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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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation) ▶The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For the	2011 cal	endar year, or tax year begir		5/1/2011		ending	4/30/		
В	Check if	applicable		YAL ORDER OF	MOOSE LODG	E NO 167		D Employer ic	lentification nu	mber
Ш	Address	change	Doing Business As			<del></del>		35-0480380		
	Name ch	ange	Number and street (or P O box	of mail is not delivere	d to street address)	Room/suite		E Telephone n	umber	
	Initial retu	ırn	111 SOUTH 8TH STREET			L		765-962-299	7	
	Terminat	ed	City or town, state or country, a	nd ZIP + 4						
	Amended	d return	RICHMOND		IN	47374		G Gross receip	ots \$	1,280,448
	Application	on pending	F Name and address of principal	officer			H(a) Is t	this a group return	for affiliates?	Yes X No
			WILLIAM MILLS, 300 NW	3RD ST, RICHI	MOND, IN 47374	4	H(b) Are	e all affiliates inclu	ided?	Yes No
1	Tax-exem	pt status	501(c)(3) X 501(c) (	8 ) <b>∢</b> (insert r	no) 4947(a)(1)	or 527	] If"	'No," attach a list	(see instruction	s)
		: ► N/A		<u> </u>		=_	H(c) Gr	oup exemption nu	mher ▶ 0002	,
		rganization	X Corporation Trust	Association	Other ▶	l Va	ar of form		M State of leg	
_	Part I		<del></del>		1 Office >		a 0 10111	ation 1987	Wi State of leg	ial domicile IN
	1		mmary escribe the organization's	mission or most	significant activit	tion I OF	OF UN	ITES MEMBE	DO IN DON	De OE
			RNITY, BENEVOLENCE A							
ė	· {		CREATIONAL ACTIVITIES					יני עלקקווק פֿיַ	מובטטוב כ	IF SOCIAL
Jane	ł	VIGUE	ONEXHOUNE NOTIVITIES		O'L VINITIFO' V	IND COLO				
Activities & Governance	2	Chack ti	nis box 🕨 if the organiza	tion discontinued its	operations or dispos	and of more th	on 25% o	fito pot occato		
ဖိ	3		of voting members of the						3	0
<b>જે</b>	4		of independent voting mer						4	<u>9</u>
Viţ	5		mber of individuals employ	_	• • •		•	-	5	12
Acti	6		mber of volunteers (estima	-	•		• •		6	9
	7a		related business revenue f						7a	<u>_</u>
	Ь		elated business taxable inc		• • •			[	7b	
								Prior Year	C	urrent Year
Revenue	8		itions and grants (Part VIII,	·						
	9	_	service revenue (Part VIII				ļ	12,4		12,316
Rev	10		ent income (Part VIII, colur		•				142	4
	11		venue (Part VIII, column (A				<b> </b>	778,		471,349
	12		enue—add lines 8 through 11				┼	794,0		483,669
	13 14		and similar amounts paid (F paid to or for members (Pa			· · ·		78,	025	62,087
	15	Salaries	other compensation, employe	an In A politic (Park	COENTED IN	s 5_1h)		104,	757	100,132
ses	16a	Professi	onal fundraising fees (Part	IX columnations	ina 11a		<del> </del>	104,	<del>'3' </del>	100,132
Expenses	b	Total fur	ndraising expenses (Part IX	columbia) (D) lin	e 25\ ▶	SS	1 661 202	ir Salavas	- S 5-7-5-5	The harder of the
Щ	17	Other ex	penses (Part IX, column (A	1). lines 11a-11e	[G-71-342012		· · · · · · · · ·	661,		286,524
	18	Total ex	penses Add lines 13-17 (r	nust eath Part I	X, column_(A)_li			845,		448,743
	19		e less expenses Subtract l			<b>.</b>		-51,		34,926
٠ و م	<u> </u>					TO AMERICAN	Beginn	ning of Current Y	ear E	ind of Year
Assets or	20		sets (Part X, line 16) .					956,	571	992,140
Net A			bilities (Part X, line 26)						446	3,089
			ets or fund balances Subtr	act line 21 from	<u>line 20</u>	· · · ·	L	954,	125	989,051
	art II		nature Block  y, I declare that I have examined th	is return including ac	companying schedule	es and stateme	inte and to	o the best of my k	nowledge	
	•		ct, and complete Declaration of pr				•	•		
e:	~		William H	milla					7-28-	2012
Siq He			Signature of officer					Date		
пе	er e		WILLIAM H.	MILLS				<del></del>		
			Type or print name and title		<del></del>			. <u></u>		
) Da	الما:	Print	/Type preparer's name	Prepare	's signature	AL	Dat		eck   rf   P	TIN
Pa		Diar	na M. Edwards, CPA	Nu	and MC	allotter	. arti		. —	00229937
	eparer	[-	's name ► Webb & Associ	ates Ox	LEAR W. H.	Jam UP	A	Firm's EIN ► 3		
US	e Only		's address ► 66 South 12th S		I IN 47374		<del></del>		765) 962-35	24
140	w the Ir		s this return with the preparation					Ti none no		7 7
	<del></del>		<del></del>		<del></del>	٠ ١٥١١		· · · · · ·	· · <u>L</u>	Yes No Form <b>990</b> (2011)
r01	raperv	vuik Keal	iction Act Notice, see the se	varate motfuction	13 ~~					rom <b>33U</b> (201 <b>1)</b> /

