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### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 5/1/2009 and ending 4/30/2010 Check if applicable C Name of organization LOYAL ORDER OF MOOSE LODGE NO 167 D Employer identification number use IRS Address change Doing Business As 35-0480380 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number type Initial return 111 SOUTH 8TH STREET See 765-962-2997 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return RICHMOND IN 47374 G Gross receipts \$ 1 385 941 tions Application pending Name and address of principal officer Yes X H(a) Is this a group return for affiliates? ROBERT FROST 260 SOUTH 46TH STREET, RICHMOND, IN 47374 H(b) Are all affiliates included? X 501(c) ( 8 If "No," attach a list (see instructions) Tax-exempt status ) < (insert no ) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number ► 0002 X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1987 IN Part I Summarv Briefly describe the organization's mission or most significant activities LODGE UNITES MEMBERS IN BONDS OF FRATERNITY BENEVOLENCE AND CHARITY ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL Governance ACTIVITIES FOR MEMBERS, FAMILIES, AND GUESTS 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 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of employees (Part V, line 2a) 5 14 Total number of volunteers (estimate if necessary) 7 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 ō 7a Net unrelated business taxable income from form 990年①后日4日 7b 0 Prior Year **Current Year** RS-OSC Contributions and grants (Part VIII, line 1h) 0 0 JUL **2 0** 2010 7,725 9 Program service revenue (Part VIII, line 2g) 10,112 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3.729 3.120 Other revenue (Part VIII, column (A), lines 5, \$d, 8c 11 437,330 726,320 12 Total revenue—add lines 8 through 11 (must equal Part-VIII, column (A), line 1 448,175 740,161 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56.810 56.208 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 115,914 117,849 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 287,008 555,740 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 459,732 729,797 19 Revenue less expenses Subtract line 18 from line 12 -11,557 10.364 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1.021.001 1.003.297 21 Total liabilities (Part X, line 26) 8,354 15,694 22 Net assets or fund balances Subtract line 21 from line 20 994,943 1,005,307 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 lete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature Here 冚 Type or print name and title Preparer's Check if Preparer's identifying number selfsignature Paid employed P00229937 Preparer's

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

May the IRS discuss this return with the preparer shown above? (see instructions)

Webb & Associates

66 South 12th Street, Richmond IN 47374

Firm's name (or yours

address, and ZIP + 4

if self-employed)

Úše Only

Form **990** (2009)

No

X Yes

**▶** (765) 962-3524

Phone no

Ji I	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission  LODGE UNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY ACCOMPLIS  YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES,		I <u>A</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .  If "Yes," describe these new services on Schedule O	Yes X	No.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services b Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 729,797 including grants of \$ 0 ) (Revenue \$ SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUESTS APPROXIMATELY 750 PEOPLE		
4b	(Code. ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		
4c	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		
4d	Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	_
40	Total program service expenses > 720 797		

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		,
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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.			
•	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			
•	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			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
121		300		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	er and a second	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ا ا		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-	~	
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	X	<b></b>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

# Form 990 (2009) LOYAL ORDER OF MOOSE LODGE NO 167 Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>2</b> 4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ī	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III .	27	1. 10 m.F	X 强拳
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			35.2
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	E.E.		M
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ł	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M .	30		Χ_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	v
	Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			- ` `
- '	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
-	Schedule R, Part V, line 2	35	_	Х
36	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 .	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
		Form	990	(2009)

