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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. May 1 2013, and ending 20 14 For the 2013 calendar year, or tax year beginning C Name of organization Loyal Order of Moose D Employer identification number Check if applicable 03-0175161 Doing Business As Springfield Lodge #679 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (802)885-5370 П Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated 236260.26 Springfield, VT 05156 Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending 39 South Street Springfield, VT 05156 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) ☑ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🗌 Trust Κ Association ☐ Other ▶ L Year of formation M State of legal domicile Summary Briefly describe the organization's mission or most significant activities: This organization unites its members in the bonds of fraternity, benevolence & charity. This is accomplished through a year round schedule of social & recreational activities for members & their families, estimated to 500+ 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) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 12 Total number of volunteers (estimate if necessary) 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 3,135 00 3,219.00 8 Revenue 9 Program service revertue (Part VIII, line 2g) 219,542 42 232,993 53 Investment income (Part VIII column (A) lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 10 145 70 131 73 11 Total revenue - add innes 8 through 11 (must equal Part VIII, column (A), line 12) 236,260 26 222,907 12 12 13 Grants and sımılar amounts paid (Part IX, Column (A), lines 1-3) 4,664 83 5,382 76 Benefits paid to or for members (Part IX, column (A), line 4) 14 78,309 76 76,425 99 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 2**%**1.486.21 4. ×1 b 130,163 88 138,977 84 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 213,138 47 220,786.59 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 9,768 65 15,473 67 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 678,445 59 679,366 06 20 Total assets (Part X, line 16) 21 16,711 62 2,230 55 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances. Subtract line 21 from line 20 661,733 97 677,135 51 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of office Administrator 9111114 Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check ____ if Paid self-employed **Preparer** Firm's EIN ▶ Fırm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🦳 Yes 🦳 No



Form 990 (2013)

	90 (2013)				Page 2
Part		t of Program Service			
1		chedule O contains a re the organization's mission	esponse or note to any line in this Pa	<u>irt III </u>	<u> L</u>
•	This organization	unites its members in the	on. be bonds of fraternity, benevolence & chafor members & their families, estimated		⊤a year round
2	Did the organiza	tion undertake any signi	ficant program services during the yea	ar which were not listed on the	
	prior Form 990 o				☐ Yes 🗹 No
3		e these new services on ation cease conducting	Schedule O. I, or make significant changes in ho		□Yes ☑No
4	Describe the orgexpenses. Section	on 501(c)(3) and 501(c)(4	edule O. vice accomplishments for each of its l) organizations are required to report or each program service reported.	three largest program services, a the amount of grants and alloca	as measured by ations to others,
4a	(Code ⁻) (Expenses \$	ıncluding grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program so (Expenses \$	ervices (Describe in Sche including gra			
4e	<u> </u>	ervice expenses	antis or φ) (nevenue \$)	

	0 (2013)			age J
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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		
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		1
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		١
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		١
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	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		٧
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	2 2 2 2 4 8	<i>₹</i> /2 :	58 , 6)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	'	***************************************
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		~
e f	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		7
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		~
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 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		~
14 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		v
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		v
20 a		20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u>L</u> .

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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		v
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		v
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 25a	24a		,
b b	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		v
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		v
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		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		,
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		~
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):	* 1	2 1	
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 Schedule L, Part IV	28a 28b		<i>v</i>
С	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		<u>, </u>
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		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		V
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.	32		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	34 35a		V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>'</u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	-	
	10. Hotel / Mili on in oso mers are required to complete ochequie O	38 Form	990	(2013)
				, ,

Form **990** (2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	. <u> </u>
	m	3 7	res	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,		6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	₹		*
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ـــئند		
_	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	*
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		محكد	
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	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			<u>, </u>
	account)?	4a		
b	If "Yes," enter the name of the foreign country:	1 1/2		. **
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<u> </u>	
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		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١,
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	,	1.588
7	Organizations that may receive deductible contributions under section 170(c).		. 376 %	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1.20
	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	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	2 3	1 %;
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	ļ.——	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		2 ×	. 3865
8		32		
	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	التسمة	44
		 ♣	· · ·	5,3
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	"	 ; 	
а	Initiation fees and capital contributions included on Part VIII, line 12		* *	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	(,	۶,	
11	Section 501(c)(12) organizations. Enter:		87 . 3	, .
''a	Gross income from members or shareholders		1	**
b	Gross income from other sources (Do not net amounts due or paid to other sources	₩.	* `	* *
	against amounts due or received from them.)	\$ 575	<u></u> ≱2.	,
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	,,,,	. ,,	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	130	3-17	٠,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
-	Note. See the instructions for additional information the organization must report on Schedule O.	2 1	** × °	1, 2
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	1	2 27	\$
С	Enter the amount of reserves on hand	1 🔭		ľ .^'
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
	If "You " hose it filed a Form 720 to report these payments? If "No " provide an evolution in Schedule O	14h	†	1 -

