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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the		ndar year, or tax year			, 2012, a	nd ending			, 20	
В	Check if	applicable	C Name of organization	Loyal Order	of Moose			P	Employ	er identification n	umber
	Address	change	Doing Business As Sa	disbury Fan	nily Center 654					52-0588257	
	Name ch	nange	Number and street (or			street address)	Room/suite	E	Telepho	ne number	
	Initial ret	um	833 Snow Hill Rd							410-546-4633	
	Terminat	ted	City, town or post offic	e, state, and Z	IP code	•		1			
	Amende	d return	Salibury MD 21804					G	Gross re	eceipts \$	31881 29
		on pending		nncipal office	r: William R Pr	ice. Administrator		H(a) Is this a gr	oup return	for affiliates?	
	••	J	1305 Belmont Ave Sa							ncluded? Yes	_
ī	Tax-exer	mpt status	501(c)(3)	₹ 501(c) (o.) 4947(a)(1) or	527			a list (see instruction	
J	Website							H(c) Group e	xemptior	n number ▶	0002
K			✓ Corporation ☐ Trust	Associat	on ☐ Other ▶	L Yea	r of formatio		·	of legal domicile	MD
Р	art I	Summ			······································				-	<u> </u>	
	1		escribe the organizat	ion's missi	on or most sign	ificant activities:	The orga	nization unit	es its m	nembers in the l	nonds of
	•		, benevolence, charity								
Ş	ļ		and their families est			Jugira year-round	Joneanc	OI SOCIAL BING	100100	nonai activities	101 416
펼	ļ	members	and their families esi	milated at o	<u></u>						
ğ	2	Check th	is box ▶☐ if the org	anization (discontinued its	operations or dis	enosed of	more than 2	5% of	ite net seeete	
Activities & Governance	3		of voting members of			-	-		3		0
∞ ∞	4		of independent votin	_					4		<u>9</u> 8
ţį	5		nber of individuals e	-	-		· -		5		
Ę	ء ا				•	-	· •		6		9
Ą	70		mber of volunteers (e						7a		92
	7a		related business reve			, ,			7b		0
} 	b	iver unre	lated business taxab	ne income	irom Form 990-	1, 11110 34		Prior Year		Current Y	0
' 60		Comérile	tions and avents (Da		(L)		├ ─			- Julian I	
nue	8		tions and grants (Pa		•				348.00		15978.00
Revenue	9	_	service revenue (Pa						137.83		<u> 13453.04</u>
ě	10		ent income (Part VIII,			•	_	3	292.32		2450.25
5	11		venue (Part VIII, colu						0	,	0
<u> </u>	12	•	enue-add lines 8 thr					679	778 15		31881.29
Ī	13		nd similar amounts p			· ·	· ·	105	213.39		77236.28
F	14		paid to or for memb	•		•			0		0
xpenses	15		other compensation,		-		<u>5-10)</u>	136	627.05		06390.95
ڲڰ	16a		onal fundraising fees				. { ∟		0		0
אַכּע	b	Total fun	draisıng expenses (F	Part IX, colu	ımn (D), line 25		<u>.</u>		_		
Ш	17	Other ex	penses (Part IX, colu	ımn (A), line	es 11a-11d, 111	–24e)	781 L	341	408.41	3	58034.92
	18	Total exp	penses. Add lines 13	–17 (must e	equal Part IX, c	olumn (A), Jine 25) O	583	248.85		41662.15
	19	Revenue	less expenses. Sub	tract line 18	3 fromiline 12 E	b r o sois	101	96	529.30		90219.14
5 %							' \ Be	ginning of Curre	ent Year	End of Ye	
Assets or Balances	20	Total ass	sets (Part X, line 16)				·	2466	442.91	24	59799.80
			oilities (Part X, line 26	6)					859.39		18108.81
ž.	22		ts or fund balances.	-	ne 21 from line	20	$ abla$		583 52	24	41690 99
P	art II	Signa	ture Block			······································					
-		ities of periu	ry, I declare that I have ex	camined this n	etum, including acc	ompanying schedules	and stateme	ents, and to the	best of r	ny knowledge and	belief, it is
			lete. Declaration of prepar								•
		4	IM KIP	we				1 9	7/11	113	
Sig	an n	Sign	ature of officer		****			Date			
He	-	1	William R	Price.	Ad.	mil 1572A7	· · ·		9/1	1/13	
		Type	or print name and title	115150	1100	11101010	<u> </u>		<u> </u>	<u> </u>	
_	• •		pe preparer's name		Preparer's signatur	e	Date	· I		PTIN	
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NA-	v the IF		ddress ▶	nrename a	hour about 6	ego inetructions\	 	Phone	no.		
			s this return with the		·	See instructions)			· · · ·	Ye	90 (2012)
Eas	· Honor	vary Dadi:	ction Act Notice see	THE CONCESS	a inomitable		Cod No.	11202V		Earn l	こうしょうしょうしょうしょうしょうしょう