orm 9	990 (2011) LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	Page <b>2</b>
	it III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III .		
1	Briefly describe the organization's mission.		
•	LODGE UNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY. ACCOM	PLISHED THROUG	: 🗠
	A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAM		<u>'''</u>
		ILIES' WIND	
	GUESTS		
2	Did the organization undertake any significant program services during the year which were not listed or		_
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program ser	rvices, as measured	d by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service repo		<b>21</b>
	grants and anocations to others, the total expenses, and revenue, if any, for each program service repr	Jitou.	
4-	(Code ) (Expenses \$ 224,761 including grants of \$ ) (Reve		
4a			<u>.</u> /
	SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUESTS APPROXIMA	TELY (50 PEOPLE	
			<b>-</b>
4b	(Code: ) (Expenses \$ Including grants of \$ ) (Reve	nue \$	·
	***************************************		
4¢	(Code. ) (Expenses \$ including grants of \$ ) (Reve	nue\$	)
			• • • • • • • • • • • • • • • • • • • •
4 0 2	Other program convices (Decembe in Schodule O.)	<del></del>	
4d	Other program services. (Describe in Schedule O )	•	
4-	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 224.761		
4e	TOTAL DEDUCTARE SELVICE EXDELISES F 424 (0)		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, 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 Х 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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." 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 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b Х c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X..... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?...

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		١ ,	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
_	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 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	#% er ( ) (	X
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):			
а	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 (or a family member thereof)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	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		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within		!	_
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		ĺ
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	<b>i</b> '		}
	VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

## LOYAL ORDER OF MOOSE LODGE NO 167 Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Schedule O contains a response to any question in this Part V	· · ·		<u> </u>
	F	75- VOST	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	1. 1. 1. 1. 1.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10 722 2	<u>^</u>	N 18 - 125
Za	Statements, filed for the calendar year ending with or within the year covered by this return.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	San in
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	13.33	<b>X</b>	J. 100 100 100 100 100 100 100 100 100 10
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	. 100	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del>-                                    </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		}
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country: ▶	13.8	1,000	3872
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			İ
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1		•
_	gifts were not tax deductible?	6b	A 1 .	
7	Organizations that may receive deductible contributions under section 170(c).			They
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ه تيا	(1) P
_	and services provided to the payor?	7a		<u> </u>
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?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X Light
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	. 1000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\hat{\mathbf{x}}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>  ^-</del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1.	5,4	
	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		
9	Sponsoring organizations maintaining donor advised funds.	135		ين الألاك
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L,
10	Section 501(c)(7) organizations. Enter	10	مين (دون رائز پيداري	13.7
a	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	14.5		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		<b>\$</b> 1.5	
12a	against amounts due or received from them )	12a	7.5	(8), (L)
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128	- N/ X	23 1 80° A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	. ** £.*	10.74%
a	Note. See the instructions for additional information the organization must report on Schedule O.	130		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