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>. L</u>
	on the document of the second		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	« <u>)</u> ···	1. 1.	3 .
	If there are material differences in voting rights among members of the governing body, or	1	2 %	
	if the governing body delegated broad authority to an executive committee or similar	3.	35° +	, \~
	committee, explain in Schedule O			
ь 2	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 relationship with		\$	>+ 2 ×
2	any other officer, director, trustee, or key employee?		<u> </u>	7
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		V
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	~	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	30	, 3 ,
•	the year by the following.	>	Ĺ	*]
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	1	-
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	L	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		_
10a	Did the organization have lead charters breaches as efficiency		Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a	~	
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	Ì
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,"			
40	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		V
15	Did the process for determining compensation of the following persons include a review and approval by	. 14		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		;	
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		410	4 1 3
16a	and a second a second and a second a second and a second		- 3.6	لــــــا
h	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	1 ½ 1	** .	437
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			ــــــــــــــــــــــــــــــــــــــ
17	List the states with which a copy of this Form 990 is required to be filed ▶ VT			
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.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration to the public during the tax year.	erest p	oolicy	, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	of AL		
	organization: ► Robert Merrill 39 South St. Springfield, VT. 05156 (802)885-5370	บา เก่ย		

Form	aan	(2013)

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

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	<u>aniz</u>	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
				(0	C)				,	
(A)	(B)	(4	-4 -1-	Pos		- 45		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson	e than one or/trust	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated
	hours for related organizations below dotted line)		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) Robert Merrill Sr	10									
Administrator		<u> </u>	ļ	~	ļ	<u> </u>	ļ	0	0	0
(2) Jeff Duling	8			,				0	o	0
Governor (3) Josh LaCross	5			-		-		0	U	U
Jr Governor				~	<u> </u>	1) о	o	0
(4) Richard Jacobs	5									
Jr Past Governor				~				0	0	0
(5) Michael Balser Prelate	5			,				0	0	0
(6) John Crawford	8									
Treasurer				~	_		<u> </u>	0	0	0
(7) Clayton Perry	5			١.					_	
Trustee				~		-		0	0	0
(8) Jeff Baird Trustee	5			,				0	o	o
(9) Dale Getty	5			Ť			\vdash		J	
Trustee				~				o	o	o
(10)										
(11)										
(12)	-									<u>.</u>
(13)	 									
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, i	ot ch unles	Pos eck s pe d a d	more rson	than on the thick the thic	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	n am	(F) timated ount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensation om the anization I related nizations	1
(15)													
(16)								-					
(17)	· · · · · · · · · · · · · · · · · · ·											-	
(18)		 											
(19)													
(20)											-		
(21)													
(22)													
(23)								<u> </u>					
(24)												-	
(25)		-						_			ļ		
1b	Sub-total			İ				<u> </u>	0		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio			•		•	>	0		0	·	0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	<u> </u>		<u> </u>		
3	Did the organization list any former of		tor, o	r trı	uste	е.	kev e	ame	lovee. or high	est compensa	ted	Yes	No
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ich i	indı	vidu	ıal				. 3		~
4	For any individual listed on line 1a, is the organization and related organizations											,	à.
5	Individual									 atıon or ındivid	ual 4		✓
Section	for services rendered to the organization' on B. Independent Contractors	r if "Yes," c	ompi	ete :	Scn	eau	ile J f	or s	ucn person		5		~
1	Complete this table for your five highest compensation from the organization Repyear.	compensate ort compe	ed inc	lepe n fo	ende or th	ent (contra	acto ar y	ors that receive ear ending with	ed more than \$ h or within the	100,000 o organizati	f on's ta	ax
	(A) Name and business add	ress					·		(B) Description of se	ervices	(C) Compens		
	Total number of independent contracto	re (includin	a bu	t no	nt li	mut	ad to	+h	and listed she	* 0 de (/ 0 e			