	00 (2012) Statem	ent of Program Service	Accomplishments		Page
211			esponse to any question in this Part	111	Г
1	Briefly descri	oe the organization's mission	on:		· · · · <u>·</u>
	=	_	bonds of fraternity, benevolence and ch	arity. This is accomplished through	a year-round
			es for the members and their families, es		
2	Did the organ	ization undertake envisioni	ficant program services during the year	an ushigh sugar not listed on the	
L	prior Form 99		· · · · · · · · · · · · · · · · · · ·		Yes ☑ No
	•	ribe these new services on			169 110
3			, or make significant changes in ho	ow it conducts, any program	
	services? .				Yes 🗹 No
		ribe these changes on Sch			
4	expenses. Se	ction 501(c)(3) and 501(c)(4	vice accomplishments for each of its l) organizations are required to report or each program service reported.	three largest program services, as the amount of grants and allocati	measured bions to other
4a	(Code:		including grants of \$) (Revenue \$	1
_	(0000	/ (Exponesse \$) (1 10 v c) luc v	,
					·

b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-+	****			

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Ç	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	*********				<i>'</i>

) (Revenue \$

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

Total program service expenses ▶

Part	V Checklist of Required Schedules			
٠.			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b></b>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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	4		
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		ļ	ļ
	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		<b>✓</b>
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, for escrow or custodial account liability; 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			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		•	
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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	11d		<b>✓</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
	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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	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 and XII 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 b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
_	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		✓
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		1
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			<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		-
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
			n <b>99</b> 0	(2012)

Part	V. 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? If "Yes," complete Schedule I, Parts I and II	21	✓	
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <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>	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, highest 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 A family member of 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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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>	36		
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,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			000	8040

Part				
	Check if Schedule O contains a response to any question in this Part V	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	ĺ	
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	1
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 9	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		<b>/</b>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	<del> </del>	-
762	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			}
	account)?	4a	1	1
b	If "Yes," enter the name of the foreign country: ▶			<b></b>
	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ļ	/
7	gifts were not tax deductible?	6b	<u> </u>	<b>-</b>
'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	<del> </del>	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	<del> </del>	✓
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<b>                                     </b>
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11_	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	ł		
~	against amounts due or received from them.)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124	<del>                                     </del>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<b> </b>
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
n	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	t	ı

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response to any question in this Part VI								
Secti	on A. Governing Body and Management		•••		· <u> </u>				
1a	Enter the number of voting members of the governing body at the end of the tax year 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	<b>1a</b> 9		Yes	No				
b 2	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		<b>1</b>				
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	30 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓				
6 7a	Did the organization have members or stockholders?	elect or appoint	6 7a	1					
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b	✓					
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during		-					
а	The governing body?		8a	✓					
b	Each committee with authority to act on behalf of the governing body?		8b	✓	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	). <i>.</i>	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Reven	ue C	yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	1	-				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a	<b>✓</b>	<b>-</b> ,-				
c	Did the organization regularly and consistently monitor and enforce compliance with the parameter of the compliance with the compliance with the compliance with the compliance with the parameter of the compliance with the com	policy? If "Yes,"	12b 12c		<b>√</b>				
13	Did the organization have a written whistleblower policy?		13	ļ	1				
14	Did the organization have a written document retention and destruction policy?		14		1				
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?							
	The organization's CEO, Executive Director, or top management official		15a		1				
Ь	Other officers or key employees of the organization		15b		1				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or simi with a taxable entity during the year?		16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	n to evaluate its	16b						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	•	1 501(	c)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O whether (and if so, how), the organization made its governing document and financial statements available to the public during the tax year.	•	f inte	rest p	oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the broganization: ► William R Price 1305 Belmont Ave Salisbury MD 21804 410-742-0884	ooks and records	of the	•					

200	(2012)	