Sect	ion A. Governing Body and Management			<del></del> 1				
4.	Enter the number of voting members of the governing hody at the and of the tay year	ا ما	1	Yes	No No			
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or	1a <u>9</u>	1	<b>133</b>	184			
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O	1	1					
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 9		1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations							
-	any other officer, director, trustee, or key employee?		2	(73. L	X			
3	Did the organization delegate control over management duties customarily performed by or un	der the direct	\ <del>-</del>					
•	supervision of officers, directors, or trustees, or key employees to a management company or		3	1	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization		5		X			
6								
7a								
	one or more members of the governing body?		7a	х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) meml	oers,						
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undert	aken during	1					
	the year by the following.	<u> </u>						
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	Χ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		<u>X</u>			
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)		<del></del>			
40-	Did the assessmentian have level throughout the second of the control of the cont		-	Yes	No			
	Did the organization have local chapters, branches, or affiliates?		10a		_X_			
D	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exemp		10ь					
11a								
· · · · · · · · · · · · · · · · · · ·								
b								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy'		12b					
	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and ap	proval by	12.3	32.5	<b>12</b> (5)			
	independent persons, comparability data, and contemporaneous substantiation of the delibera							
а	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		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 are	rangement		E	Carl			
	with a taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				是			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	safeguard			ie E			
	the organization's exempt status with respect to such arrangements?	<del> </del>	16b					
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► IN	1000 T (C-+i F04)	->/2>-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1 990-1 (Section 501)	င)( <b>ၖ)</b> S	oniy)				
	available for public inspection. Indicate how you made 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 made its governing docume	nte conflict of interes	+					
13	policy, and financial statements available to the public.	ina, comilci di interes	·L					
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records of th	6					
	organization ► WILLIAM MILLS							
	111 SOUTH 8TH ST., RICHMOND, IN 47374		<u> </u>					
				000	<u> </u>			

	,						1		•	•	
Form 990 (2011)	LOYAL ORDER OF MOOSE LOD	OGE NO 167								35-04803	80 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, K	(ev	Em	plo	yee	s, F	lighest Comp		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,	Employees, and Independent C		•			•		•			
	Check if Schedule O contains a re		y que	estic	n ir	n th	ııs Pa	art \	<b>√II</b>		
Section A.	Officers, Directors, Trustees, Key	Employees, an	d Hig	hes	t Co	omj	pens	ate	d Employees		
1a Complete	this table for all persons required to be	e listed Report	comp	ens	atio	n fo	or the	cal	endar year endi	ng with or within	the
organization's	s tax year.		•								
• List all	of the organization's current officers,	directors, truste	es (w	heth	ner i	ındı	vidua	ls o	r organizations)	, regardless of a	ımount
•	tion Enter -0- in columns (D), (E), and					•					
	<ul> <li>List all of the organization's current key employees, if any See instructions for definition of "key employee"</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>										
	eorganization's five current highest correportable compensation (Box 5 of Fo										
	and any related organizations	Jilli VV-2 alid/ol	DUX I	<i>i</i> 01	FOI	111 1	099-	IVIIS	c) of more than	1 \$100,000 110111	ine
-	of the organization's <b>former</b> officers, k	ev emplovees.	and h	niah	est (	con	nens	sate	d employees wi	no received mor	e than
	eportable compensation from the orga								a cinpicycco iii	10 10001100 11101	J III
• List all	of the organization's former directors	or trustees tha	at rec	eive	ed, II	n th	e ca	oaci	ty as a former d	rector or trustee	of the
	more than \$10,000 of reportable comp										
	n the following order <sup>.</sup> individual trustee		nstitu	ition	al tr	rust	ees;	offic	ers; key employ	yees; highest	
compensated	employees, and former such persons	<b>5.</b>									
Check the	is box if neither the organization nor a	ny related orgar	nizatıc	on c	omp	oen:	sated	an	y current officer	, director, or trus	itee.
					((	C)	. —				
	(A)	(B)	(40.5	t - c t	-	ition	e than	000	(D)	(E)	(E)
	Name and Title	Average	box,	unles	ss pe	rson	is both	ı an	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	$\overline{}$	$\overline{}$	-	rect	or/trus	tee) Tu	compensation from	compensation from related	amount of other
		(describe	Individual trustee or director	Institutional	Officer	e e	mg ig	Former	the	organizations	compensation
		hours for related	ecto	L to	4		oyee	<b>4</b>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations in Schedule	T trus	nal tr		oye	l g				and related organizations
		0)	i e	trustee		10	ensa				Organizations
				°			Highest compensated employee	1		}	
(1) JASON	SHULL										
TREASURER		1.00			Х					<u></u>	
(2) GEORG	GE E HINES										
GOVERNOR		1.00	L		Х		ļ	<u> </u>			
	SWINGERTER										
PRELATE	V CAV	1 00	ļ		X			<u> </u>		<del></del>	
(4) BRIAN		1 00		ĺ							
3 YR TRUSTE (5) MIKE A		1 00		$\vdash$	Х			-			<del></del>
2 YR TRUSTE		1.00			х		ĺ				
	D RENYER SR	1.00		-				-	<u> </u>	<del> </del>	<del> </del>
1 YR TRUSTE		1 00			x		)				
(7) DAVID											
JR GOVERNO		1.00	i		Х			_			

