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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**Open to Public Inspection**

**A** For the 2011 calendar year, or tax year beginning 5/1/2011, and ending 4/30/2012

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

**C** Name of organization PARKERSBUR LOYAL ORDER OF MOOSE #1  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
P O BOX 1582  
 City or town, state or country, and ZIP + 4  
PARKERSBURG WV 26102

**D** Employer identification number 55-0221134

**E** Telephone number (304) 422-6176

**F** Name and address of principal officer  
SHIRLEY DAVIS STREET, PARKERSBURG, WV 26101

**G** Gross receipts \$ 596,791

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( 8 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation 1959

**M** State of legal domicile WV

**Part I Summary**

|                             |   |  |  |              |
|-----------------------------|---|--|--|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities   | <u>THE LODGE UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY, BENEVOLENCE, AND CHARITY, THIS IS ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES, ESTIMATED TO 1900</u> |              |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |  |              |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)  | <u>3</u>   |              |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | <u>4</u>   |              |
|                             | 5   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <u>5</u>   |              |
|                             | 6   | Total number of volunteers (estimate if necessary)   | <u>6</u>   | <u>5</u>     |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | <u>7a</u>  |              |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34            | <u>7b</u>  |  |              |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)  | Prior Year   | Current Year |
|                             | 9   | Program service revenue (Part VIII, line 2g)   | 21,034   | 11,412       |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 8  | 10           |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 222,285  | 247,391      |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 255,411  | 264,934      |
|                             | Expenses  | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |              |
| 14                          |   | Benefits paid to or for members (Part IX, column (A), line 4)  |  |              |
| 15                          |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 128,415  | 127,482      |
| 16a                         |   | Professional fundraising fees (Part IX, column (A), line 11e)  |  |              |
| 16b                         |   | Total fundraising expenses (Part IX, column (D), line 25)  |  |              |
| 17                          |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 111,597  | 117,581      |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 240,012  | 245,063  |              |
| 19                          | Revenue less expenses. Subtract line 18 from line 12                      | 15,399   | 19,871   |              |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | Beginning of Current Year  | End of Year  |
|                             | 21  | Total liabilities (Part X, line 26)  | 1,172,054  | 1,176,037    |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20   | 305,101  | 289,213      |

**Part II Signature Block**

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**

Signature of officer: Charles M. Swackhamer Date: 1-21-13

Type or print name and title: Charles M. Swackhamer - Administrator

**Paid Preparer Use Only**

Print/Type preparer's name: PATRICIA NICKKI HUNT Preparer's signature: PATRICIA NICKKI HUNT Date: 1/22/2013 Check  if self-employed PTIN: P00366241

Firm's name: WV TAX and BOOKKEEPING ASSOCIATES, INC Firm's EIN: 35-2164918

Firm's address: 224 WALNUT STREET, RAVENSWOOD, WV 26164 Phone no: (304) 273-5406

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED FEB 28 2013

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE LODGE UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY, BENEVOLENCE, AND CHARITY, THIS IS ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 245,063 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE LODGE UNITES ITS MEMBERS INC THE BONDS OF FRATERNITY

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 245,063

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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   |     |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     |    |
| 6 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 I  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   |     | X  |
| 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   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  |     | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>                            |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     |    |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>  |     |    |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>  |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>   |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     |    |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and a grid for responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  
 Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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 committee, explain in Schedule O |     |    |
| <b>1b</b> Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b> 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?   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b> Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |     |    |
| <b>a</b> The governing body?  |     | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body?  |     | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     | X  |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |     | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  |     | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   |     |    |
| <b>13</b> Did the organization have a written whistleblower policy?   |     | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?  |     | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   |     | X  |
| <b>b</b> Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |     | X  |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section 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  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 MIKE SWACKHAMMER 304-422-6176  
 3504 CADILLAC DRIVE, PARKERSBURG, WV 26104