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to	any line in this (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		,		exempt function revenue	business revenue	excluded from tax under sections 512-514
S S	* 1a	Federated campaigns 1a 3,135 00				
uni	b	Membership dues 1b				
اع ق	C	Fundraising events 1c	<i>x</i> %		Ý	~
ifts	d	Related organizations 1d	2 6 6 4	4 1), & vi	·, ' , .
nila	e	Government grants (contributions) 1e	×			
Sir	f	All other contributions, gifts, grants,		* 3 * *		, , , , , , , , , , , , , , , ,
igi.	•	and similar amounts not included above	B			
호텔	g	Noncash contributions included in lines 1a-1f: \$	N 4 66 ,	4° '> '	* \$ *	§ , , , , ,
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	3,135.00	1		1 to 1 to 1 to 1 to 1
		Business Code	i į	***	X	
eun	2a	Social Qtr/Kitchen Sales	104,526 75			
Program Service Revenue	b	Member Ent /Funraising/Gaming	114,295 39			
93	C	Donations	2,347 23			
eΣ	d	Bank Chg/Returns/Tillover/misc	8,098 89			.,
пS	e	Hall Dep/Ins/Cash pd for dues	2,366.25		·—·	
grai	f	All other program service revenue .	1,359 02			
Po	g	Total. Add lines 2a–2f	232,993 53	 		3
	3	Investment income (including dividends, interest,	· · · · · · · · · · · · · · · · · · ·			
		and other similar amounts)	131 73			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Rovalties				,
	Ì	(i) Real (ii) Personal		a the thirt is		
	6a	Gross rents	1. 11			
	b	Less rental expenses		[2., 2] . (1977)		
	င	Rental income or (loss)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other		((() · () · ()		
		assets other than inventory				
	b	Less cost or other basis				
	ļ	and sales expenses .				
	С	Gain or (loss)			* * * 4 * * * * * * * * * * * * * * * *	/ X
	d	Net gain or (loss)				
•						
enne	8a	Gross income from fundraising			·\$* ·\$\$	
		events (not including \$		4 8	4	
Other Rev		of contributions reported on line 1c).		. 10 · 1/4 · · ·	*	
ĕ		See Part IV, line 18 a		, 254		
₹	1	Less direct expenses b	\$* \$\$ \$2 \(\)		i 'r i.	
_		Net income or (loss) from fundraising events . >		<u></u>		
	9a	Gross income from gaming activities	;		*	*
		See Part IV, line 19 a	2 - 4 4 3	; ;	1 11 2	∮
	b	Less: direct expenses b		<u> </u>	·	
	C	Net income or (loss) from gaming activities	ļ			
	10a	Gross sales of inventory, less				.,,
		returns and allowances a	! *		` ' ′	"
	b	Less: cost of goods sold b				·
	<u>c</u>	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	<u>*</u>	<u> </u>		
	11a					
	b					
	C	All				
	d	All other revenue				
	12	Total Add lines 11a-11d	236 260 26			