1.00

(8) KENNETH YOUNG JR PAST GOV

Page 8

P	art VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee			High	est	Compensated	Employees (d	ontinued)
	(A) Name and title	(B) Average hours per week	erage box, unless person is both an Reportable Re urs per officer and a director/trustee) compensation com						(E) Reportable compensation from related	(F) Estimated amount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation
(15)											
(16)											
(17)											
(18)											
(19)											
(20)										-	<del>                                     </del>
(21)											
(22)											
(23)								-			
(24)											<del> </del>
(25)		<del></del>							<u> </u>		
1b c	Sub-total							<b>▶</b>	13,176		
d	Total (add lines 1b and 1c)							<u> </u>	13,176		
2	Total number of individuals (including but not l reportable compensation from the organization		listed	ab	ove —	) Wr	no re	ceiv	/ed more than \$ 	100,000 of	
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If "Yes," complete Schell</i>					yee	or h	nigh 	est compensate	ed 	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									ndividual	5 X
	tion B. Independent Contractors				- 4 -					#400.000	
1	Complete this table for your five highest components of the organization Report of year										
	(A) Name and business address					_	(B) Description of ser	vices	(C) Compensation		
								-			
								-	<del></del>		
2	Total number of independent contractors (inclumers then \$100,000 of companyation from the		nited	to tl	nos	e lis	ted a	abo	ve) who receive	d	
	more than \$100,000 of compensation from the	Ulganization									F 000

Par	rt VIII	Statement of Revenue				l		
1624					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines	and <b>1f</b>					
	<u> </u>	Total. Add lines 1a–1f	<del> </del>					
Program Service Revenue	2a b c	MEMBERSHIP DUES AND FEES		Business Code 900099	12,316	12,316		
Program	e f g	All other program service revenue Total. Add lines 2a–2f.	· · · · · · · · · · · · · · · · · · ·	•	12,316		THE PARTY OF	
	3	Investment income (including divident other similar amounts) Income from investment of tax-exert			4			4
	5 6a	Gross rents	(ı) Real	(II) Personal				
	b c d	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of	(ı) Securities					
		assets other than inventory . Less cost or other basis and sales expenses	···					
as.	d	Gain or (loss)		•				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	). a	21,333				
둙	b	Less. direct expenses	<b>b</b>	21,229		Strain of		
J	с 9а	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	s.	1 140 920	104			
	С	Less: direct expenses Net income or (loss) from gaming a	. <b>b</b>	1,140,830 704,572				
		Gross sales of inventory, less returns and allowances Less: cost of goods sold	a	105,965 70,978				
		Net income or (loss) from sales of i	nventory .	<u></u> <b>&gt;</b>	34,987			
		Miscellaneous Revenue		Business Code		A ROLL AND		<b>美国美国东</b> 公
	11a b c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>			· · · · · · · · · · · · · · · · · · ·	事、极强的。
	12	Total revenue. See instructions .		<u>.</u> ▶	483,669	12,316	L	4