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DANIEL PERRY<br>ADMINISTRATOR | 40 00  | X   |                       | X       |              | X                            |        |  |   |   |
| (2) HERMAN E CAMPBELL<br>GOVERNOR | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (3) RANDY LOCKHART<br>JR PAST GOV | 2.00   | X   |                       |         |              |                              |        |  |   |   |
| (4) PAUL DAVIS<br>JR GOVERNOR     | 2.00   | X   |                       |         |              |                              |        |  |   |   |
| (5) MARK MACE<br>TREASURER        | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (6) DAN SLAVIN<br>PRELATE         | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (7) JOHN SAMS<br>TRUSTEE          | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (8) PAUL COCHRAN<br>TRUSTEE       | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (9) ELDON KERNS<br>TRUSTEE        | 2 00   | X   |                       |         |              |                              |        |  |   |   |
| (10)                              |  |   |                       |         |              |                              |        |  |   |   |
| (11)                              |  |   |                       |         |              |                              |        |  |   |   |
| (12)                              |  |   |                       |         |              |                              |        |  |   |   |
| (13)                              |  |   |                       |         |              |                              |        |  |   |   |
| (14)                              |  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15).....  |  |   |                       |         |              |                              |        |  |   |   |
| (16).....  |  |   |                       |         |              |                              |        |  |   |   |
| (17).....  |  |   |                       |         |              |                              |        |  |   |   |
| (18).....  |  |   |                       |         |              |                              |        |  |   |   |
| (19).....  |  |   |                       |         |              |                              |        |  |   |   |
| (20).....  |  |   |                       |         |              |                              |        |  |   |   |
| (21).....  |  |   |                       |         |              |                              |        |  |   |   |
| (22).....  |  |   |                       |         |              |                              |        |  |   |   |
| (23).....  |  |   |                       |         |              |                              |        |  |   |   |
| (24).....  |  |   |                       |         |              |                              |        |  |   |   |
| (25).....  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512, 513, or 514 |  |
|---|---|--|----------------------|--|---|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns  | 1a                   |  |   |   |  |
|   | b   | Membership dues  | 1b                   | 7,878  |   |   |  |
|   | c   | Fundraising events   | 1c                   |  |   |   |  |
|   | d   | Related organizations  | 1d                   |  |   |   |  |
|   | e   | Government grants (contributions)  | 1e                   |  |   |   |  |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f                   | 3,534  |   |   |  |
|   | g   | Noncash contributions included in lines 1a-1f  | \$                   |  |   |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f  | ▶                    | 11,412   |   |   |  |
|   | Program Service Revenue                                     |  |                      | Business Code                                      |   |   |  |
| 2a  |   | COMMITTEE INCOME   |                      | 6,121  |   |   |  |
| b   |   | .....  |                      |  |   |   |  |
| c   |   | .....  |                      |  |   |   |  |
| d   |   | .....  |                      |  |   |   |  |
| e   |   | .....  |                      |  |   |   |  |
| f   |   | All other program service revenue  |                      |  |   |   |  |
| g   | <b>Total.</b> Add lines 2a-2f                               | ▶  | 6,121                |  |   |   |  |
| Other Revenue   | 3   | Investment income (including dividends, interest, and<br>other similar amounts)  | ▶                    | 10   |   |   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds   | ▶                    |  |   |   |  |
|   | 5   | Royalties  | ▶                    |  |   |   |  |
|   |   |  | (i) Real             | (ii) Personal                                      |   |   |  |
|   | 6a  | Gross rents  |                      |  |   |   |  |
|   | b   | Less rental expenses   |                      |  |   |   |  |
|   | c   | Rental income or (loss)  |                      |  |   |   |  |
|   | d   | Net rental income or (loss)  | ▶                    |  |   |   |  |
|   |   |  | (i) Securities       | (ii) Other   |   |   |  |
|   | 7a  | Gross amount from sales of<br>assets other than inventory  |                      |  |   |   |  |
|   | b   | Less cost or other basis<br>and sales expenses   |                      |  |   |   |  |
|   | c   | Gain or (loss)   |                      |  |   |   |  |
|   | d   | Net gain or (loss)   | ▶                    |  |   |   |  |
|   | 8a  | Gross income from fundraising<br>events (not including \$ .....<br>of contributions reported on line 1c)<br>See Part IV, line 18 | a                    | 303,189  |   |   |  |
|   | b   | Less direct expenses   | b                    | 221,271  |   |   |  |
| c   | Net income or (loss) from fundraising events                | ▶  | 81,918               |  |   |   |  |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 | a  |                      |  |   |   |  |
| b   | Less direct expenses  | b  |                      |  |   |   |  |
| c   | Net income or (loss) from gaming activities                 | ▶  |                      |  |   |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances    | a  | 203,137              |  |   |   |  |
| b   | Less cost of goods sold                                     | b  | 110,586              |  |   |   |  |
| c   | Net income or (loss) from sales of inventory                | ▶  | 92,551               |  |   |   |  |
|   |   | Miscellaneous Revenue  | Business Code        |  |   |   |  |
| 11a   | .....   |  | 72,922               |  |   |   |  |
| b   | .....   |  |                      |  |   |   |  |
| c   | .....   |  |                      |  |   |   |  |
| d   | All other revenue   |  |                      |  |   |   |  |
| e   | <b>Total.</b> Add lines 11a-11d                             | ▶  | 72,922               |  |   |   |  |
| 12  | <b>Total revenue.</b> See instructions                      | ▶  | 264,934              |  |   |   |  |

