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Form **990**

Return of Organization Exempt From Income Tax

OMB № 1545-0047

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

2011

Department of the Treasury Internal Revenue Servace

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

Open to Public

A	For the	2011 calendar year, or tax year beginning May 1 , 2011, and e	ndina	Apr	il 30	, 20 12						
В		applicable. C Name of organization YUMA LODGE 1627 LOYAL ORDER OF MOOSE				er identification number						
$\tilde{\Box}$						86 6055211						
\exists			m/surte		F Telepho	ne number						
금	Name c	in the second se		1		928-342-3792						
금	Initial re					320-342-3732						
님	Termina				• • • • • • •							
片		return YUMA,AZ 85367			G Gross re							
Ш	Applicat	ion pending F Name and address of principal officer: LARRY RHOADES				for affiliates? Yes No						
		13441 S FRONTAGE RD. YUMA,AZ 85367				ncluded? Yes No						
1		mpt status				list. (see instructions)						
<u>J</u>	Website			H(c) Group		number ▶ 0002						
<u>K</u>		organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of fo	ormation:	<u> </u>	M State	of legal domicile						
Р	art I	Summary										
	1 1	Briefly describe the organization's mission or most significant activities: The										
6]	Fraternity benevolence and Charity. This is accomplished through a year round	schedu	ling of so	cial and i	recreational activities						
Š		for members and family est 2066										
Ë												
Activities & Governance	2	Check this box ▶☐ if the organization discontinued its operations or dispos	ed of m	ore than	25% of	its net assets.						
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)			3	9						
8	4	Number of independent voting members of the governing body (Part VI, line	1b) .		4	8						
ite	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)				14						
돭	6	Total number of volunteers (estimate if necessary)			6	65						
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a							
	Ь	Net unrelated business taxable income from Form 990-T, line 34			7b							
	 	THE UNICIDED BUSINESS CARABIC INCOME HOM FOR 1500 1, III. 64		Prior Ye		Current Year						
	8	Contributions and grants (Part VIII, line 1h)		8,144.00	13,983.00							
Revenue	1 .			1,611.90								
Ven	9	Program service revenue (Part VIII, line 2g)		354.83	737,206.16							
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		354.63	94.77							
	11	per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12			0,110.82	751,283.93						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			7,964.70	8,082.00						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			·							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	· -	18	2,289.93	178,004.30						
30	16a	Professional fundraising fees (Part IX, column (A), line 11e)										
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶										
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. [54	6,065.19	550,658.47						
	18	Total expenses. Add lines 13-17 (must equal Part-IX column (A), line 25)		73	6,319.82	736,744.77						
	19	Revenue less expenses. Subtract line 18 from line 12		43	7,791.00	14,539.16						
28			Begin	nning of Cu	rrent Year	End of Year						
S S S	20	Total assets (Part X, line 16)	. [1,37	2,179.03	1,385,930.19						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	. 🗀		2,070.00	1,244.00						
25	22	Net assets or fund balances. Subtract line 21 from line 20	. —	1,37	0,109.03	1,384,686.19						
Pa	art II	Signature Block	•									
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statement	s. and to th	ne best of n	ny knowledge and belief, it is						
		t, and complete. Declaration of preparer (other than)officer) is based on all information of which pre										
					6/7/	2012						
Sig	ın	Signature of officer		Dat	e / /							
He	-	KENNETH C. MEISER ADMINIST	Bata	¬R.								
		Type or print name and title	·—··	<u> </u>								
	• •	Preparer's signature Preparer's signature	Date		T	PTIN						
Pa			1		Check [self-emp	_] r						
	epare	.										
Us	e Oni				's EIN ▶	 						
NA-	u tha Ir	Firm's address >		Pho:	ne no.							
Ma	y the It	RS discuss this return with the preparer shown above? (see instructions)				🗌 Yes 🗌 No						

Form **990** (2011)