# Part IX Statement of Functional Expenses LOYAL ORDER OF MOOSE LODGE NO 167

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

	Check if Schedule O contains a response to any	question in this Pa	art IX		
	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				
	organizations in the United States See Part IV, line 21	62,087	62,087		
2	Grants and other assistance to individuals in the	}			
	United States. See Part IV, line 22	<u> </u>			
3	Grants and other assistance to governments,	(			
	organizations, and individuals outside the	İ	İ		
	United States. See Part IV, lines 15 and 16	<u> </u>		14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
4	Benefits paid to or for members	<del></del>			
5	Compensation of current officers, directors,	40.470	40.470		
_	trustees, and key employees	13,176	13,176	<del></del>	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	ĺ			
	persons (as defined under section 4950(1)(1)) and persons described in section 4958(c)(3)(B)	Ì			
7	Other salaries and wages	78,187	78,187		
8	Pension plan accruals and contributions (include	70,107	70,107		
Ū	section 401(k) and 403(b) employer contributions)	8,769	8,769		
9	Other employee benefits	0,709	0,703	<del> </del>	<del></del>
10	Payroll taxes	<b></b>		<del></del>	
11	Fees for services (non-employees)				
· ·a	Management		1		
b	Legal				
C	Accounting	28,046	28,046		
d	Lobbying			·	
e	Professional fundraising services. See Part IV, line 17.			-12 (2 p 3 (N ) )	
f	Investment management fees		**************************************		·
g	Other				
12	Advertising and promotion				
13	Office expenses	217,299	217,299		
14	Information technology				
15	Royalties ,				
16	Occupancy	34,496			
17	Travel	6,683	6,683	·	
18	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	 		<u></u>	
20	Interest		ļ		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<del></del> -			
23 24	Insurance	* 25 24 . V 4 C 8 X	TO ESTABLISH THE TANK AND U	~ \$ 3 0° 3 74 8 1 8 4 8	Comment of the control of the contro
24	above (List miscellaneous expenses in line 24e. If	BRANCE			
	line 24e amount exceeds 10% of line 25, column	LY DAAWIN			
	(A) amount, list line 24e expenses on Schedule O.)				
а		0. 22012 *** A A A A A	13 . K 22 . 13 14 . 1 . 18 .	PAN WAS ARE LINES OF MALE	Manageory of application to a some off a second
b		<del></del>			
c		<del></del>			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	448,743	448,743		
26	Joint costs. Complete this line only if the				<del> </del>
	organization reported in column (B) joint costs	1	}	}	
	from a combined educational campaign and		,		
	fundraising solicitation. Check here ▶☐ if				ļ
	following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	129,679	1	152,429
	2	Savings and temporary cash investments	61,706		61,720
	3	Pledges and grants receivable, net		3	30.55
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	Fair Decouple And All And All and All	A WOOD	<b>第</b> 分字转列的字数传统图象
	}	employees, and highest compensated employees. Complete Part II of Schedule L		5	
ID.	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
ě	_	employees' beneficiary organizations (see instructions) .		6	
Assets	7	Notes and loans receivable, net	10.710	7	
_	8	Inventories for sale or use	16,540		16,540
	9	Prepaid expenses and deferred charges	0.00% 11 84 15 + ACM 3 12 1	9	16 521 6 955 W. 1893 L. 1652 × 1975
	10a	Land, buildings, and equipment: cost or		127 T	
				9717	منالف للكاف المنافضة
	ь	Less accumulated depreciation	748,646		761,451
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	<u> </u>
	15	Other assets. See Part IV, line 11	050 574	15	200.440
	16	Total assets. Add lines 1 through 15 (must equal line 34)	956,571	16	992,140
	17 18	Accounts payable and accrued expenses	2,446		3,089
	19	Grants payable		18	
	20		}	19	
	21	Tax-exempt bond liabilities		20 21	
m	22	Payables to current and former officers, directors, trustees, key	19 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21 8 (4)8	. All his heart and a state of the
Ę.	22	employees, highest compensated employees, and disqualified			<b>应为</b> ,不是 1000000000000000000000000000000000000
Liabilities		persons Complete Part II of Schedule L			
<u>.a</u>	23	Secured mortgages and notes payable to unrelated third parties		22	
_	24		<del></del>	24	
	25	Other liabilities (including federal income tax, payables to related third	<u></u>		
	23	parties, and other liabilities not included on lines 17-24). Complete			ļ
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,446	26	3,089
		Organizations that follow SFAS 117, check here   complete lines 27 through 29, and lines 33 and 34.			3,000
2	27		A PROPERTY AND THE	27	
Fund Balances	28	Temporarily restricted net assets	<del></del>	28	<del> </del>
<u>а</u>	29	Permanently restricted net assets	<u></u>	29	<del> </del>
5	23		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4n1.10	M. The Date Mr. Wille Ori
ō		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
ět	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	954,125		989,051
Ž	33	Total net assets or fund balances	954,125	$\overline{}$	989,051
	34	Total liabilities and net assets/fund balances	956,571	34	992,140

Form	990 (2011) LOYAL ORDER OF MOOSE LODGE NO 167	3	55-0480	J380	Pag	e 1 Z
Par	t XI Reconciliation of Net Assets					
	· Check if Schedule O contains a response to any question in this Part XI	<u> </u>			[	
		. (	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			483	,669
2	Total expenses (must equal Part IX, column (A), line 25)	2			448	743
3	Revenue less expenses Subtract line 2 from line 1	3			_34	,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			954	,125
5	Other changes in net assets or fund balances (explain in Schedule O)	_5_				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6			989	,051
Par	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response to any question in this Part XII				Ĺ	
				1	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		[	254		West of
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				Y. 1	
	Schedule O.		İ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?		. [	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t 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 i	n				Cart Ing.
	Schedule O		ļ			ŞV, d
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ļ			
	issued on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both 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		j	-4344 1	wi 16₹4	~ ~ ~
	the Single Audit Act and OMB Circular A-133?			За	- 1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,	ĺ		_	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	ł	

Form **990** (2011)

## **SCHEDULE D** (Form 990)

Department of the Treasury

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. ► See separate instructions.