	2900 (2009) LOYAL ORDER OF MOOSE LODGE NO 167		35-0480380	F	age :
Pa	t Va Statements Regarding Other IRS Filings and Tax Compliance	<del></del>			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1	576.32 day	Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable.	1a	q		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			14.5
С	Did the organization comply with backup withholding rules for reportable payments to vendors a				
	gaming (gambling) winnings to prize winners?	.,	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		逐
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	ı (see		7	A ST
_	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	covered by		13.4	
	this return?.		3a	_	_ X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 over, a financial account in a foreign country (such as a bank account, securities account, or ot				ł
	account)?	nei imanciai	42		X
b	If "Yes," enter the name of the foreign country		4a	5 W.F	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo	reign Rank			
	and Financial Accounts	roign bank			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ear?	5a	550 1.42.1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter ti		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Prohibited Tax Shelter Transaction?		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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such conf	ributions or			
_	gifts were not tax deductible?		6b	3863	37856-
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part and services provided to the payor?	ly for goods	7a		Ession X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7 b		<del>  ^</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was	10		
•	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		30,00	5 e 25 c
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums	on a personal	25.00		
	benefit contract?		7e		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ		7g	_X	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1	098-C as			
_	required?		7h	X	#55 ÷
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	_			
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsorganization, have excess business holdings at any time during the year?	somy	8		F. 20.4
9	Sponsoring organizations maintaining donor advised funds.		7134.5	A.F.	1965 1888 &
а	Did the organization make any taxable distributions under section 4966?		9a	ure e	(4) See
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	-	
0	Section 501(c)(7) organizations. Enter		100	<b>建</b>	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			E S
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			禮號	
	against amounts due or received from them )	11b	N. S. S.	NA.	200

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

"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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a	9	<b>沙</b> 馬	
b	Enter the number of voting members that are independent .	9	1111	3.3
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	TOTAL TOTAL	X
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		_ X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		×
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	MAN S	意定	
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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.	9a		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			ĺ
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 .	THE.	re e	達制
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	<b>发</b>		經過
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	1 20 40 2	X
	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	374 <b>12</b> 56 117	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection Indicate how you make these available Check all that apply	•		
	Own website Another's website X Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person the person who person the person who person the person who person the person that the person that the person who person the person that the person the person that the person			
	organization ► ROBERT FROST 765-962-29	97		
	111 SOUTH 8TH ST RICHMOND IN 47374			

## \*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. Use Schedule J-2 if additional space is needed.

- 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. 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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (c	chec	k all	that ap	oly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BILL EVANS TREASURER	1	Х		х				0	0	0
WILLIAM MILLS GOVERNOR	1	Х		х				0	0	0
KENNY YOUNG PRELATE	1	x		x				0	0	0
GEORGE HINES 3 YR TRUSTEE	1	Х		х				_0	0	0
ANDY ARMES 2 YR TRUSTEE	1	X						0	0	0
RODNEY LAMBERSON 1 YR TRUSTEE	1	X						0	0	0
FRANK FONSCEA JR GOVERNOR	1	х		Х				0	0	0
EARL PETERS JR PAST GOV	1			Х				0	0	0
ROBERT FROST ADMINISTRATOR	40	Х		Х				26,000	O	0
						_				

P	rt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	d Hiç	jhes	t Co	mpensated Em	ployees (conti	nued)
	(A)	(A) (B) (C) (D) (  Name and title Average Position (check all that apply) Reportable Report				(E)	(F)				
	Name and title	Average hours per week	or director		(chec Officer	_	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									_		
	T								20,000		
1b	Total		- 14					<u> </u>	26,000		
2	Total number of individuals (including but no reportable compensation from the organizat		e list	eo a	0 Dove	e) wr	io rei	ceive	ed more than \$1	00,000 in	
3	Did the organization list any <b>former</b> officer, of employee on line 1a? <i>If "Yes," complete Sch</i> For any individual listed on line 1a, is the suit	director or truste nedule J for sucl m of reportable	h indi comț	ividu oens	nplog al	n and	d oth	er co	ompensation fro		Yes No
	the organization and related organizations g individual						·				4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye								ganization for	200 200	5 X
	tion B. Independent Contractors  Complete this table for your five highest com	nenested inden	end.	ant a	ontr	acto:	e the	at roc	served more than	n \$100 000 of	
1	compensation from the organization		<u> </u>				5 1116			<del></del>	
	(A) Name and business ad	ddress							(B) Description of serv	rices C	(C) ompensation
							$\dashv$			<del></del>	<u></u> 0
									<del>_</del> _		0
											0
	Total number of independent contractors (inc	oluding but not b	muto	d to	thes	o liet	rod c	hous	) who recoved	Section 1	0 371/2/55 178
	more than \$100,000 in compensation from the			u 10	1108	C 1151	eu a 0	JUVE	y willo received		

