29493265027018

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning MAY 1 , 2017, and ending APRIL 30 , 20 18

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization LOYAL ORDER OF MOOSE #501 INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 3009 S MAIN ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code MIDDLETOWN, OH 45044-7418

D Employer identification number 310382860

E Telephone number 5134226776

G Gross receipts $ 1826072.18

F Name and address of principal officer ROBERT J YARBER
4946 TRENTON-FRANKLIN RD MIDDLETOWN, OH 45042

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☑ 527

J Website: ▶

H(c) Group exemption number ▶ 00002

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1913

M State of legal domicile OH

Part I **Summary**

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

THE LODGE UNITES IN THE BONDS OF FRATERNITY BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES ESTIMATED TO 5326

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		✓
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		✓
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)			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-0-		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* .	3b			✓
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 account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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			✓
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 organization solicit any contributions that were not tax deductible as charitable contributions?	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).**				
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			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			✓
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			✓
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			✓
b	*Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?* . . .	9b			✓
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			✓
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			✓

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☐

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b -0-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ROBERT J YARBER 3009 S MAIN ST MIDDLETOWN, OH 45044-7418 513.422.6776

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT YARBER ADMINISTRATOR	40			✓				19760.00	-0-	-0-
(2) JASON MURPHY GOVERNOR	20			✓				-0-	-0-	-0-
(3) RICHARD STEVENS JR GOVERNOR	6			✓				-0-	-0-	-0-
(4) BRIAN MICHEL PRELATE	6			✓				-0-	-0-	-0-
(5) RICHARD OWSLEY TREASURER	10			✓				-0-	-0-	-0-
(6) LARRY CLEVENGER TRUSTEE	15			✓				-0-	-0-	-0-
(7) CHARLES DUFF TRUSTEE	15			✓				-0-	-0-	-0-
(8) TIM HURTE TRUSTEE	15			✓				-0-	-0-	-0-
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								19760.00	-0-	-0-
c **Total from continuation sheets to Part VII, Section A** ▶								-0-	-0-	-0-
d **Total (add lines 1b and 1c)** ▶								19760.00	-0-	-0-

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ -0-

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such*		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a -0-				
	b	Membership dues	1b 67775.00				
	c	Fundraising events	1c -0-				
	d	Related organizations	1d -0-				
	e	Government grants (contributions)	1e -0-				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f -0-				
	g	Noncash contributions included in lines 1a-1f $ -0-					
	h	**Total.** Add lines 1a–1f . . . . . ▶		67775.00			
Program Service Revenue			Business Code				
	2a	BAR & KITCHEN SALES		862790.16	862790.16	-0-	-0-
	b	BINGO INCOME		157494.00	-0-	-0-	-0-
	c	LOTTERY INCOME		349653.00	-0-	-0-	-0-
	d	VENDING		10118.00	-0-	-0-	-0-
	e	COMMITTEES		96814.46	-0-	-0-	-0-
	f	All other program service revenue .		281427.56	-0-	-0-	-0-
	g	**Total.** Add lines 2a–2f . . . . . ▶		1758297.18			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-0-	-0-	-0-	-0-
	4	Income from investment of tax-exempt bond proceeds ▶		-0-	-0-	-0-	-0-
	5	Royalties . . . . . ▶		-0-	-0-	-0-	-0-
			(i) Real / (ii) Personal				
	6a	Gross rents . .	-0- / -0-				
	b	Less: rental expenses	-0- / -0-				
	c	Rental income or (loss)	-0- / -0-				
	d	Net rental income or (loss) . . . . . ▶		-0-	-0-	-0-	-0-
	7a	Gross amount from sales of assets other than inventory	(i) Securities -0- / (ii) Other -0-				
	b	Less cost or other basis and sales expenses .	-0- / -0-				
	c	Gain or (loss) . .	-0- / -0-				
	d	Net gain or (loss) . . . . . ▶		-0-	-0-	-0-	-0-
	8a	Gross income from fundraising events (not including $ -0- of contributions reported on line 1c). See Part IV, line 18 . . . . . a	-0-				
	b	Less: direct expenses . . . . b	-0-				
	c	Net income or (loss) from fundraising events . ▶		-0-		-0-	-0-
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a	-0-				
	b	Less: direct expenses . . . . b	-0-				
	c	Net income or (loss) from gaming activities . . ▶		-0-	-0-	-0-	-0-
	10a	Gross sales of inventory, less returns and allowances . . . a	-0-				
	b	Less: cost of goods sold . . . b	-0-				
	c	Net income or (loss) from sales of inventory . . ▶		-0-	-0-	-0-	-0-
		Miscellaneous Revenue	Business Code				
	11a			-0-	-0-	-0-	-0-
	b			-0-	-0-	-0-	-0-
	c			-0-	-0-	-0-	-0-
	d	All other revenue		-0-	-0-	-0-	-0-
	e	**Total.** Add lines 11a–11d . . . . . ▶		-0-			
	12	**Total revenue.** See instructions. . . . . ▶		1826072.18	862790.16	-0-	-0-