Part		ment of Program Service	Accomplishments esponse to any question in this Part									
		cribe the organization's mission			· · · · LJ							
•	•	_	nds of Fraternity, Benevolence and Cha	rity. This is accomplished through	vear round							
	scheduling of social and recreational activities for members and their families, estimated (2066)											
2			ficant program services during the ye									
	•		0-1		□Yes □No							
3		scribe these new services on	schedule O. g, or make significant changes in h	ow it conducts any program								
U	services?			_	∐Yes ∐No							
		scribe these changes on Sch	edule O.	•								
4	Describe the organization's program service accomplishments for each of its three largest program services,											
	expenses.	Section 501(c)(3) and 501(c)	(4) organizations and section 4947(a)(1) trusts are required to report								
	grants and	allocations to others, the tota	I expenses, and revenue, if any, for ea	ich program service reported.								
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							

_												
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
		am services (Describe in Sch										
	(Expenses S	<u></u>	rants of \$) (Revenue	\$)								
4 0	Total progr	am service expenses										

	0 (2011)			Page (
Part	V 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	1	100	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		▼
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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,"			
10	complete Schedule D, Part IV	9		1
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		1
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ		
	complete Schedule D, Part VI	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
	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	11c		
	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	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		\
	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	14b		1
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.	15		√
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	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Part	Checklist of Required Schedules (continued)			
		r	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? If "Yes," complete Schedule I, Parts I and II	21	1	
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? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
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? If "Yes," complete Schedule L, Part I	25b		
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? If "Yes," complete Schedule L, Part II.	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R,	36		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	√	

Part				
	Check if Schedule O contains a response to any question in this Part V			<u>. C</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Ĩ	[
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	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			ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Ť
-	organization solicit any contributions that were not tax deductible?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	-	<u> </u>
·	required to file Form 8282?	7c		1
-	If "Yes," indicate the number of Forms 8282 filed during the year	10		-
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		-
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l
	organization, have excess business holdings at any time during the year?			1
9	Sponsoring organizations maintaining donor advised funds.	8		✓
	Did the organization make any taxable distributions under section 4966?	9a		1
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	90		\ <u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			l
11	Section 501(c)(12) organizations. Enter:			İ
''a	Gross income from members or shareholders	ŀ		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources	. 1	į	į
_	against amounts due or received from them.)		ļ	Į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		_/
а	Note. See the instructions for additional information the organization must report on Schedule O.	ıod		✓
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	ľ	
	the organization is licensed to issue qualified health plans	- [
С	Enter the amount of reserves on hand	- 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	-	_