ÿPar	ť'VIII.	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns .	•	<u>1a</u>	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues	*	1b	0				
s, g	C	Fundraising events		1c	0				
gifts, Iar am	d	Related organizations		1d	0				
9, g	e	Government grants (contributions)		1e	·				
sir Sir	f	All other contributions, gifts, grants	and .	٠.٠					
or Te	·	similar amounts not included above		1f					
를 를		Noncash contributions included in I							
Contributions, and other simi	9		11162 10-11 4	,	<u></u>				
	h.	Total. Add lines 1a-1f			Business Code	STAND FOR STANDARD	ATTERNATION OF A	· 1974年1975年	The state of the s
Program Service Revenue	2-	MEMBERCHIR DUEC AND FEEC			<del></del>				
eve	2a	MEMBERSHIP DUES AND FEES	. <b></b>		900099	10,112	10,112		
o.	Ь		. <b></b>			0	<del></del>		
ζį	С					0	<del>                                     </del>		
Ser	d					0			
В	e					0			
g	f	All other program service revenue				0			
Ē.	g	Total. Add lines 2a-2f			<b>&gt;</b>	10,112	<b>建筑建筑</b>		中域对認定語
	3	Investment income (including divide	ends, interest	t. ar	nd				
	-	other similar amounts) .	,	,	•	3,729		ĺ	3,729
	4	Income from investment of tax-exer	nnt hand pro	cee	de 🕨	0,120			0,7,20
	5	Royalties	iipt boild pio	000	<b>43</b>	J	<del> </del>		
	١٠	Royallies	(ı) Real		(II) Personal	SCHOOL STATE		SEE MENTER	ANTEST STATE
	C-	Constants	(i) iteal		(ii) Fersonal		A DIT SHAPE		
	6a	Gross Rents .							
	b	Less rental expenses							
	С	Rental income or (loss)		0	10				
	d	Net rental income or (loss)			<u> </u>	0	haite. Bee reign than the name	territorio de la como	hadraed to he other to 1, me to
	7a	Gross amount from sales of	(i) Securities		(II) Other				<b>基本性和重要</b>
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses		0	0				
i	С	Gain or (loss)		0	0				
l	d	Net gain or (loss)				0			
. 1	8a	Gross income from fundraising				<b>学校学</b>	<b>学课</b>	TEN M	<b>新疆的</b>
활		events (not including \$	25,114						
ē		of contributions reported on line 1c)							
ا څ		See Part IV, line 18		а	14,375				
<u></u>	b	Less direct expenses		b	25,114	1017-1 6 3 PM A TANK A TANK A TANK		1175	
Other Revenue		Net income or (loss) from fundraising	a events	-	<b>_</b>	-10,739	A CHARLES AND A CANADA	atteler Live Berkelt in the Control	-10,739
0		Gross income from gaming activities	-			FEIRE		ALASONO:	
	Ja	See Part IV, line 19.	J	а	1,225,625		150.012		
	<b>L</b>	Less direct expenses	•	a b					
			atu utraa	D	545,644	670.004	TREE APPLIES OF THE THE COURT	THE TOTAL STREET	<b>670.001</b>
		Net income or (loss) from gaming a	cuvilles			679,981	NAME OF STREET	Grand Control of the	679,981
}	Tua	Gross sales of inventory, less		_	400 400				
		returns and allowances		a	132,100		<b>医罗基萨</b>	<b>建筑设置</b>	
		Less cost of goods sold .	_	b	75,022				
]	c	Net income or (loss) from sales of ir	rventory			57,078	Marine Control of the Control	Discontinuo esta come de a	68,646
1		Miscellaneous Revenue			Business Code	是一种不同的			THE PARTY OF THE P
	11a					0			
ļ	b					0			
	С					0			
\	d	All other revenue.				0			
1	е	Total. Add lines 11a-11d			•	0	學可能是一個	理解之主義	STATE OF THE PARTY.
	12	Total revenue. See instructions				740 161	10 112	0	741 617