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).

Activities & Governance

1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION UNITES IN THE BONDS OF FRATERNITY BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED THROUGH A YEAR-ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR THE MEMBERS AND THEIR FAMILIES ESTIMATED AT 5326		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	36
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8		

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	3379.26	1	74956.45
2	Savings and temporary cash investments	-0-	2	-0-
3	Pledges and grants receivable, net	-0-	3	-0-
4	Accounts receivable, net	-0-	4	-0-
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	-0-
6	Loans and other receivables from other disqualified persons (as defined under section			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1826072.18
2	Total expenses (must equal Part IX, column (A), line 25)	2	1726398.18
3	Revenue less expenses. Subtract line 2 from line 1	3	99674.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1893821.57
5	Net unrealized gains (losses) on investments	5	-0-
6	[illegible]	6	[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LOYAL ORDER OF MOOSE #501 INC

Employer identification number

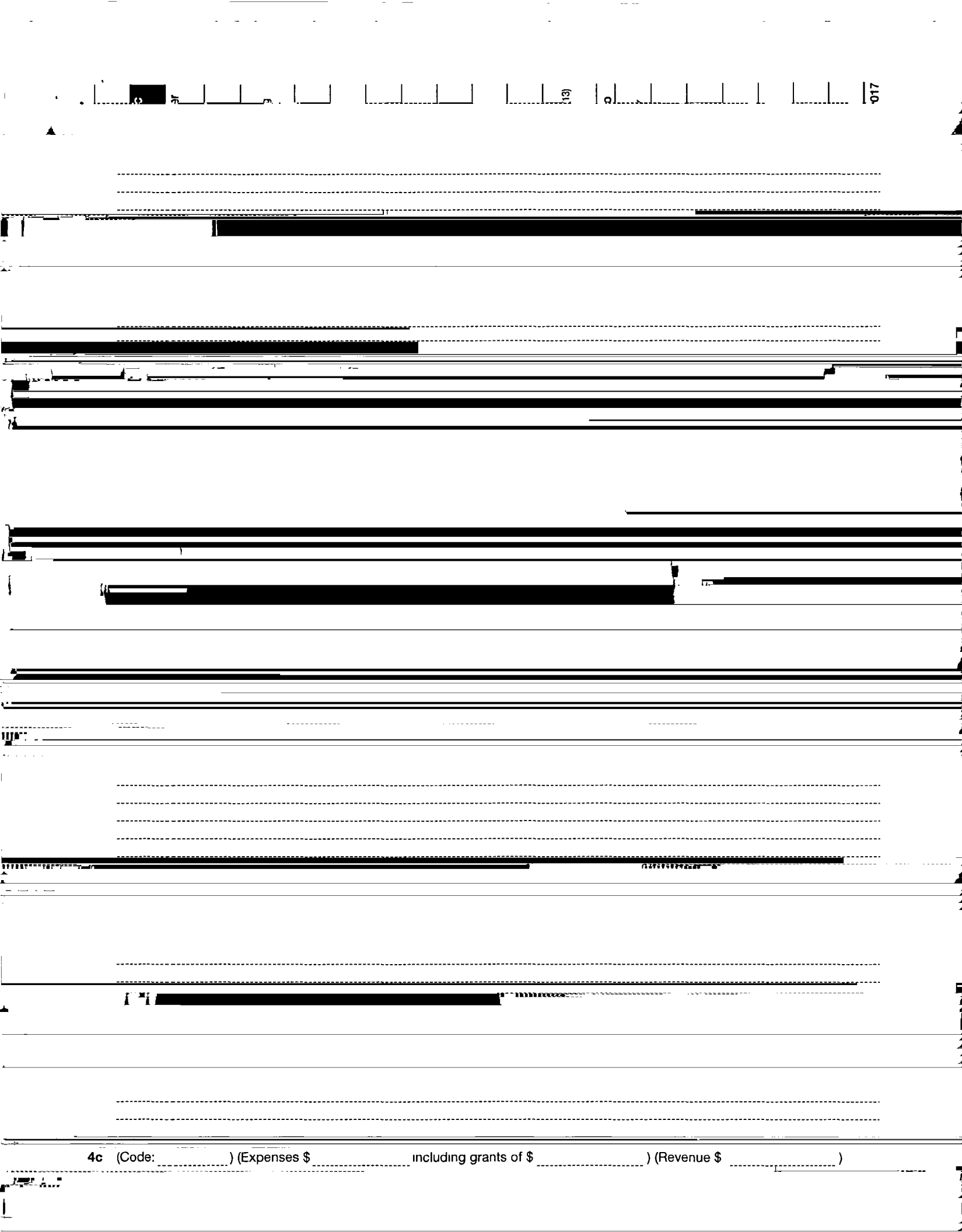
310382860

11-A) A COPY OF THE 990 IS READ BY THE ADMINISTRATOR AND DISCUSSED, IF NECESSARY, AT THE NEXT OFFICER'S MEETING AFTER THE FORM IS FILED. MEETINGS ARE HELD THE 2ND & 4TH WEDNESDAY OF EVERY MONTH.

19 ALL INFORMATION CONCERNING THE LODGE IN REFERENCE TO GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL RECORDS ARE AVAILABLE UPON REQUEST TO ANYONE AS THEY ARE A MATTER OF PUBLIC RECORD.

PART XI LINE 10 DOES NOT EQUAL PART X LINE 33 DUE TO THE FACT THAT WE REFINANCED OUR MORTGAGE AND TOOK A LOSS ON 21,000 IN NSF CHECKS BECAUSE WE NO LONGER CASH CHECKS AND THE CHECKS WERE OLD.

Name of the organization	Employer identification number



4c (Code:) (Expenses $ including grants of $) (Revenue $)

on answered "Yes" on Form 990, Part IV, line 34,

(g) hare of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

organization answered "Yes" on Form 990, Part IV,
g the tax year.

ntity , or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

(Expenses $ including grants of $) (Revenue $)