**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 response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 115,628               | 115,628                         |  |                             |
| 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 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  | 11,854                | 11,854                          |  |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 3,085                 | 3,085                           |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 8,216                 | 8,216                           |  |                             |
| 13 Office expenses  | 1,674                 | 1,674                           |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 30,414                | 30,414                          |  |                             |
| 17 Travel   | 2,248                 | 2,248                           |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 15,878                | 15,878                          |  |                             |
| 20 Interest   | 22,645                | 22,645                          |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 8,072                 | 8,072                           |  |                             |
| 23 Insurance  | 7,298                 | 7,298                           |  |                             |
| 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.)                                       |                       |                                 |  |                             |
| a BANK CHARGES AND FEES   | 1,347                 | 1,347                           |  |                             |
| b FIRE AND POLICE FEES  | 542                   | 542                             |  |                             |
| c ENTERTAINMENT   | 4,880                 | 4,880                           |  |                             |
| d MISC/ TITLE/ LICENSES   | 1,508                 | 1,508                           |  |                             |
| e All other expenses SUPPLIES/POSTAGE   | 9,774                 | 9,774                           |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 245,063               | 245,063                         |  |                             |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year  |               | (B)<br>End of year |               |
|-----------------------------|---|---|---------------|--------------------|---------------|
| Assets                      | 1   | Cash—non-interest-bearing   | 25,390        | 1                  | 35,505        |
|                             | 2   | Savings and temporary cash investments  |               | 2                  |               |
|                             | 3   | Pledges and grants receivable, net  |               | 3                  |               |
|                             | 4   | Accounts receivable, net  | 3,953         | 4                  | 5,893         |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  |               | 5                  |               |
|                             | 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                  |               |
|                             | 7   | Notes and loans receivable, net   |               | 7                  |               |
|                             | 8   | Inventories for sale or use   |               | 8                  |               |
|                             | 9   | Prepaid expenses and deferred charges   |               | 9                  |               |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a 1,209,811 |                    |               |
|                             | b   | Less: accumulated depreciation  | 10b 75,172    | 1,142,711          | 10c 1,134,639 |
|                             | 11  | Investments—publicly traded securities  |               | 11                 |               |
|                             | 12  | Investments—other securities See Part IV, line 11   |               | 12                 |               |
|                             | 13  | Investments—program-related See Part IV, line 11  |               | 13                 |               |
|                             | 14  | Intangible assets   |               | 14                 |               |
|                             | 15  | Other assets See Part IV, line 11   |               | 15                 |               |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 1,172,054   | 16            | 1,176,037          |               |
| Liabilities                 | 17  | Accounts payable and accrued expenses   |               | 17                 |               |
|                             | 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                 |               |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   |               | 22                 |               |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  | 303,818       | 23                 | 287,586       |
|                             | 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  | 1,283         | 25                 | 1,627         |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 305,101       | 26                 | 289,213       |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |               |                    |               |
|                             | 27  | Unrestricted net assets   | 866,953       | 27                 | 886,824       |
|                             | 28  | Temporarily restricted net assets   |               | 28                 |               |
|                             | 29  | Permanently restricted net assets   |               | 29                 |               |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |               |                    |               |
|                             | 30  | Capital stock or trust principal, or current funds  |               | 30                 |               |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |               | 31                 |               |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |               | 32                 |               |
|                             | 33  | <b>Total net assets or fund balances</b>  | 866,953       | 33                 | 886,824       |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 1,172,054   | 34            | 1,176,037          |               |