# 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 no	r any relate	d orga	aniz	atic	, or trustee.					
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck is pe	rson	than o is both or/trust	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividus or direct	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) William R Price Administrator	60									
1305 Belmont Ave Salisbury MD 21804	†	i		1	1			36390.00	o	0
(2) John Reichenberg Governor	8				Ħ		<u> </u>	00000.00		<u></u>
1012 Pierce Ave Salisbury MD 21804	<b>†</b>			1				o	o	0
(3) Harold Moran Jr Junior Governor	3									
4355 Ramblin Rd Salisbury MD 21801	1	1		1	ŀ			0	o	0
(4) Howard Kenney Prelate	3									
30970 Old Fruiltand Rd Salisbury MD 21804		<u> </u>		✓		<u> </u>	l	o	0	0
(5) Walter Mills Jr Treasurer	20									
833 Snow Hill Rd Salisbury MD 21804				✓		L	<u>l</u> .	0	0	0
(6) Brian Vilkas Jr Past Governor	3									
909 Kathleen Terrace Salisbury MD 21804				✓			<u>.</u>	0	0	0
(7) Bruce L Bounds Trustee	3									
1014 E Schumaker Manor Dr Salisbury MD 21801	<u> </u>			✓	<u> </u>			0	0	0
(8) David Shockley Trustee	3	1		İ						
214 Morris Dr Salisbury MD 21804	<u> </u>			✓			L	0	0	0
(9) Walter Donaway Trustee	3	;		ŀ			ı			
35093 Mt Hermon Rd Pittsville MD 21850				1			<u> </u>	0	0	0
(10)	<u> </u>									
(11)				<u> </u>						
(12)		 								······································
(13)				-						<del></del>
(14)										· · · · · · · · · · · · · · · · · · ·

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd H	lighe	st C	ompensated E	mployees (c	ontinue	ed)		age
•	(A) Name and title	(B) Average hours per week (list any	ge box, unless person is to officer and a director/t						(D)  Reportable compensation from	(E)  Reportable compensation from related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comp fro orga and	ensation m the nization related sization	1
(15)					-		<u> </u>							
(16)											$\dashv$			
(17)														
(18)								-						
(19)														
(20)				-			<del></del>	_				<del></del>	<del></del>	
(24)				-				-				<del></del>		·····
(22)				-				<del> </del>	 				<del></del>	
(23)								-		· · · . · . · . · . · . · . · .		· - · · · · · · ·		
(24)				-				<del> </del>						
(25)					-		··	-				<del></del> -		
1b c	Sub-total			l	-		-	<b>&gt;</b>	36390 00	<del></del>	0			C C
d 2	Total (add lines 1b and 1c)	t not limited				_		<u>▶</u> e) w	36390.00 tho received me	<del></del>	0,000 (	of		C
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							oloyee, or high	est compen	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	000	? //	"Ye	s, "	complete Sch			4		<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	mpe	nsat	tion	fror	n any	un /	related organiz			5		<b>√</b>
Section 1	on B. Independent Contractors  Complete this table for your five highest	compensat	ed inc	deni	hne	ent	contr	acto	ore that receive	ed more than	\$100	000 of		
•	compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	c	(C) compens	ation	
								-						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who			000	

ai C	VIII	Check if Schedule O conta	ains a respo	onse to any ques	tion in this Part Vi			
			•	, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
at st	1a	Federated campaigns .	1a	0				
	ь	Membership dues	1b	15978.00	İ			
Å, e	С	Fundraising events	1c	0				
픑	d	Related organizations .		0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut		0				
er S	f	All other contributions, gifts, g						
혈통		and similar amounts not included						
5 P	g	Noncash contributions included in		0	1			
<u>0</u> 8	h	Total. Add lines 1a-1f.	<u></u>		15978.00			
좚				Business Code	<u> </u>			
8	2a				267806.00			ļ
喪	b	Gaming			182004.93			
ΞŽ	ر د	Committees			15022.33		ļ	<del> </del>
Š	d e	Entertainment Other Income			9845.00			
<u>re</u>	f	All other program service i			132048 78			
Program Service Revenue	g	Total. Add lines 2a-2f.			6726 00 613453 04			
	3	Investment income (inclu	idina divid	ends. interest.	013433 04			
		and other similar amounts			2450.25			
	4	Income from investment of ta	x-exempt be	ond proceeds ►	0		<u> </u>	
	5	Royalties	•	•	0			
	•		(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)			İ		]	
	_d	Net rental income or (loss)			0			
	7a		Securities	(ii) Other	•			
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses .						
	C	Gain or (loss)		L				
	d	Net gain or (loss)		<u> ▶</u>	0			
Revenue	8a	Gross income from fundra events (not including \$						
		of contributions reported on See Part IV, line 18						
Other		Less: direct expenses .					1	
•		Net income or (loss) from t		events . ►	0			
	9a	Gross income from gaming						
		See Part IV, line 19	_					
		Less: direct expenses .						
	_ C	Net income or (loss) from		vities ▶	0	<del></del>		
	10a	Gross sales of inventoretums and allowances	•					
			· · · a					
		Less: cost of goods sold Net income or (loss) from s						
	<u>c</u>	Miscellaneous Revenu		Business Code	0		ļ	
	11a	willocalations revenu	<del>-</del>	Proniess Code	_			
	i ia b				0			
	C				0		-	<del> </del>
	d	All other revenue			0	<del>.</del>	-	
	e	Total. Add lines 11a-11d		•	0			
	12	Total revenue. See instru			621001.00			<del>                                     </del>

