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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under 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.

A For the 2011 calendar year, or tax year beginning MAY 1, 2011, and ending APRIL, 2012

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

C Name of organization
SYRACUSE LODGE 625 LOYAL ORDER OF MOOSE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1121 MILTON AVE
 City or town, state or country, and ZIP + 4
SYRACUSE NY 13204-1023

D Employer identification number
15-0371320

E Telephone number
(315) 488-3477

F Group Exemption Number ► 0002

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: ► _____

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 or a section 527 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	1	10,920.16
	2	Program service revenue including government fees and contracts	2	34,018.03
	3	Membership dues and assessments	3	1,712.00
	4	Investment income	4	7.08
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	408,170.30
	Expenses	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)	6b
c		Less: direct expenses from gaming and fundraising events	6c	302,318.33
d		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	105,851.98
7a		Gross sales of inventory, less returns and allowances	7a	0
b		Less: cost of goods sold	7b	0
c		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8		Other revenue (describe in Schedule O)	8	0
9		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	152,509.24
10		Grants and similar amounts paid (list in Schedule O)	10	27,576.45
Net Assets		11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	75,793.25
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	39,753.28
	17	Total expenses. Add lines 10 through 16	17	143,122.98
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,386.26
	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	695,754.03
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	967.16
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	706,107.45	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

SCANNED OCT 03 2012

P 1

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,538.70	14,339.69
23 Land and buildings	601,771.61	601,771.61
24 Other assets (describe in Schedule O)	81,587.64	89,996.15
25 Total assets	706,897.95	706,107.45
26 Total liabilities (describe in Schedule O)	-11,143.92	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	695,754.03	706,107.45

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 "The organization unites its members in the bonds of fraternity, benevolence and charity. This is accomplished through a year round schedule of social activities for members + families about 700."

(Grants \$) If this amount includes foreign grants, check here ☐ 28a N/A

29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32

Total program service expenses (add lines 28a through 31a) ☐ 32**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD DUNCAN 106 Schiller Ave Syracuse NY 13203	ADMINISTRATOR	0		
CARL JACKSON 5600 Shute Rd Lot 30 Lafayette NY 13084	GOVERNOR	0		
John CASLAKE 1045 STATE FAIR BLVD Syracuse NY 13209	PRELATE	0		
DONALD GIBSON 516 Summit Ave Syracuse NY 13207	Treasurer	0		
ROBERT HAMANN 206 N. Geddes St Syracuse NY 13204	Trustee (2yr)	0		
CHRIS FARRANCE 248 Dale St Syracuse NY 13208	Trustee (3yr)	0		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NEW YORK</u>		
42a The organization's books are in care of ▶ <u>RICHARD DUNCAN</u> Telephone no. ▶ <u>(315) 488-3477</u> Located at ▶ <u>1121 MILTON AVE (SYRACUSE MOOSE LODGE)</u> ZIP + 4 ▶ <u>13204-1023</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	<input checked="" type="checkbox"/>
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 the U.S.?	42c	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b 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)	45b	<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

	Yes	No
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 ☐

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

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 ▶

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 *Richard G. Duncan* Signature of officer *9/13/12* Date
Richard G. Duncan (ADMINISTRATOR) Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

Syracuse Lodge 1625 LOYAL ORDER OF MOOSE

15-0371320

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ►						

- 3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				()
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

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

		(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	236,819.30	171,351.00		408,170.30
Direct Expenses	2 Cash prizes	145,997.00	121,686.00		267,683.00
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	25,306.26	9,329.07		34,635.33
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(302,318.33)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				105,851.97

9 Enter the state(s) in which the organization operates gaming activities: New York

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|--------------|
| a The organization's facility | 13a | 100 % |
| b An outside facility | 13b | 0 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RICHARD DUNCANAddress ▶ 1121 MILTON AVE SYRACUSE NY 13204

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SYRACUSE LODGE 625 LOYAL ORDER OF MOOSE

Employer identification number

15-0371320

Line 2

Income which was listed as other income \$150.
The Kitchen had sales of \$19,294.88; however, it
had expenses of \$14,777.16.
The Social Quarters had sales of \$14,573.15;
however, it had expenses of \$3,091.28. Therefore,
these expenses of \$17,868.44 will be added to line 16.

Line 10

We made donations to various organizations
including other Moose charities which amounted
to \$27,576.45.