**Part XI Reconciliation of Net Assets**

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

|   |   |   |         |
|---|---|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 264,934 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 245,063 |
| 3 | Revenue less expenses. Subtract line 2 from line 1  | 3 | 19,871  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 866,953 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 |         |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 886,824 |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?   |     | X  |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |     |    |
| 2d | 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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: PARKERSBUR LOYAL ORDER OF MOOSE #1
Employer identification number: 55-0221134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Multiple choice and table questions regarding conservation easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Questions 1a, 1b, and 2 regarding reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenues and assets with dollar sign and dashed line indicators.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ .....
  - b Permanent endowment ▶ .....
  - c Temporarily restricted endowment ▶ .....
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|                               | Yes | No |
|-------------------------------|-----|----|
| 3a(i) unrelated organizations |     |    |
| 3a(ii) related organizations  |     |    |
| 3b                            |     |    |

- (i) unrelated organizations
  - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      | 249,000                         | 47,240                       | 201,760        |
| c Leasehold improvements |                                      | 43,119                          | 27,932                       | 15,187         |
| d Equipment              |                                      | 776,821                         |                              | 776,821        |
| e Other                  | 140,871                              |                                 |                              | 140,871        |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1,134,639

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests .                                     |                |   |
| (3) Other   |                |   |
| (A) .....   |                |   |
| (B) .....   |                |   |
| (C) .....   |                |   |
| (D) .....   |                |   |
| (E) .....   |                |   |
| (F) .....   |                |   |
| (G) .....   |                |   |
| (H) .....   |                |   |
| (I) .....   |                |   |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) |                |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) 940 PAYABLE   | 443            |
| (3) RAFFLE CLEARING   | -1,875         |
| (4) SALES TAX   | 1,360          |
| (5) SIT PAYABLE   | 359            |
| (6) 941 PAYABLE   | 1,340          |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 1,627          |

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |   |    |  |
|---|---|----|--|
| 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 lines 3 and 9 | 10 |  |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |    |  |    |  |
|--|---|----|--|----|--|
| 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            |    |  |    |  |
| a  | Net unrealized gains on investments   | 2a |  |    |  |
| b  | Donated services and use of facilities  | 2b |  |    |  |
| c  | Recoveries of prior year grants   | 2c |  |    |  |
| d  | Other (Describe in Part XIV)  | 2d |  |    |  |
| e  | Add lines 2a through 2d   |    |  | 2e |  |
| 3  | Subtract line 2e from line 1  |    |  | 3  |  |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1           |    |  |    |  |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |  |    |  |
| b  | Other (Describe in Part XIV)  | 4b |  |    |  |
| c  | Add lines 4a and 4b   |    |  | 4c |  |
| 5  | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |    |  | 5  |  |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |  |    |  |
|---|--|----|--|----|--|
| 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               |    |  |    |  |
| a   | Donated services and use of facilities   | 2a |  |    |  |
| b   | Prior year adjustments   | 2b |  |    |  |
| c   | Other losses   | 2c |  |    |  |
| d   | Other (Describe in Part XIV)   | 2d |  |    |  |
| e   | Add lines 2a through 2d  |    |  | 2e |  |
| 3   | Subtract line 2e from line 1   |    |  | 3  |  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |    |  |    |  |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |  |    |  |
| b   | Other (Describe in Part XIV)   | 4b |  |    |  |
| c   | Add lines 4a and 4b  |    |  | 4c |  |
| 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |    |  | 5  |  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