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum	n (A) but are not re	quired to complete	columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, 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		0.,,0.,,0.,		
	organizations in the U.S. See Part IV, line 21.	56,208	56,208		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		)		THE TOWN THE
3	Grants and other assistance to governments,				A THE PARTY OF THE
	organizations, and individuals outside the		Į.		
	U S See Part IV, lines 15 and 16.	0	ı		STATE OF THE
4	Benefits paid to or for members .	0		<b>基於整理部</b>	<b>了以他的</b> 的人是这
5	Compensation of current officers, directors,		Ť		
	trustees, and key employees	26,000	26,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			`
7	Other salaries and wages .	80,623	80,623		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes .	11,226	11,226		
11	Fees for services (non-employees)				
а	Management .	0			
b	Legal .	0			
С	Accounting	32,972	32,972		
ď	Lobbying .	0			
е	Professional fundraising services See Part IV, line 17	0	<b>亚加州东部</b>	理論認識法等推	
f	Investment management fees	0			
g	Other	19,553	19,553		
12	Advertising and promotion	5,236			
13	Office expenses	412,888	412,888		
14	Information technology	100	100		
15	Royalties .	0			
16	Occupancy	58,650	58,650		
17	Travel	8,382			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings	0			
20	Interest .	396	396		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	<u>_</u>	0	0
23	Insurance	17,563	17,563	A THEOTY LEGISLA TO A STREET, If W. And	Commence that have a man 1 and 5
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	<b>海底部沿岸沿线检查</b>			ESPECIAL VALUE
а		0			
b		0			
C		0		<del></del>	
d		0		<del></del>	<del></del>
е	AH. M	0			
_ f	All other expenses	0	700		
25_	Total functional expenses. Add lines 1 through 24f	729,797	729,797	0	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			li	
	educational campaign and fundraising				

### Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . . 155,004 1 163,912 2 Savings and temporary cash investments 111,849 2 115,658 Pledges and grants receivable, net. 3 4 Accounts receivable, net O 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 0 7 Inventories for sale or use 16,540 8 16,540 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a 10a 719.904 other basis. Complete Part VI of Schedule D. b Less accumulated depreciation 10b 719,904 10c 724,891 Investments—publicly traded securities 11 ol 11 0 12 Investments—other securities See Part IV, line 11 0 12 0 13 Investments—program-related See Part IV, line 11 ol 13 0 14 Intangible assets. ol 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,003,297 1,021,001 16 Accounts payable and accrued expenses 17 3,354 17 5,694 18 Grants payable. 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ol 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities Complete Part X of Schedule D 5.000 25 10.000 26 Total liabilities. Add lines 17 through 25 8,354 15,694 Organizations that follow SFAS 117, check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 994,943 32 1,005,307 33 Total net assets or fund balances 994.943 33 1.005.307 34 Total liabilities and net assets/fund balances 1,003,297 1,021,001 34

Form **990** (2009)

Par	KII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			難以
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both .			
	Separate basis Doth consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
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 stans taken to undergo such audits	36		

Form **990** (2009)

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

200

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990

▶ See separate instructions.