Line 16

We had other expenses which included:

Conventions + Meetings	\$ 845.44
Entertainment	11,135.00
State Taxes	2,552.38
Bank Charges	2,396.97
Licenses	385.00
Social Quarters + Misc. Expenses	1,894.20
Celebration Expenses	1,575.00
Kids Christmas Party	1,100.85
Total	21,884.84
From Line 2	17,868.44
Total for Line 16	\$ 39,753.28

Name of the organization

SYRACUSE LODGE 625 LOYAL ORDER OF MOOSE

Employer identification number

15-0371320

Line 20

There is a difference of \$967.16 which could not be found on the Balance Sheet; however, all of the other numbers match up.

Line 24

Furniture & Equipment is valued at \$78,045.69.

Also have Inventory Assets from:

Social Quarters	\$ 5,008.52
Kitchen	2,107.77
Bingo	3,152.16
Gaming	1,682.01
Total	11,950.46
Furniture & Equipment	78,045.69
Total Asset for Line 24	\$89,996.15

4:05 PM
09/05/12
Accrual Basis

Syracuse Moose Lodge #625
Profit & Loss
May 2011 through April 2012

	<u>May '11 - Apr 12</u>
Income	
4000.00 · DUES & FEES INCOME	
4005.00 · Membership Dues	18.00
4010.00 · Centralized Dues	1,694.00
Total 4000.00 · DUES & FEES INCOME	1,712.00
4225.00 · SOCIAL QUARTERS SALES	
4230.00 · Beer Sales	4,038.10
4235.00 · Liquor Sales	8,155.75
4240.00 · Wine Sales	2,379.30
Total 4225.00 · SOCIAL QUARTERS SALES	14,573.15
4250.00 · KITCHEN SALES	
4255.00 · Food Sales	19,294.88
Total 4250.00 · KITCHEN SALES	19,294.88
4300.00 · DONATIONS RECEIVED	10,920.16
4400.00 · Interest Investment Income	7.08
4500.00 · BINGO INCOME	
4505.00 · Admission and Card Sales	235,286.50
4510.00 · Bingo Merchandise Sales	1,532.80
Total 4500.00 · BINGO INCOME	236,819.30
4550.00 · GAMING INCOME	171,351.00
4600.00 · OTHER INCOME	150.00
Total Income	454,827.57
Cost of Goods Sold	
5000.00 · COST OF GOOD SOLD	
5050.00 · Kitchen Cost of Goods Sold	14,777.16
Total 5000.00 · COST OF GOOD SOLD	14,777.16
5025.00 · SOCIAL QRT.COST OF GOOD SOLD	
5041.00 · Soda	388.00
5030.00 · Beer - Cost of Goods Sold	2,703.28
5035.00 · Liquor - Cost of Goods Sold	0.00
5040.00 · Wine - Cost of Goods Sold	0.00
Total 5025.00 · SOCIAL QRT.COST OF GOOD SOLD	3,091.28
Total COGS	17,868.44
Gross Profit	436,959.13
Expense	
5125.00 · SOC. QRT. PAYROLL & BEN.EXPENSE	
5140.00 · Sales Tax Paid	2,552.38
Total 5125.00 · SOC. QRT. PAYROLL & BEN.EXPENSE	2,552.38
5200.00 · SUPPLIES & MISC. EXPENSES	
5230.00 · Entertainment	11,135.00
5225.00 · Social Qtrs Supplies & Misc Exp	1,894.20
5205.00 · Celebration Expense	1,575.00
Total 5200.00 · SUPPLIES & MISC. EXPENSES	14,604.20
5250.00 · KIT. SUPPLIES & MISC. EXPENSES	14,689.22
5300.00 · DONATION EXPENSES	
5310.00 · Other Moose Charity Donations	1,783.00
5305.00 · Misc. Donations	25,793.45
Total 5300.00 · DONATION EXPENSES	27,576.45
5400.00 · GENERAL ADMINISTRATION EXPENSES	
5405.00 · Bank Charges	2,396.97
5415.00 · Licenses and Permits	385.00
Total 5400.00 · GENERAL ADMINISTRATION EXPENSES	2,781.97