Part		Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and		Page (
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	•			•
		Check if Schedule O contains a response to any question in this Part VI	<u>.</u>	<u> </u>		<u>. 🗆</u>
Secti	ion A	. Governing Body and Management			T :	
			م م		Yes	No
1a		r the number of voting members of the governing body at the end of the tax year ere are material differences in voting rights among members of the governing body, or	1a 9	1]	ļ
		e governing body delegated broad authority to an executive committee or similar			1	
		mittee, explain in Schedule O.				ļ
b		r the number of voting members included in line 1a, above, who are independent	1b 8		1	
2		any officer, director, trustee, or key employee have a family relationship or a business	relationship with	1		1
		other officer, director, trustee, or key employee?		2		1
3		the organization delegate control over management duties customarily performed by or				
		rvision of officers, directors, or trustees, or key employees to a management company or other		3		1
4		he organization make any significant changes to its governing documents since the prior Form 9		4	<u> </u>	V
5		the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		/
6 7a		the organization have members or stockholders?	olact or appoint	6	✓	 -
1 a		or more members of the governing body?		7a	1	
b		any governance decisions of the organization reserved to (or subject to approva		"a	-	
b		kholders, or persons other than the governing body?		7b	1	
8		the organization contemporaneously document the meetings held or written actions ur	dertaken during			
	the y	rear by the following:	_		1	
а		governing body?		8a	1	
b		committee with authority to act on behalf of the governing body?		8b	1	L
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be received to the common and addresses in Sebadula 6				
Casti		organization's mailing address? If "Yes," provide the names and addresses in Schedule C Policies (This Section B requests information about policies not required by the		9	000	✓
Secu	OH D	. Policies (This Section B requests information about policies not required by th	e internal never	ue C	Yes	No
10a	Did t	he organization have local chapters, branches, or affiliates?		10a		1
b		es," did the organization have written policies and procedures governing the activities o	f such chapters,			
	affilia	ates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has t	he organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	1	
b		cribe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a		he organization have a written conflict of interest policy? If "No," go to line 13		12a		1
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С		the organization regularly and consistently monitor and enforce compliance with the parties in Schedule O how this was done.		40-		
13		he organization have a written whistleblower policy?		12c		1
14		he organization have a written document retention and destruction policy?		14		1
15		the process for determining compensation of the following persons include a review a				 •
		pendent persons, comparability data, and contemporaneous substantiation of the deliberation		İ		
а	The	organization's CEO, Executive Director, or top management official		15a		1
b		r officers or key employees of the organization		15b		
40.		es" to line 15a or 15b, describe the process in Schedule O (see instructions).				ŀ
16a		the organization invest in, contribute assets to, or participate in a joint venture or simi a taxable entity during the year?		40		,
h		es," did the organization follow a written policy or procedure requiring the organization		16a		1
b		es, and the organization follow a written policy or procedure requiring the organization cipation in joint venture arrangements under applicable federal tax law, and take steps to				
		nization's exempt status with respect to such arrangements?		16b		İ
Secti		Disclosure	·			
17		he states with which a copy of this Form 990 is required to be filed ▶				
18		ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only)
		able for public inspection. Indicate how you made these available. Check all that apply.				
40		Own website			.	- 4*
19		ribe in Schedule O whether (and if so, how), the organization made its governing docu financial statements available to the public during the tax year.	iments, conflict o	ıntei	est p	юнсу,
20		the name, physical address, and telephone number of the person who possesses the b	noks and records	of the		
		nization: ► Larry Rhoades 13441 S Frontage Rd. Yuma, Az 85367	22.10 4.10 1000143	J. 1110	•	

יחבכ	•

Earm	aan	(2011)	
COLLI	990	120111	

Part VII	Compens	ation of	Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated	Employees,	, and
	Independe	ent Cont	tractors							
		_								

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos neck ss pe d a d	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED								0	0	o
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, aı	nd t	lighe	st C	ompensated E	mployees	(contin	ued)		
					•	C)					1			
	(A) _.	(B)	(do n	ot ct		ition	than o	OD A	(D)	(E)	Ì		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportat			mated	
		hours per week		1			or/trus		compensation	compensatio related			ount of other	
		(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizati		-	ensati	on
		hours for related	reci	톭	ĕ	9	lest	₽ T	organization (W-2/1099-MISC)	(W-2/1099-I	VIISC)		m the nızatio	n
		organizations	of Et	na		햦	6 G		(,		ŀ	and	related	d
		in Schedule O)	ets	trug	İ	8	pen	}	1		ł	orgai	nızatıoı	ns
		"	ľ	8			sate	•						
(15)			-				Δ.	-						
(16)			-											
(17)				_				-						
(18)														
(19)														
(20)														
(21)										-				
(22)								_						
(23)								-						
(24)														
(25)														
1b	Sub-total				<u>. </u>									
C	Total from continuation sheets to Part	VII. Sectio	n A					•						
ď								>			$\neg \neg$			
2	Total number of individuals (including but	not limited						e) w	ho received mo	ore than \$1	00,00	0 of		
	reportable compensation from the organi	zation >											124	T.
3	Did the organization list any former of	ficer direc	tor o	r tr	ueta	90	kev e	mn	lovee or high	est compe	neato	d	Yes	No
	employee on line 1a? If "Yes," complete s							-		-		3		1
4	For any individual listed on line 1a, is the	sum of rep	portat	ole d	com	per	satio	n a	nd other comp	ensation fr	om th	е		
	organization and related organizations	greater tha	an \$1	50,	000	? #	"Ye	s, "	complete Sch	edule J fo	r suc	h	[ĺ
	ındividual			•	•		•		· • • • •	· · · ·		4		1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua 	al 5		1
Section	n B. Independent Contractors												•	
1	Complete this table for your five highest of compensation from the organization. Repyear.	•		•										ax
	(A) Name and business add				-				(B) Description of se	nnioon		(C)	ation	
	Traine and Dusiness add											Compens		
				-										
					-									
				_										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ve) who				