Open to Public

OMB No 1545-0047

ivaiii	of the organization		Employer idendification number				
LOY	AL ORDER OF MOOSE LODGE NO 167		35-0480380				
Pai	Organizations Maintaining Done	or Advised Funds or Other Similar Fi	unds or Accounts. Complete if				
	the organization answered "Yes" t		•				
		(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.						
5	*		d d d d				
5	Did the organization inform all donors and d	<del>-</del>					
_	funds are the organization's property, subject	<del>_</del>					
6	Did the organization inform all grantees, dor	- <del>-</del> -					
	used only for charitable purposes and not for		· — —				
	purpose conferring impermissible private be		. Yes No				
Par	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held	by the organization (check all that apply)					
•	Preservation of land for public use (e.g.	·	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 organiza	ition held a qualified conservation contribut	tion 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	sements	2b				
C	Number of conservation easements on a cer		2c				
d	Number of conservation easements included	• •	2d				
3		* * * *					
3	<b></b>						
	during the tax year						
4	Number of states where property subject to	•••	n banding of				
5	Does the organization have a written policy i	· · · · · · · · · · · · · · · · · · ·					
	violations, and enforcement of the conservat		Yes No				
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	n easements during the year				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements during the year				
_	\$						
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements					
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No				
9	In Part XIV, describe how the organization re	eports conservation easements in its reven	ue and expense statement, and				
	balance sheet, and include, if applicable, the	•	nancial statements that describes				
	the organization's accounting for conservation						
Part		ns of Art, Historical Treasures, or Other	Sımilar Assets.				
	Complete if the organization answered	I "Yes" to Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under	er SFAS 116, not to report in its revenue st	atement and balance sheet works of				
	art, historical treasures, or other similar asse	ts held for public exhibition, education, or r	esearch in furtherance of public				
	service, provide, in Part XIV, the text of the fe	potnote to its financial statements that desc	cribes these items				
þ	If the organization elected, as permitted under						
	historical treasures, or other similar assets h		arch in furtherance of public				
	service, provide the following amounts relative	ng to these items					
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>\$</b>				
	(ii) Assets included in Form 990, Part X.		► \$ ► \$				
2	If the organization received or held works of	art, historical treasures, or other similar ass					
	following amounts required to be reported ur		J ,,				
а	Revenues included in Form 990, Part VIII, Irr	<del>_</del>	<b>▶</b> \$				
b	Assets included in Form 990, Part X	• •	<b>▶</b> \$				
		• • •	· · · Ψ				

b	<ul><li>(ii) related organizations .</li><li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .</li></ul>							
4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI: Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10								
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	524,704	0	524,704
С	Leasehold improvements	o	0	0	0
d	Equipment	0	149,268	0	154,255
e	Other .	. 0	45,932	0	45,932
Tota	II. Add lines 1a through 1e (Column (	d) must equal Form 990, Pa	art X, column (B), lir	ne 10(c))	724,891

 Schedule D (Form 990) 2009
 Page

Part VII Investments—Other Securities.	See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
• • • • • • • • • • • • • • • • • • • •	0	
	0	
	0	
	0	
	0	
	0	·
Total (Octoor (b) more conditions (CO) Fort V and (OV) and (OV)	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related		lino 12
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	0	
	0i	
	0	
	0	······································
	0	<u> </u>
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0 0	
Part IX Other Assets. See Form 990, Par		。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	Description	(b) Book value
		C
		C
	<del> </del>	0
		C
		C
		0
Total. (Column (b) must equal Form 990, Part X, co		<u>▶</u>
Part X Other Liabilities. See Form 990,		THE SECTION OF THE SE
(a) Description of liability	(b) Amount	
Federal income taxes NTERCOMPANY TRANSFER	10,00	
INTERCOMI ANT TRANSPER	10,0	
		0
	·	
otal (Column (b) must equal Form 990 Part X, col (B) line 25)	10.00	000

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

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 740,161 Total expenses (Form 990, Part IX, column (A), line 25). 2 729,797 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 10,364 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net). Add lines 4 through 8. . 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10.364 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments . 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c C 2d d Other (Describe in Part XIV) 2e 0 Add lines 2a through 2d. 3 Subtract line 2e from line 1 3 0 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Other (Describe in Part XIV) Add lines 4a and 4b 4c 0 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 0 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b b Other losses 2c C 2d Other (Describe in Part XIV). d 0 Add lines 2a through 2d 2e e 3 0 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b Add lines 4a and 4b 0 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 0 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