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**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE D  
(Form 1120)**

**Capital Gains and Losses**

OMB No 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

**2011**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Name: **PARKERSBUR LOYAL ORDER OF MOOSE #1** Employer identification number: **55-0221134**

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| (a) Description of property<br>(Example 100 shares of Z Co) | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Sales price<br>(see instructions) | (e) Cost or other basis<br>(see instructions) | (f) Gain or (loss)<br>(Subtract (e) from (d)) |
|---|--------------------------------------|----------------------------------|---------------------------------------|---|---|
| 1   |                                      |                                  |                                       |   |   |
|   |                                      |                                  |                                       |   |   |
|   |                                      |                                  |                                       |   |   |
|   |                                      |                                  |                                       |   |   |

|  |   |  |
|--|---|--|
| 2 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 2 |  |
| 3 Short-term gain or (loss) from like-kind exchanges from Form 8824            | 3 |  |
| 4 Unused capital loss carryover (attach computation)                           | 4 |  |
| 5 Net short-term capital gain or (loss). Combine lines 1 through 4             | 5 |  |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| (a) Description of property | (b) Date acquired | (c) Date sold | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) |
|-----------------------------|-------------------|---------------|-----------------|-------------------------|--------------------|
| 6                           |                   |               |                 |                         |                    |
|                             |                   |               |                 |                         |                    |
|                             |                   |               |                 |                         |                    |
|                             |                   |               |                 |                         |                    |

|   |    |  |
|---|----|--|
| 7 Enter gain from Form 4797, line 7 or 9                                      | 7  |  |
| 8 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 8  |  |
| 9 Long-term gain or (loss) from like-kind exchanges from Form 8824            | 9  |  |
| 10 Capital gain distributions (see instructions)                              | 10 |  |
| 11 Net long-term capital gain or (loss). Combine lines 6 through 10.          | 11 |  |

**Part III Summary of Parts I and II**

|   |    |  |
|---|----|--|
| 12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)                   | 12 |  |
| 13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5) | 13 |  |
| 14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns            | 14 |  |

Note. If losses exceed gains, see **Capital losses** in the instructions



**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              |
|-----------------|---|---|--------------|------------------|-------------------------------|
|                 |   | (event type)  | (event type) | (total number)   | (add col (a) through col (c)) |
| 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))              |
|-----------------|---|-----------------------|---|---|---|
|                 |   | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2   | Cash prizes           |   |   |   |
|                 | 3   | Noncash prizes        |   |   |   |
|                 | 4   | Rent/facility costs   |   |   |   |
|                 | 5   | Other direct expenses |   |   |   |
|                 | 6   | Volunteer labor       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)     |                       |   |   | ▶   |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 |                       |   |   | ▶   |

- 9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_
- 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
b An outside facility 13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name
Address

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)

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

PARKERSBUR LOYAL ORDER OF MOOSE #1

55-0221134

Form 990 Part V Line 15A NO TANNING SERVICE

Form 990 Part VI Section B Line 11 THE FINANCES ARE LOOKED OVER ON A MONTHLY BASIS

Form 990 Part VI Section B Line 11 TAX RETURNED LOOKED OVER AFTERWARDS

Form 990 Part VI Section B Line 19 MADE AVAILABLE UPON REQUEST

Name of the organization

Employer identification number

PARKERSBUR LOYAL ORDER OF MOOSE #1

55-0221134

Area with horizontal dashed lines for additional information.