Page 10 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). Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (C) Management and general expenses (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 77236.28 77236.28 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . 0 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 36390 00 36390.00 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 . . . . . . 61759.19 61795.19 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 Payroll taxes . . . . . . . . . . . . . . . . 10 8205.76 8205 76 Fees for services (non-employees): 11 Management . . . . . . . . 0 0 Accounting . . . . . . . . . . . . 0 0 Lobbying . . . . . . . . . . . . . 0 0 Professional fundraising services. See Part IV, line 17 0 f Investment management fees . . . . . 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . . . . 0 0 13 Office expenses . . . . . . . 8748.73 8748.73 14 Information technology . . . . . 120.00 120.00 15 0 0 16 Occupancy . . . . . . . . . . . . . 93598.71 93598 71 17 00 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 9854.14 9854 14 20 0 0 21 Payments to affiliates . . . . . . . . . . . . 1627 50 1627.50 22 Depreciation, depletion, and amortization . n 23 17244.81 17244.81 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.) Cost of Good Sold 95111.67 95111.67 Entertainment b 34787.39 34787.39 Supplies C 18051.73 18051.73 Committees 16835.64 16835.64 All other expenses 62054 60 62054.60 All other expenses

Total functional expenses. Add lines 1 through 24e 25 541662.15 541662.15 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . .

art X		<del></del>		
	Check if Schedule O contains a response to any question in this Part	<u>(</u>	<u></u>	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	26967.24	1	32055
2	Savings and temporary cash investments	237818.32	2	208697.
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	10.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	0	5	
6	Loans and other 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). Complete Part II of Schedule L			
7	- · · · · · · · · · · · · · · · · · · ·		6 7	
7	Notes and loans receivable, net	0		
8	Inventories for sale or use	8414.79	8	9698
9 10a	Prepaid expenses and deferred charges	0	9	
IVa	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b	2193742 56	10c	2209338
11	Investments—publicly traded securities	0	11	
12	Investments-other securities. See Part IV, line 11	0	12	
13	Investments-program-related. See Part IV, line 11	. 0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0	15	·
16	Total assets. Add lines 1 through 15 (must equal line 34)	2466442,91		2459799
17	Accounts payable and accrued expenses	19859.39		18108
18	Grants payable	<del></del>	18	<del></del>
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	. 0	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	-	
23	Secured mortgages and notes payable to unrelated third parties	0		<del> </del>
24	Unsecured notes and loans payable to unrelated third parties	0	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			
000	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	19859 39	26	18108
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	24465832.52	27	2441690
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0	30	
31	Paid-ın or capital surplus, or land, building, or equipment fund [	0	31	
32	Retained earnings, endowment, accumulated income, or other funds .	0	32	
33	Total net assets or fund balances	2446583 52	33	2441690
34	Total liabilities and net assets/fund balances	24466447.91	34	2459799

Form 9	90 (2012)			Pa	ege 12
Par	t XI Reconciliation of Net Assets	····			<del></del>
	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			881.29
2	Total expenses (must equal Part IX, column (A), line 25)	2		5416	662.15
3	Revenue less expenses. Subtract line 2 from line 1	3		90:	219.14
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	2446	583.52
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6		•	0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		25368	802.60
Par	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:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b	ŀ	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight/	1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.	-			

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?.....................
 b 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