### LOYAL ORDER OF MOOSE LODGE NO 167

35-0480380

Schedule D (Form	990) 2009 Pag	je <b>5</b>
	Supplemental Information (continued)	
	,	
	***************************************	
	***************************************	
	***************************************	. <b></b> .
	•••••••••••••••••••••••••••••••••••••••	
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	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	•

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public

Employer identification number

LOY.	AL ORDER OF MOOSE LODGE NO					35-04	<del></del>
Pa	Fundraising Activities. C Form 990-EZ filers are not				ered "Yes" to Forn	n 990, Part IV, lın	e 17
1	Indicate whether the organization ra		•		una activitica. Chael	, all that apply	<del></del>
	Mail solicitations	iiseu iurius iirio			of non-government		
a	<b>=</b>						
b	Internet and email solicitations		===		of government grar	nts	
С	Phone solicitations		g X	Special fund	draising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 996						Yes X No
b	If "Yes," list the ten highest paid ind to be compensated at least \$5,000			isers) purs	uant to agreements	under which the fi	undraiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		001 (1)	
					İ		
					0	0	0
					0	0	0
					0	0	0
			<del>                                     </del>		0	0	
	`	-					0
					0	0	0-
					0	0	0
					0	0	0
			·		0	0	0
			<u> </u>		0	0	0
		_			0	0	0
Total				. ▶	0	0	0
3	List all states in which the organization or licensing						
NDIA							
- <b></b>							
				·			
<b>.</b>							

Schedule G (Form 990 or 990-EZ) 2009

.Pa	irt l	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000												
	1	more than \$15,000				\$5,000								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through								
			FAMILY ACTIVITIES (event type)	SPORTS ACTIVITIES (event type)	(total number)	col (c))								
Revenue	1 2	Gross receipts . Less Charitable	1,088	3,394	9,893	14,375								
Re	_	contributions	1,053	4,587	19,474	25,114								
	3	Gross income (line 1 minus line 2)	35	-1,193	-9,581	-10,739								
	4	Cash prizes .	. 0	0	0	0								
	5	Noncash prizes .	0	0	0	0								
nses	6	Rent/facility costs	0	0	0	0								
Direct Expenses	7	Food and beverages	0	0	0	0								
Orrect	8	Entertainment	0	0	0	0								
	9	Other direct expenses	0	0	0	0								
	10 11	Direct expense summary  Net income summary Cor	_		<b>&gt;</b>	( 0)								
Pa	rt II	Gaming. Complete	if the organization ansv	wered "Yes" to Form 99	90, Part IV, line 19, or re	eported more								
		than \$15,000 on Fo	rm 990-EZ, line 6a	····										
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))								
Re	1	Gross revenue	1,153,415		72,210	1,225,625								
ses	2	Cash prizes	32,701			32,701								
Expenses	3	Noncash prizes				0								
Direct E	4	Rent/facility costs				0								
۵	5	Other direct expenses	512,943			512,943								
	6	Volunteer labor	X Yes 100 00%	Yes%	Yes %									
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)	<b>&gt;</b>	( 545,644)								
	8	Net gaming income summ	ary Combine line 1, colu	mn d, and line 7	<b>.</b>	679,981								
9		nter the state(s) in which the	- ·			Yes No								
a b		the organization licensed to "No," explain	o operate gaming activitie	is in each of these states	,	9a X								
10a b		/ere any of the organization' "Yes," explain	s gaming licenses revoke	ed, suspended or termina	ted during the tax year?	10a   X								
		·												
11		oes the organization operate				11 X								
12		the organization a grantor, rmed to administer charitab		a trust or a member of a p	partnership or other entity	12 X								