4/30/2012

**Form 4562 Statement - 990**

| Item No   | Description of Property                          | Date Placed In Service | Asset Code | Bus Use % | Cost or Other Basis | Sec 179 Deduction | Credit | Special Allowance | Salvage Value | Recovery Basis | Recovery Period | Method | Con-vention Code | Prior Accum Deprec. 179, Bonus | 2011 Deprec | 2011 Accum Deprec |  |
|---|--|------------------------|------------|-----------|---------------------|-------------------|--------|-------------------|---------------|----------------|-----------------|--------|------------------|--------------------------------|-------------|-------------------|--|
| <b>Depreciation Detail</b>                        |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                  |                                |             |                   |  |
| <b>MACRS deductions for prior years (Line 17)</b> |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                  |                                |             |                   |  |
|   | BUILDING   | 1/1/2007               | R-5        | 100.00%   | 249,000             |                   |        |                   |               | 249,000        | 39              | SL/GDS | MM               | 40,856                         | 6,384       | 47,240            |  |
|   | IMPROVEMENTS PARKI                               | 6/11/2008              | R-2        | 100.00%   | 36,451              |                   |        | 18,226            |               | 18,225         | 15              | 150DB  | HY               | 22,426                         | 1,403       | 23,829            |  |
|   | IMPROVEMENTS LOT                                 | 7/1/2009               | R-2        | 100.00%   | 6,668               |                   |        | 3,334             |               | 3,334          | 15              | 150DB  | HY               | 3,818                          | 285         | 4,103             |  |
|   | Total MACRS deductions for prior years (Line 17) |                        |            |           |                     |                   |        |                   |               |                |                 |        |                  |                                |             |                   |  |
|   |  |                        |            |           | 292,119             |                   |        | 21,560            |               | 270,559        |                 |        |                  | 67,100                         | 8,072       | 75,172            |  |
|   | <b>Subtotal Depreciation</b>                     |                        |            |           |                     |                   |        |                   |               |                |                 |        |                  |                                |             |                   |  |
|   |  |                        |            |           | 292,119             |                   |        | 21,560            |               | 270,559        |                 |        |                  | 67,100                         | 8,072       | 75,172            |  |
|   | <b>Total Depreciation and Amortization</b>       |                        |            |           |                     |                   |        |                   |               |                |                 |        |                  |                                |             |                   |  |
|   |  |                        |            |           | 292,119             |                   |        | 21,560            |               | 270,559        |                 |        |                  | 67,100                         | 8,072       | 75,172            |  |

## Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.      ▶ Attach to your tax return.

|  |   |                                  |
|--|---|----------------------------------|
| Name(s) shown on return<br>PARKERSBUR LOYAL ORDER OF MOOSE #1990 | Business or activity to which this form relates | Identifying number<br>55-0221134 |
|--|---|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|  |                              |                  |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions)  | 1                            |                  |
| 2 Total cost of section 179 property placed in service (see instructions)  | 2                            |                  |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3                            |                  |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | 4                            |                  |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5                            |                  |
| 6  |                              |                  |
| (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29   |                              |                  |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7   |                              | 8                |
| 9 Tentative deduction Enter the smaller of line 5 or line 8  |                              | 9                |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562   |                              | 10               |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)                   |                              | 11               |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  |                              | 12               |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12  |                              | ▶ 13             |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|  |    |  |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 Property subject to section 168(f)(1) election  | 15 |  |
| 16 Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

|   |    |       |
|---|----|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011   | 17 | 8,072 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property           |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                 |  |  |        |    |     |
|-----------------|--|--|--------|----|-----|
| 20 a Class life |  |  |        |    | S/L |
| b 12-year       |  |  | 12 yrs |    | S/L |
| c 40-year       |  |  | 40 yrs | MM | S/L |

**Part IV Summary (See instructions)**

|   |      |       |
|---|------|-------|
| 21 Listed property Enter amount from line 28  | 21   |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions | 22   | 8,072 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | ▶ 23 |       |