Form **990** (2012)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name o	the organization		Employer Identification number
Loval (	Order of Moose 654		52-0588257
Par		r Advised Funds or Other Similar Fur	
	organization answered "Yes" to Fo		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)	<u> </u>	
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets I	neld in donor advised
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or	for any other purpose
Part	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	by the organization (check all that apply).	
	Preservation of land for public use (e.g., r	recreation or education)   Preservation of	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
C	Number of conservation easements on a cer		
d	Number of conservation easements include		on a
	historic structure listed in the National Regist		· · 2d
3	Number of conservation easements modified tax year ▶	I, transferred, released, extinguished, or ter	minated by the organization during the
4 5	Number of states where property subject to Does the organization have a written poliviolations, and enforcement of the conservations.	cy regarding the periodic monitoring, in:	
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's fi	nancial statements that describes the
Part		ctions of Art, Historical Treasures, o ered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und works of art, historical treasures, or other s public service, provide, in Part XIII, the text of	similar assets held for public exhibition, e	ducation, or research in furtherance of
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amounts	similar assets held for public exhibition, e s relating to these items:	ducation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works following amounts required to be reported un	of art, historical treasures, or other simila	ar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line	e1	<b>&gt; \$</b>
b	Assets included in Form 990, Part X		

٠. "									
Schedu	le D (Form 990) 2012							ſ	Page 2
Part	Organizations Maintaining	Collections of	Art. Hist	orical T	reasures, or O	ther Similar Ass	ets (co		
3.	Using the organization's acquisition, collection items (check all that apply):								
a	☐ Public exhibition		<b>d</b> [	Loan	or exchange prog	grams			
b	☐ Scholarly research								
C	☐ Preservation for future generations	5					,		
4	Provide a description of the organizat XIII.	tion's collections	and explai	in how ti	hey further the or	ganization's exem	pt purp	ose ir	ı Par
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	ained as p	art of the	organization's c	ollection?	□ Ye		
Pari	IV Escrow and Custodial Arra				anization answe	ered "Yes" to For	m 990	, Parl	ι IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, included on Form 990, Part X?						t     <b>  Y</b> (	<b>88</b> [	] No
ь	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing ta	able:				
					<u> </u>	An	nount		
C	Beginning balance					C			
d	Additions during the year				<u>  1</u>	d			
•	Distributions during the year								
f	Ending balance					1			
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21? .	<del>.</del>		☐ Y	BS [	No
b	If "Yes," explain the arrangement in Pa								]
Par	Endowment Funds. Comple	ete if the organiz	zation an	swered	"Yes" to Form 9	990, Part IV, line	10.		
		(a) Current year	(b) Prio	r year	(c) Two years back	(d) Three years back	(e) Four	r <b>years</b>	back
1a	Beginning of year balance								
b	Contributions							,	
C	Net investment earnings, gains, and								
	iosses								
d	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·	·		
e	Other expenditures for facilities and				- · · · · · · · · · · · · · · · · · · ·				
	programs						i		
f	Administrative expenses								
g	End of year balance	- <del></del>	<b> </b>	<del></del>	······································		<del> </del>		
2	Provide the estimated percentage of the	he current vear er	nd balance	fine 1a	column (a)) held	as:	<u> </u>		
a	Board designated or quasi-endowmer		%	,e	, 00/4/11/10/4	ш.			
b	Permanent endowment ▶		/						
c	Temporarily restricted endowment ▶	· ⁷⁰							
ŭ	The percentages in lines 2a, 2b, and 2		2096						
3a	Are there endowment funds not in the organization by:	•		ation tha	at are held and ad	dministered for the	,	Vaa	- No.
	(i) unrelated organizations						2-0	Yes	No
	• • • • • • • • • • • • • • • • • • • •			• •			3a(i)		<del> </del>
ь	(ii) related organizations			· · ·			3a(ii)		
4	Describe in Part XIII the intended uses						3b	I	L

ě

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12
. (2	a) 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	I denvatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			<del> </del>
(H)			
(1)			
	(b) must equal Form 990, Part X, col. (B) line 12)		
Part VIII	Investments—Program Related	d See Form 990 Part Y	line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	tay bescription of investment type	(b) Book value	Cost or end-of-year market value
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
<u>(5)</u>		ļ <u> —                                    </u>	
(6)	<del></del>		
	<del></del>		
(8)		<u> </u>	<del> </del>
(9)			
(10)	(b) must equal Form 990, Part X, col. (B) line 13 )		
Part IX	Other Assets. See Form 990, Pa	art X line 15	
- Cortox		a) Description	(b) Book value
(1)		<u> </u>	
(2)			· · · · · · · · · · · · · · · · · · ·
(3)		······································	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<del></del>		
(10)			
	umn (b) must equal Form 990, Part X, c		<u> ▶ </u>
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	-
	IIICOME taxes		
(3)			-[
(4)			-
(5)			-
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	(b) must equal Form 990, Part X, col. (B) line 25.)	T	1
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	ganization's financial statements that reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Part XIII