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
के के	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b 13,983.00				
عَ ق	c	Fundraising events 1c				ĺ
‡ ¥	١.	Related organizations 1d	}			,
2 €	d	<u> </u>			:	
ns,	e	Government grants (contributions) 1e	l			
는 H	f	All other contributions, gifts, grants,	ļ			
효환		and similar amounts not included above 1f				
קה א ס ס	g	Noncash contributions included in lines 1a-1f: \$				
<u>ā</u> <u>Č</u>	h	Total. Add lines 1a–1f	13,983.00			
Program Service Revenue		Business Code				
¥e.	2a	Social Quarters		427,859.85		
æ	b	Kitchen		188,160.22		
ice	С	Committee	56,794.70			
je.	d	Vending	6,771.85			
E	е					<u> </u>
gra	f	All other program service revenue .	57,619.54			
Pro	g	Total. Add lines 2a–2f	121,186.09			<u> </u>
	3	Investment income (including dividends, interest,				<u> </u>
		and other similar amounts)	94.77			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5					
	•	Royalties				
ļ	6a	Gross rents				1
		Less: rental expenses				j
	b					
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a					1
		assets other than inventory				
	þ	Less: cost or other basis	j			ļ
		and sales expenses .				ļ
	C	Gain or (loss) .				
	d	Net gain or (loss)				
<u>o</u>	•					
Š	8a	Gross income from fundraising				
ě		events (not including \$	1			
Other Revenue		of contributions reported on line 1c).				
ě		See Part IV, line 18 a				
ō		Less: direct expenses b				
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
1		See Part IV, line 19 a	1			
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶				
1	10a	Gross sales of inventory, less	1			
		returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
[Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
- 1	d	All other revenue				
- 1	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	135,263.86	616020.07		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a respon	se to any question i	n this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8,082.00	8,082.00		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	30,461.62	30461.62		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	127,460.59	127,460.59		
9	Other employee benefits				
10	Payroll taxes	20,082.09	20,082.09		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,569.10	1,569.10		
13	Office expenses	2,203.31	2,203.31		
14	Information technology	120.00	120.00		
15	Royalties				
16	Occupancy	32,324.24	32,324.24		·
17	Travel			-	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	6,883.38	6,883.38		
20	Interest				
21	Payments to affiliates	3,000.00	3,000.00		
22	Depreciation, depletion, and amortization .				
23	Insurance	15,369.50	15,369.50		
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.)				
_	COS SOCIAL QUARTERS & KITCHEN	224 400 04	224 450 64		
a	Sales Tax	234,468.61	234,468.61	 	
b	Committee	48,829.35	44,113.58 48,829.35		
c d		29,248.79	29,248.79		
	Repair & Maintenence	132528.61	132528.61		<u> </u>
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	736,744.77			<u> </u>
25 26	Joint costs. Complete this line only if the	730,744.77	736,744.77		
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
			(A) Beginning of year	.	(B) End of year
	1	Cash - non-interest-bearing	120,060.94	1	134,454.01
	2	Savings and temporary cash investments	188,993.79	2	189,088.56
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	17,755.01	8	14,599.22
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,046,138.65			
	ь	Less: accumulated depreciation 10b	1,041,000.50	10c	1,046,138.65
	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	4,368.79		1,649.75
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,372,179.03	16	1,385,930.19
_	17	Accounts payable and accrued expenses	2,070.00	17	1,244.00
	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	
ý.	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	:	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,070.00	26	1,244.00
_		Organizations that follow SFAS 117, check here ▶ □ and complete	2,0,0,00		17211.00
1008		lines 27 through 29, and lines 33 and 34.			
<u>ja</u>	27	Unrestricted net assets	1,370,109.03	27	1,384,686.19
B	28	Temporarily restricted net assets		28	
בַּ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ.	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	1,370,109.03	33	1,384,686.19
	34	Total liabilities and net assets/fund balances	1,372,179.03	34	1,385,930.19
					Form 990 (2011)