Part IX	Statement of F	unctional E	Expenses	_

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lii	ne in this Part IX		
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, 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	0		,	
2	Grants and other assistance to individuals in			f	
	the United States. See Part IV, line 22	5,382 76		, , , , , ,	~ ^* *
3	Grants and other assistance to governments,	<u> </u>		, ,	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0		* / * *	, , , , ,
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				_
	trustees, and key employees	o			
6	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	64,409 330	117		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	5,484 51	-		-
10	Payroll taxes	6,532 15			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion				
13	Office expenses	2,535 10			
14	Information technology	120 00			
15	Royalties	0			
16 17	Occupancy	36,829 24			
17 18	Travel	0	-		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,839 76		<u></u>	
20	·	402 16			
21	Payments to affiliates	402 18			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	8,833 73			
24	Other expenses. Itemize expenses not covered	* * 3.	<i>y</i> .	4.	
	above (List miscellaneous expenses in line 24e. If	`	4	"	,
	line 24e amount exceeds 10% of line 25, column		ì , <i>•</i> •	* \$ /	
	(A) amount, list line 24e expenses on Schedule O.)				
а	COGS-All & Tax/licenses	50,590 86	***************************************		<u></u>
b	Maintenance/Repairs	9,062 71			
С	Member Ent/Gaming/Fundraising	14,407 57			
d	Returns/Bank Chg/Supples	8,682 66			
e	All other expenses Tillshort/flowers/post	4,674 05			
25	Total functional expenses. Add lines 1 through 24e	220,786 59			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 13,314 25 13.571 88 56,989 68 57,119 87 2 Savings and temporary cash investments 3 ۵ 3 40.00 40 00 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 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 0 0 Notes and loans receivable, net 0 0 4,297 80 8 4,830 45 Inventories for sale or use Prepaid expenses and deferred charges 9 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 603,803.86 10c 603.803 86 Investments - publicly traded securities 0 11 0 11 0 12 0 12 Investments-other securities. See Part IV, line 11 0 13 Investments-program-related. See Part IV, line 11. 13 0 0 14 14 Intangible assets 0 Other assets. See Part IV, line 11 o 15 0 15 678,445 59 **16** 679,366 06 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 2,255 61 **17** 1,716.05 0 18 18 0 Deferred revenue 0 19 0 19 0 20 0 20 Tax-exempt bond liabilities . 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 Secured mortgages and notes payable to unrelated third parties . . . 14,456 01 23 514 50 23 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 16,711 62 26 Total liabilities. Add lines 17 through 25 2,230 55 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets . . . 29 29 or Fund 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 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 Š 677,135 51 33 661,733 97 33 34 Total liabilities and net assets/fund balances . . . 678,445 59 **34** 679,366 06

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			60 26
2	Total expenses (must equal Part IX, column (A), line 25)	2		220,7	86 59
3	Revenue less expenses. Subtract line 2 from line 1	3		15,4	73 67
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8		(72 13)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		677,1	35 51
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u></u>	1	ᆜ
	According weather was also make a suppose the Fermi COO TO I TO I TO I			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-1 :	- I, ŝ	3.	A 5 4 5 7
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ii	n	* *	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	ئىنىڭ ئىند	
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com	nilod o		-	. 1
	reviewed on a separate basis, consolidated basis, or both:	pilea o	" : ,	` ,	ŝ
	Separate basis Consolidated basis Both consolidated and separate basis		, ,	,	- jug - jug - jug
h	Were the organization's financial statements audited by an independent accountant?		. 2b		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	d on			, 1,5a,
	separate basis, consolidated basis, or both:	su on	٠ ,		1 7
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			× 000 7	À.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiah	ıt		لنظله
•	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		,	18.4	1.36.1
	Schedule O.	.,	` ^ \	. ,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	n	 	الشتنا
	the Single Audit Act and OMB Circular A-133?		За		~
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b		
			For	m 990	(2013)

SCHEDULE D (Fdrm 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.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Loyal	Order of Moose		03-0175161
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization ansi	vered "Yes" to Form 990, Part IV, line 6	
		(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)		
4	Aggregate value at end of year Did the organization inform all donors and	denor advicers in writing that the assets	hold in donor advisord
5	funds are the organization's property, subje		
6	Did the organization inform all grantees, do		
U	only for charitable purposes and not for th		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 7	7.
1	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
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	·
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements Total acreage restricted by conservation ea		
b	Number of conservation easements on a ce		
c d	Number of conservation easements inclu		
•	historic structure listed in the National Regi	* * * * * * * * * * * * * * * * * * * *	I I
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to	conservation easement is located >	
5	Does the organization have a written po		
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservation	on easements during the year
_			and the state of t
7	Amount of expenses incurred in monitoring \$ \begin{align*} \text{*} &	, inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
O	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization r		
	balance sheet, and include, if applicable, th		
	organization's accounting for conservation		
Par		ections of Art, Historical Treasures, o	
	· · · · · · · · · · · · · · · · · · ·	wered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	, , , , , , , , , , , , , , , , , , , ,	
	works of art, historical treasures, or other	·	
	public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted a works of art, historical treasures, or other		
	public service, provide the following amour		Cododatori, or research in future affect of
	(i) Revenues included in Form 990, Part VI	· ·	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works		
	following amounts required to be reported		
а	Revenues included in Form 990, Part VIII, li	ne 1	▶ \$
L	Assets included in Form 990 Part Y		• •