Pari	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	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	2a	
b	Donated services and use of facilities	2b	7
C	Recovenes of prior year grants	2c	1
d	Other (Describe in Part XIII.)	2d	1
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
C	Add lines 4a and 4b		1 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return
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:		
а	Donated services and use of facilities	2a	
b	Pnor year adjustments	2b	7
c	Other losses	2c	1
d	Other (Describe in Part XIII.)	2d	7
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		1 1
	Add lines <b>4a</b> and <b>4b</b>		1 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)	5
Part	XIII Supplemental Information		
Comp Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.	9; Part III, lines 1a and 4; F . Also complete this part to	Part IV, lines 1b and 2b; o provide any additional
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Schedule D (Form 990) 2012

Page 4

Schedule D (For	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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# SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

separate instructions.
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Form 990.
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Attach
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Open to Public 2012

Inspection

Employer identification number

(f) Direct controlling 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.) 52-0588257 (e) End-of-year assets (d) Total income Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (b) Primary activity (1) (a)
 Name, address, and EIN (if applicable) of disregarded entity Loyal Order of Moose 654 Partl Part II

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(g) Section 512(b)(13) controlled entity? Yes No (f)
Direct controlling
entity Sole Member (if section 501(c)(3)) (d) Exempt Code section 501(c)(8) (c) Legal domicile (state or foreign country) Fraternal Organizati (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Moose International Inc (a)Name, address, and EIN of related organization (2) Mooseheart IL. 60539 155 S Internationals Dr 36-1408120 <u>ව</u> (9) E ව €

Schedule R (Form 990) 2012

Cat. No. 50135Y

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	Related Organizare or more related	tions Taxable organizations	<b>xable as a Partnership</b> (Complete if the organizal tions treated as a partnership during the tax year.)	<b>ship</b> (Corr artnership	plete if the during the	organizati tax year.)	on answere	, "se, "pe	to Form 990,	Part IV,	line 34	
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	ilhant She elated, thom der 12-514)	(f) Share of total S Income	(g) Share of end-of- year assets	(fn) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Pe managing or partner?	(k) Percentage ownership
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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.)	Related Organiza had one or more r	tions Taxable elated organiz	as a Corporations treated	ation or T	rust (Comporation or t	lete if the crust during	rganization the tax ye	answer	ed "Yes" to	Form 99	O, Part	, Š
(a) Name, address, and EIN of related organization	od organization	(b) Primary activity	(state or fon	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	titiy Sha	total ne	(g) Share of end-of-year assets	(h) Percentage ownership		(f) Section 512(b)(13) controlled entity?
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ansactions with one or more related organizations listed in Parts IH-V7 and entity.  In a complete this line, including covered relationships and the fact organization (s).  In a complete this line, including covered relationships and the fact organization (s).  In a complete this line, including covered relationships and the fact organization (s).	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				¥	Yes No
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	(a) Name of other organization	(b) Transaction type (a-c)	(c) Amount involved	(d) Method of determining	g amount in	polyed
	(E)					
	(3)					
	(4)					
	•			<del></del>		
	(c)					
	•					

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.

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(a) Name, address, and EIN of entity	(D) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	Share of	Share of	Oksproportionate	Code V—UBI		(x) Percentage
		(state or foreign country)	Income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?			allocations?	of Schedule K-1 (Form 1065)	managing partner?	ownership
			section 512-514)	Yes No			Yes No		Yes No	
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								Sche	dule R (For	Schedule R (Form 990) 2012

Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	Page 3
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# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **ջ** □ (h) Purpose of grant or assistance Employer Identification number √ Yes 52-0588257 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance **9** 1 (a) Name and address of organization oyal Order of Woose 654 or government Vame of the organization ٦ (9) Part Part II ପ୍ର ন € ß <u>@</u> 5 12 8  $\widehat{\Xi}$ 

Schedule I (Form 990) (2012)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule ! (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III Part IV 7 က 4 9 Ŋ

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

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Loyal Order of Moose 654	52-0588257
The 990 is read to the Board of Officers and at a Lodge meeting to the general me	mbership
A copy of the 990 is available for review at the lodge 833 Snow Hill Rd Salisbury N	/ID 21804
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Schedule O (Form 990 or 990-EZ) (2013)		Page Z
Name of the organization	Employer identification number	
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