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Form 9	90 (2011)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u>· · · · · </u>	<u>···</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		751,2	83.93
2	Total expenses (must equal Part IX, column (A), line 25)	2		736,7	44.77
3	Revenue less expenses. Subtract line 2 from line 1	3		14,5	39.16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4	1	,370,1	09.03
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	1	,384,6	86.19
Part	XII Financial Statements and Reporting	<u> </u>		7	
	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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
b	Were the organization's financial statements audited by an independent accountant?		2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ł		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth in	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	-	 	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•	3ь		
			For	m 990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Name of the organization Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Page 2

Par	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follov	ving that are	a siç	nificant u	se of its
а	☐ Public exhibition				or exchange					
b	☐ Scholarly research		е	☐ Other	r					
C	☐ Preservation for future generations	S								
4	Provide a description of the organiza	tion's collections	and expl	ain how t	hey further t	the org	janization's	exem	pt purpose	e in Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather									
Pari	IV Escrow and Custodial Arra	angements. Co	mplete	f the org	anization a	nswe	red "Yes" t	o For	m 990, P	art IV,
	line 9, or reported an amour									
1a	Is the organization an agent, trustee							ts not		
	included on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIV and compl	lete the fo	ollowing to	able:					
						L_		Am	ount	
C	Beginning balance					1c	;			
d	Additions during the year					_1d	<u> </u>			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	•	art X, line	21? .					☐ Yes	∐ No
	If "Yes," explain the arrangement in P				(1) A B (E		00 0 + 0/		10	
Par	V Endowment Funds. Compl		,							
_		(a) Current year	(D) Ph	or year	(c) Two years	Баск	(d) Three year	s back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
đ	Grants or scholarships		 							
е	Other expenditures for facilities and programs									
	· •									
f	Administrative expenses									
9 2	End of year balance Provide the estimated percentage of t	the current year or	d balanc	o (lino 10	column (a)	\ bold (
a	Board designated or quasi-endowment	nte current year er	0 <u>/</u>	e (iiie ig	, column (a)	, n o lu e	23.			
b	Permanent endowment	%	/0							
G	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2	c should equal 10	10%							
3a	Are there endowment funds not in the			zation tha	at are held a	ind adi	ministered f	or the		
	organization by:	•								s No
	(i) unrelated organizations						. .		3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	izations listed as r	equired o	n Schedi	ule R? .				3b	
4	Describe in Part XIV the intended uses	s of the organizati	on's end	owment fo	unds.					
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, line	e 10.					
	Description of property	(a) Cost or of (investm			r other basis ther)		Accumulated epreciation		(d) Book va	alue
1a	Land									
b	Buildings	. 8	28,609.60						828	8,609.60
C	Leasehold improvements	. 1	05,148.04						10	5,148.04
d	Equipment	. 10	08,181.01							8,181.01
е .	Other	·	4,200.00	Ļ				\bot		4,200.00
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	(, column	(B), line 10(c).) .	<u></u> ▶		1,040	<u>6,138.65</u>

Part VII	Investments - Other Securities	s. See Form 990, Part X	(, line 12.	
	n) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	0)	 		
	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Relate		V line 12	
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
_(1)		<u> </u>		
_(2)				
(3)				
_(4)		 		
_(5)				
_(6)			<u> </u>	
		<u> </u>	<u>-</u>	
_(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, P			
		(a) Description	(b) Book valu	
_(1) Deposit	In Transit			1,649.75
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)		<u> </u>		
_(9)				
(10)				
	mn (b) must equal Form 990, Part X,			1,649.75
Part X	Other Liabilities. See Form 990			
1. (1) Fodorol	(a) Description of liability	(b) Book value	_	
(2)	income taxes	 		
(3)		 	4	
(4)			-	
(5)				
(6)			- 	
(7)				
(8)		 		
(9)			-	
(10)		 	_	
(11)		 	-	
	b) must equal Form 990, Part X, col. (B) line 25.)		7	
			o the organization's financial statements that report	s the
	's liability for uncertain tax positions			