Schedule G (Form 990 or 990-EZ) 2009

Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 100 00% 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ BERTHA JOAN RENYER Address ▶ .3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶  Gaming manager information Name ▶ RON BOOMERSHINE Gaming manager compensation ▶ \$ .0 Description of services provided ▶ RUN BINGO GAMES □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations						Yes	No
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶ BERTHA JOAN RENYER  Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  Gaming manager information  Name ▶ RON BOOMERSHINE  Garning manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	13	Indicate the percentage of gaming activity operated in			V.E		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶ BERTHA JOAN RENYER  Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  Address ▶  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	а	The organization's facility	13a	100 00%			20
and records  Name ▶ BERTHA JOAN RENYER  Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c if "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	b	An outside facility .	13b	%			
Name ▶ BERTHA JOAN RENYER  Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	14	· · · · · · · · · · · · · · · · · · ·	specia	I events books			
Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		, , , , , , , , , , , , , , , , , , , ,	•				
Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations							
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15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		***************************************					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Address ▶ 3917 TURNER ROAD RICHMOND, IN 47374					
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amount of gaming revenue retained by the third party  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations				0 0	15a	4.0000	X
amount of gaming revenue retained by the third party  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		and the	<b>表表现</b>	學等	<b>经</b> 不满
c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ RON BOOMERSHINE  Gaming manager compensation ▶ \$ 0  Description of services provided ▶ RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations							
Name ►  Address ►  16 Gaming manager information  Name ► RON BOOMERSHINE  Gaming manager compensation ► \$ 0  Description of services provided ► RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	С						
Address   Gaming manager information  Name RON BOOMERSHINE  Gaming manager compensation \$ 0  Description of services provided RUN BINGO GAMES  Director/officer Employee Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations					REAL PROPERTY.		经市场
Address   Gaming manager information  Name RON BOOMERSHINE  Gaming manager compensation \$ 0  Description of services provided RUN BINGO GAMES  Director/officer Employee Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Name ▶					
Againing manager information  Name ► RON BOOMERSHINE  Gaming manager compensation ► \$ 0  Description of services provided ► RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations							
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Name ► RON BOOMERSHINE  Gaming manager compensation ► \$		***************************************					
Name ► RON BOOMERSHINE  Gaming manager compensation ► \$ 0  Description of services provided ► RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations	16	Gaming manager information					
Gaming manager compensation ►\$ 0  Description of services provided ► RUN BINGO GAMES  Director/officer Employee Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		·					野望
Gaming manager compensation    Description of services provided   RUN BINGO GAMES  Director/officer   Employee   Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		N. A. BON BOOMEDOURIE					
Description of services provided ► RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Name ► KON BOOMERSHINE					
Description of services provided ► RUN BINGO GAMES  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		C					
Director/officer Employee Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Gaming manager compensation					
Director/officer Employee Independent contractor  17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		Description of convices provided DUIN DINCO CAMES					
<ul> <li>Mandatory distributions</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations</li> </ul>		Description of services provided PRON BINGO GAMES					
<ul> <li>Mandatory distributions</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations</li> </ul>		Director/officer	tor				
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations</li> </ul>			,toi		<b>新黎</b>		
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations</li> </ul>	17	Mandatony distributions					
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations		·	damin	a proceeds to		要是	9.7
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	а		garmin	g proceeds to	17a	X X	index 2.7
198 AT 412 OF ARMIES ARMIES ARMIES	h		xemnt	organizations		1	彩腾剧
of speni in the organization's own exempt activities updud the lax year.	D	or spent in the organization's own exempt activities during the tax year > \$	.cmpt	o.gamzadono		路是	能源

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	

8 N

Employer identification number

OYAL ORDER OF MOOSE LODGE NO 167	35-0480380
Part I. General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and
the selection criteria used to award the grants or assistance?	☐ X X X

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

		,			•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND FIRE DEPARTMENT RICHMOND, IN		501c3	6,250	0			
RICHMOND POLICE DEPARTME RICHMOND, IN		501C3	5,200	0			
DIAMOND DAWGS RICHMOND, IN		501C3	5,000	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government organ	in 501(c)(3) and	government organ	ıızatıons				3
3 Enter total number of other organizations	organizations						0