Part	Organizations Maintaining	Col	lections of	Art. His	torical	Treasures	or O	ther Similar	Assets	(cont	nuēd)
3	Using the organization's acquisition, collection items (check all that apply):	acce									
а	☐ Public exhibition			d	☐ Loar	or exchan	ge prog	ırams			
b	☐ Scholarly research			е	☐ Othe						
С	☐ Preservation for future generation										
4	Provide a description of the organiza XIII.	tion's	collections	and expl	ain how	they further	the or	ganızatıon's ex	empt p	ourpose	in Part
5	During the year, did the organization								nilar		
	assets to be sold to raise funds rather			ained as	part of th	e organizat	ion's c	ollection? .	. [Yes	☐ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.			s" to For	m 990, F	Part IV, line	e 9, or	reported an a	moun	t on Fc	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, cus	todian or ot	her interr	nediary f	or contribu	tions o	r other assets	not	────] Yes	☐ No
b	If "Yes," explain the arrangement in P	art XI	II and compl	lete the fo	ollowing t	able:			Amou		
С	Beginning balance						10	3			
d	Additions during the year						10	+			
е	Distributions during the year						16)			
f	Ending balance						11	;			
2a	Did the organization include an amou									Yes	☐ No
ь	If "Yes," explain the arrangement in P	art XI	II Check he	re if the e	xplanatio	n has been	provid	ed in Part XIII			
Par	Endowment Funds.		1 45 4								
-	Complete if the organization		Current year		m 990, F or year	(c) Two year		(d) Three years b	201/ 101	Faurica	va baale
10	Paginning of year balance	(a)	Current year	(b) Pr	or year	(c) I wo yea	irs back	(d) Three years b	ack (e)) Four yea	irs back
1a b	Beginning of year balance	<u> </u>				ļ			+		
C	Net investment earnings, gains, and		_	1			_				
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance	<u> </u>		1		L					
2	Provide the estimated percentage of the		ırrent year er		e (line 1g	g, column (a	a)) heid	as [.]			
a b	Board designated or quasi-endowme Permanent endowment ▶	nt ► %		%							
c	Temporarily restricted endowment	70	· %								
·	The percentages in lines 2a, 2b, and 2	c sh		00%							
За	Are there endowment funds not in the				zation th	at are held	and ad	ministered for	the		
	organization by:	•		Ü						Ye	s No
	(i) unrelated organizations								. 3	a(i)	
	(ii) related organizations								. 3	a(ii)	
	If "Yes" to 3a(ii), are the related organ								. [3b	
4	Describe in Part XIII the intended uses			on's endo	wment f	unds					
Part	,				000 5						
	Complete if the organization	ans					_				
	Description of property		(a) Cost or o			or other basis other)		Accumulated epreciation	(b)	Book va	lue
1a	Land							XAXXIIIX			
b	Buildings		5	53,758.89	_						
С	Leasehold improvements .										
d	Equipment			50,044 97							
<u>e</u>	Other	• -			<u> </u>						
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	190, Part X	<u>K, columr</u>	n (B), line 10)(c).)			60	3803 86

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" to	Form 990, Part IV, lin	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of secunty)	(b) Book value	(c) Me	thod of valuation I-of-year market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				·
(A)				
(B)				<u>.</u>
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 12) ▶			<u>*************************************</u>
Part VIII	Investments - Program Related.	·-····································		·
	Complete if the organization answered "Yes" to	Form 990, Part IV, III	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Me	thod of valuation I-of-year market value
(1)				
(2)				
(3)			<u> </u>	
(4)	·			
(5)				
(6)				
<u>(7)</u>		 -		
(8) (9)			 -	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		***************************************	
	Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description		•	(b) Book value
(1)				
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	mn /h) must squal Form 000. Part V and /P) line 15			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15) . Other Liabilities.	 	· · · · · · •	
Part A	Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability (b) Book vi	alue	*	
(1) Federal in				
(2)		·		
(3)		-	*	
(4)				
(5)			,	
(6)		* *	,	
(7)				
(8)				
(9)			res of w	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	on's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of	the footnote has bee	en provided in Part XIII

Parl	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
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	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
art	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	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:	* 1
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)