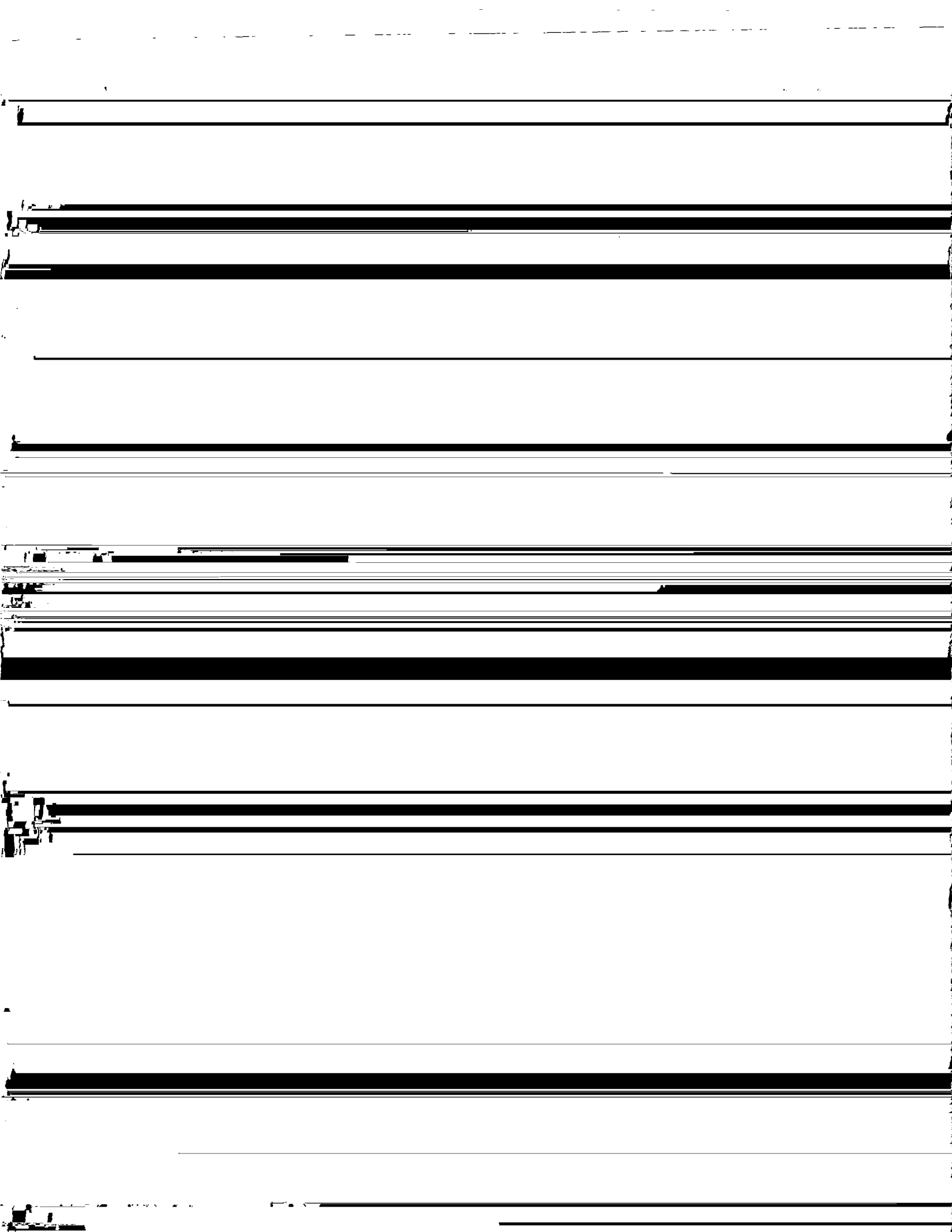
4e Total program service expenses ▶

ctions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
e 1 if any entity is listed in Parts II, III, or IV of this schedule.			
year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
nterest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✓
capital contribution to related organization(s)	1b		✓
capital contribution from related organization(s)	1c		✓
guarantees to or for related organization(s)	1d		✓
guarantees by related organization(s)	1e		✓
n related organization(s)	1f		✓
to related organization(s)	1g		✓
ssets from related organization(s)	1h		✓
assets with related organization(s)	1i		✓
ties, equipment, or other assets to related organization(s)	1j		✓
ties, equipment, or other assets from related organization(s)	1k		✓
of services or membership or fundraising solicitations for related organization(s)	1l		✓
of services or membership or fundraising solicitations by related organization(s)	1m		✓
ilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
d employees with related organization(s)	1o		✓
nt paid to related organization(s) for expenses	1p		✓
nt paid by related organization(s) for expenses	1q		✓
of cash or property to related organization(s)	1r		✓
of cash or property from related organization(s)	1s		✓

o 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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved



Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.