JUNEAU	Ne 5 (1 0111 330) 2011		raye
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	
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	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
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:		
а	Net unrealized gains on investments	」	
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)	4	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIV.)	-	
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	
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	T 2 T	
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		
b	Prior year adjustments	-	
C	Other losses	-{	
d	Other (Describe in Part XIV.)	- <u>-</u>	
e	Add lines 2a through 2d	2e 3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
a		-	
b		- ₄	
5	Add lines 4a and 4b	4c 5	
	XIV Supplemental Information	131	
Comp Part V	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.		
	1		

Schedule D (For	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued,	

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

YUMA LODGE 1627LOYAL ORDER OF MOOSE	866055211
Section B Part VI Page 6 Line 11	
Upon completion of 990 the Governing Body was given the 990 to review.	
Part VI Page 6 Line 19	

Is made available to thr public upon request.	
13 made distribute to the public aport request.	

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Schedule O (Form 990 or 990-EZ) (2010)		Page Z
Name of the organization	Employer identification number	
		
		
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ► See separate instructions.

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

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OMB No. 1545-0047

Open to Public

Inspection Employer identification number

B)							
יאמווס, מטטיסטט, מוט בו	(a) Name, address, and EIN of disregarded entity	Pri	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(a) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(e)							
(b)							
(5)							
(6)							
Part II Identification of Relate	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the instance of the tax year.)	he organization a	nswered "Yes" to	Form 990, Part	IV, line 34 becau	use it had
(a) Name, address, and EIN of related organization	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 controll entity
(1) Moose International Inc.							Yes
155 S International Drive		Fraternal Organizatn	ll.	501(c)8		Parent Co.	
(2) Mooseheart, III 60539 36-1408120							
(6)							
(b)							
(9)							
(9)							
(<u>u</u>)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructions for Form 990		Cat. N	Cat. No. 50135Y		Schedule	Schedule B (Form 990) 2011

Schedule R (Form 990) 2011

Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 34 (9) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) (i) General or managing partner? ٥ Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total Income Type of entity (C corp, S corp, or trust) (h) Disproportionate allocations? å Yes (g)
Share of end-of- tyear assets (d)
Direct controlling
entity (f) Share of total income **(c)** Legal domicile foreign country) (state or (e)
Predominant
Income (related
unrelated,
excluded from
tax under
sections 512-514) Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity Ξ related organization (a) Name, address, and Part IV Part III 9 Ξ <u>N</u> ල € Œ 9 E 0 ල € 9 E

Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transacti

>>>>	> > >	>>>	>>>	>>	>			· `	>	`	>	-	<u> </u>		>	> `	>	>	`			>	>	sholds.	etermining ivolved							1 990) 201
_	1	<u>-</u>	1 P	10	7	10	*		- 6	£	=		7	;	≚ ∓	= ;	Ę	=	- 0	9		19	+	ction thre	(d) Method of determining amount involved							Schodule R (Form 990) 201
												•									• • •			tionships and transac	(c) Amount involved							Schedu
ganizations listed in P			•		•						•	•												ncluding covered rela	(b) Transaction type (a–r)							
こうしょうしゅうしゅうしゅう かんしょうしゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅうしゅうしゅう しゅうしゅうしゅう しゅうしゅう ufflig the tax year, and the digalization engage in any of the following transactions with one of miner organizations insect in the contract of the contract	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Giff. grant. or capital contribution from related organization(s)	l oans or loan quarantees to or for related organization(s)	Loans or loan quarantees by related organization(s)	Solo of accepte to related organization(e)	סמום כו מססמים וכו ופומופת סוקמיוו במווסו (כ)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)		Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership of fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Deimhireement noid to related organization(e) for evagases	Reimbursement haid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of other organization								
	_	æ	Δ	ပ	70	9 0	•	-	D	_	-	-		•	¥.	-	Ε	=	C	2 (2	σ	_	7		Ξ	(2)	6	4	(2)	9	