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

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Part III

Ose Lattiv and Schedule 1-1 (FOIII 990) II addition		ומו שממב וש וובבחבת			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		•
	0	0	0		
Part IV Supplemental Information. Complete this part to	ete this part to prov	ide the information i	equired in Part I, line	provide the information required in Part I, line 2, and any other additional information	ional information
Part PART 1 Line LINE 2 ORGANIZATION DOES NOT GIVE GRAN	OT GIVE GRANTS.	ITS, JUST MAKES CHARITABLE DONATIONS	TABLE DONATIONS		
	1		1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; 1 1 5 3 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 6 5 7 7 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Schedule I (Form 990) 2009

### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

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

Attach to Form 990.

Department of the Treasury Inspection, Internal Revenue Service Employer identification number Name of the organization LOYAL ORDER OF MOOSE LODGE NO 167 35-0480380 Form 990 Part PART VI Section A Line 10 ORGANIZATION DOES NOT HAVE A PROCESS IN WHICH TO REVIEW THE 990 A ADMINISTRATOR TAKES THE 990 TO THE BOARD Form 990 Part PART VI Section C Line 19 ANY MEMBER OF THE ORGANIZATION IS GIVEN ACCESS TO THE GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS UPON REQUEST

Part VIII, Line 10 (990) - Gross Sales of Inventory	132,100	75,022	57,07
		Cost of	
Category	Gross Sales	Goods Sold	Net
1 BEER SALES	57,910	34,829	23,08
2 LIQUOR SALES	26,246	10,266	15,98
3 WINE SALES	534		53
4 MISCELLANEOUS SALES	39,151	29,927	9,22
5 VENDING	8,259		8,25
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

724.891		Endina	Balance	160 894	362.810	010,000	45,932	154,255	0	C											,		0	
719,904		Beginning	Balance	160 894	363,810	200,000	42,932	149,268	0	c		0 0	0 0	0 0	5 0	0 0	0	C	0	C	0	0	0	C
4,987		Disposals/		╁╌				4,987																
0	Ending	Accumulated	Depreciation																					
0	Beginning	_	Depreciation	_	C			D	0	0	0								0	0	0	0	0	0
719,904		Cost/Other	Basis	160.894	363 810	45 932	10,000	149,208	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Check If	Asset	Disposed																					
	Check if	Investment	Asset																					
			Other			×	(																	
			Equipment				>	<																
	Leasehold	Improve-	ments												İ									
			Buildings	×	×																			
			Land																					
			Category or Item	1 BUILDING IMPROVEMENTS	2 BUILDING	3 OTHER PROPERTY	4 FURNITURE & FOUNDMENT	Ţ	2	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20

Part X, Line 25 (990) - Other Liabilities

Part	X, Line 25 (990) - Other Liabilities	5,000	10,000
	Description	Beginning	End
1	INTERCOMPANY TRANSFER	5,000	10,000
2			
3			
4			
5			
6			
_ 7_			
8			
9			
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LOYAL ORDER OF MOOSE LODGE NO 167									35-0480380
Part II (Sch G (990/990EZ)) - Events	14,375	25,114	-10,739	0	0	0	0	0	C
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
		Less	Gross Income		;				•
i i i i i i i i i i i i i i i i i i i		(Charitable (line	(line 1 minus		Noncash	Rent/Facility	Food and		Other direct
Train y Activation	Gross Receipts	contributions)	(Z aL	Cash Prizes	Prizes	costs	beverages	Entertainment	expenses
	1,088	1,053	35						
	3,394	4,587							
3 LEGION ACTIVITIES	3,577	5,358							•
4 SPECIAL ACTIVITIES	6,316	14,116	-7,800						
9									
9			0						
7			0						
8			0						
6			0						
10			0						
11			0						
12			0				į		
13			0						
14			0						
15			0						
16			0						
17			0						
18			0						
19			0		i.				
20			0						

LOYAL ORDER OF MOOSE LODGE NO 167

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					-		Recipient's	IRC Code	Amount of	Non-Cash	Method of	Non-Cash	Purpose of
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