yes 100 % No dd lines 2 through 5 in c	bingo/progressive bingo Yes % No	149060 143858 ✓ Yes 100 % No	col (a) through col. (c)) 508562 273642
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	359502 129784 Yes 100 % No No No No No No No	bingo/progressive bingo Yes % No Dlumn (d)	149060 143858 Ves 100 % No	col (a) through col. (c)) 508562 273642 (273642)
	2 3 4 5 6 7 8	Cash prizes	359502 129784 Yes 100 % No Id lines 2 through 5 in courty. Combine line 1, colur	bingo/progressive bingo Yes % No blumn (d) nn d, and line 7 ming activities:	149060 143858 Yes 100 % No	col (a) through col. (e)) 508562 273642 (273642)
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	359502 129784 Yes 100 % No Id lines 2 through 5 in courty. Combine line 1, colur reganization operates gar perate gaming activities	yes % No Dolumn (d) nn d, and line 7 ming activities: In each of these states	149060 143858 Yes 100 % No	(273642) 234920
Direct Expenses	2 3 4 5 6 7 8 en a ls	Cash prizes	359502 129784 Yes 100 % No Id lines 2 through 5 in courty. Combine line 1, colur reganization operates gar perate gaming activities	bingo/progressive bingo Yes % No Dolumn (d) nn d, and line 7 ming activities: In each of these states	149060 143858 Yes 100 % No	(273642) 234920
Direct Expenses	2 3 4 5 6 7 8 8 9 Er a Is b If	Cash prizes	359502 129784 Yes 100 % No Id lines 2 through 5 in court of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	bingo/progressive bingo Yes % No No olumn (d) ming activities: in each of these states l, suspended or termina	149060 143858 Yes 100 % No	(273642) 234920 Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

xcriedu	Jie G (Form 990 or 990-EZ) 2011		۲	age 🗷
11 12	Does the organization operate gaming activities with nonmembers?		es 🗸	
13	Indicate the percentage of gaming activity operated in:	□ •	62 (T)	NO
a	The organization's facility		100	o %
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name Robert Wayne Watson			
	Address ► 2005 S Rogers St, Bloomington, Indiana 47403			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🗸	No
b	amount of gaming revenue retained by the third party ▶ \$			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[7] Y	es 🗀	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \$ 61,697			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).			