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g)	(q)	(0)	(c)	9	-	9		ε	60		3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant A	Are all partners section	irtners on	Share of total income	Share of end-of-year	Uisproportionate allocations?	amount in box 20	managing	Percentage ownership
		country)	unrelated, excluded from tax under	501(c)(3) organizations?	(3) tions?				of Schedule K-1 (Form 1065)		
				Yes	٥ ٧			Yes No		Yes No	
(1)					-						
(2)											
(6)											
(4)											
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(8)											
(6)							:				
(10)											
(11)					-						
(12)											
(13)											
(14)											
(15)								-			
(16)											
									Sch	edule R (For	Schedule R (Form 990) 2011

Part VII	Form 990) 2011 Page Supplemental Information	-
art VII	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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LOYAL ORDER OF MOOSE MOOSE LODGE Yuma NO. 1627 OFFICER REPORT

Page 1 of 1

Title	Member ID	Name	Address & Phone	Start Date
Administrator	009291350	Kenneth Meiser	13705 E 47TH DR YUMA, AZ 85367 (928) 581-4308	05/01/2012
Governor	017181893	Larry Rhoades	14421 E FORTUNA PALMS DR YUMA, AZ 85367-7539 (928) 210-7839	05/01/2012
Junior Governor	018196295	Lr Gordon	10615 SOUTH DEL VISTA DR YUMA, AZ 85367 (208) 870 -4 657	05/01/2012
Junior Past Governor	010436753	Charles Holland	14354 E 50TH DR YUMA, AZ 85367 (928) 580-7574	05/01/2012
Prelate	018372596	Harvey Plunkett	14321 E 48TH DR YUMA, AZ 85367 (928) 342-1827	05/01/2012
Treasurer	010331067	Ken McRoberts	9438 RANCH DR YUMA, AZ 85365 (928) 210-4675	05/01/2012
Trustee (1 Year)	010348140	David Schoaff	14369 E FORTUNA PALMS PL YUMA, AZ 85367-7579 (928) 305-0638	05/01/2012
Trustee (2 Years)	017753595	Roy Cavanaugh	13673 S KARIMME AVE YUMA, AZ 85367 (928) 342-9353	05/01/2012
Trustee (3 Years)	018396943	Joseph Strahm	13449 E 48TH DRIVE YUMA, AZ 85367 (928) 305-5076	05/01 <i>/</i> 2012

2:29 PM 05/24/12 Accrual Basis

Yuma Lodge #1627 Balance Sheet As of April 30, 2012

	Apr 30, 12
ASSETS	
Current Assets Checking/Savings	
1000.00 · Cash 1005.00 · Checking - Lodge General Accoun 1025.00 · Petty Cash 1030.00 · Jumbo Business Cd	130,454 01 4,000 00 189,088.56
Total 1000.00 · Cash	323,542 57
Total Checking/Savings	323,542.57
Other Current Assets 1199.00 · Undeposited Funds	1,649.75
1300.00 · Inventory 1310.00 · Social Quarters Inventory 1315.00 · Kitchen Inventory	10,326 55 4,272 67
Total 1300.00 · Inventory	14,599 22
Total Other Current Assets	16,248 97
Total Current Assets	339,791.54
Fixed Assets 1700.00 · Buildings and Property	
1705.00 · Lodge Home/Building	828,609 60 4,200.00
1710.00 · Other Property 1715.00 · Building Lease and Improvements	105,148 04
Total 1700.00 · Buildings and Property	937,957 64
1800.00 · Furniture and Equipment 1805.00 · Furniture, Fixtures & Equipment	108,181 01
Total 1800.00 · Furniture and Equipment	108,181 01
Total Fixed Assets	1,046,138.65
TOTAL ASSETS	1,385,930.19
LIABILITIES & EQUITY Liabilities	
Current Liabilities Other Current Liabilities	
2500.00 · Due to Other Fraternal Units 2515.00 · ABCD due to MI	1,244 00
Total 2500.00 · Due to Other Fraternal Units	1,244 00
Total Other Current Liabilities	1,244.00
Total Current Liabilities	1,244 00
Total Liabilities	1,244 00
Equity	
3000.00 · Opening Bal Equity	977,319 04
3900.00 · Retained Earnings Net Income	392,827 99 14,539 16
Total Equity	1,384,686 19
TOTAL LIABILITIES & EQUITY	1,385,930.19