4:05 PM
09/05/12
Accrual Basis

Syracuse Moose Lodge #625
Profit & Loss
May 2011 through April 2012

	<u>May '11 - Apr 12</u>
5500.00 · BINGO EXPENSES	
5525.00 · Bingo Advertisements	3,900.00
5520.00 · Bingo Donations	583.18
5515.00 · Bingo Taxes/License	2,985.20
5510.00 · Prizes	145,997.00
5505.00 · Bingo Supplies	17,837.88
5500.00 · BINGO EXPENSES - Other	0.00
Total 5500.00 · BINGO EXPENSES	<u>171,303.26</u>
5550.00 · GAMING EXPENSES	
5551.00 · Gaming Prizes	121,686.00
5570.00 · Gaming Donations	908.53
5560.00 · NYSRWB	2,007.79
5555.00 · Gaming Supplies	6,412.75
5550.00 · GAMING EXPENSES - Other	0.00
Total 5550.00 · GAMING EXPENSES	<u>131,015.07</u>
5600.00 · OCCUPANCY EXPENSES	
5625.00 · Insurance & Risk pool	6,494.59
5620.00 · Maintenance & Repairs	36,435.01
5615.00 · Telephone	641.95
5605.00 · Utilities	28,750.86
5610.00 · Real Estate Tax Expense	3,470.84
Total 5600.00 · OCCUPANCY EXPENSES	<u>75,793.25</u>
5700.00 · SPECIAL PROJ. & COMM. EXPENSES	
5705.00 · Kids Christmas Party	1,100.85
Total 5700.00 · SPECIAL PROJ. & COMM. EXPENSES	<u>1,100.85</u>
5800.00 · TRAVEL & REP EXPENSES	
5825.00 · Representative Travel Expenses	520.44
5820.00 · Secretary Travel Expenses	325.00
Total 5800.00 · TRAVEL & REP EXPENSES	<u>845.44</u>
Total Expense	<u>442,262.09</u>
Net Income	<u><u>-5,302.96</u></u>

4:55 PM
09/11/12
Accrual Basis

Syracuse Moose Lodge #625
Balance Sheet
As of April 30, 2012

	<u>Apr 30, 12</u>
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · CASH	
1007.00 · Gaming – Cash	5,012.50
1006.00 · Bingo – Cash	4,475.28
1005.00 · General Checking - Cash	793.59
1010.00 · Savings - Cash	314.32
1025.00 · Petty Cash	3,744.00
Total 1000.00 · CASH	<u>14,339.69</u>
Total Checking/Savings	<u>14,339.69</u>
Other Current Assets	
1300.00 · INVENTORY	
1310.00 · Social Quarters Inventory	5,008.52
1315.00 · Kitchen Inventory	2,107.77
1320.00 · Bingo Inventory	3,152.16
1325.00 · Gaming Inventory	1,682.01
Total 1300.00 · INVENTORY	<u>11,950.46</u>
Total Other Current Assets	<u>11,950.46</u>
Total Current Assets	<u>26,290.15</u>
Fixed Assets	
1700.00 · BUILDINGS & PROPERTIES	
1705.00 · Lodge Home/Building	601,771.61
Total 1700.00 · BUILDINGS & PROPERTIES	<u>601,771.61</u>
1800.00 · FURNITURE & EQUIPMENT	
1805.00 · Furniture, Fixtures & Equipment	78,045.69
Total 1800.00 · FURNITURE & EQUIPMENT	<u>78,045.69</u>
Total Fixed Assets	<u>679,817.30</u>
TOTAL ASSETS	<u><u>706,107.45</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 · ACCOUNTS PAYABLE	1,500.00
Total Accounts Payable	<u>1,500.00</u>
Other Current Liabilities	
2500.00 · DUE TO OTHER FRATERNAL UNITS	
2505.00 · Endowment - Moose Charities	-200.00
2515.00 · ABCD/Per Capita due to MI	-2,000.00
Total 2500.00 · DUE TO OTHER FRATERNAL UNITS	<u>-2,200.00</u>
Total Other Current Liabilities	<u>-2,200.00</u>
Total Current Liabilities	<u>-700.00</u>
Total Liabilities	<u>-700.00</u>
Equity	
3000.00 · OPENING BALANCE EQUITY	770,401.08
3900.00 · Retained Earnings	-65,455.41
Net Income	1,861.78
Total Equity	<u>706,807.45</u>
TOTAL LIABILITIES & EQUITY	<u><u>706,107.45</u></u>