OMB No 1545-0047 201

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization LOYAL ORDER OF MOOSE LODGE NO 167 35-0480380 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . 

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III

	ule D (FOITH 990) 2011									Page Z
Par									ued)	
3	Using the organization's acquisition, ac		er records,	check a	ny of the follo	owing tha	at are a significa	int		
	use of its collection items (check all the	at apply).								
а	Public exhibition		d	Loan	or exchange	program	s			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generation	ns								
4	Provide a description of the organization Part XIV	on's collections an	id explain h	ow they	further the o	rganizat	ion's exempt pu	rpose ir	1	
5	During the year, did the organization s assets to be sold to raise funds rather							☐ Ye	es	No
Par								90, Pa	rt	<u> </u>
	IV, line 9, or reported an amo	unt on Form 990	), Part X, I	line 21						
1a	Is the organization an agent, trustee, c	ustodian or other	intermedia	ry for co	ntributions or	other a	ssets not			
	ıncluded on Form 990, Part X?							Ye	es 🔙	No
b	If "Yes," explain the arrangement in Pa	rt XIV and comple	ete the follo	wing tal	ole <sup>.</sup>					
						ļ	A	mount		
С	Beginning balance		•			1c	<u> </u>			
d	Additions during the year					<u>1d</u>	ļ			
e	Distributions during the year .	• •				1e	ļ			
T	Ending balance					1f	l			
2a	Did the organization include an amoun		art X, line 2	12.				Ye	es X	No
b	If "Yes," explain the arrangement in Pa			1 111		200 5				
Part	V Endowment Funds. Comple							T		
4.	Parinawa of war balance	(a) Current year	(b) Prior	year	(c) Two years	back (	d) Three years back	+	our years	
1a	Beginning of year balance							13773	35 <u>,</u> 41 <u>6</u> 5. ,35,357.27	(5) 797 8 49 94
b	Contributions								e de la lación. El laso de	
С	and losses					-				
d	Grants or scholarships						·			35.5
e	Other expenditures for facilities		<del></del>					1. Y.	3,230	31 42 1 2
	and programs					}				
f	Administrative expenses							F-17/2 1/18	3/943	
g	End of year balance							13.3.A.	M. C	1284.
2	Provide the estimated percentage of the	e current year en	d balance (	(line 1g,	column (a)) I	neld as:				
а	Board designated or quasi-endowment	<b>.</b>								
b	Permanent endowment									
C	Temporarily restricted endowment	<b>&gt;</b>								
_	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the	organizatio	on that a	ire neid and a	administ	erea for the		V	1 11-
	organization by:							20(1)	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>					•		3a(i)		<del> </del>
b	If "Yes" to 3a(ii), are the related organizations	 zatione listed as re	eaured on	Schodu				3a(ii) 3b	<u> </u>	<del> </del>
4	Describe in Part XIV the intended uses		-			• •			L	·
Part										
	Description of property	(a) Cost or ot			ost or other	(c) A	ccumulated	(d) B	ook valu	
	Bossipilot of property	(investm			s (other)		preciation	(u) D	ook vaic	<b>.</b> C
1a	Land		<del></del>			"28" (A)".	\$\$\$\$\$\$ <b>!</b>			
b	Buildings				524,704				52	24,704
c	Leasehold improvements									
d	Equipment				190,815		12,805		19	90,815
е	Other				45,932					45,932
Total	l. Add lines 1a through 1e (Column (d)	must equal Form s	990, Part X	(, columi	n (B), line 10	(c)) .	•		76	31,451

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INTERCOMPANY TRANSFER		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	

2. FIN 48 (ASC 740) 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 (ASC 740).

Sched	ule D (Form 990) 2011			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to A	Audited Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	
Par	Reconciliation of Revenue per Audited Financial Statemen		per Return	
1	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.		2730-2	<del></del>
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d	· · ·	. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<b>144</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Par	Reconciliation of Expenses per Audited Financial Stateme	nts With Expens	es per Return	
1			. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
ď	Other (Describe in Part XIV )	2d		
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 XIV)	4b		
C				
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.) </u>	. 5	
Par	XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art III, lines 1a and	4; Part IV, lines 1b	
and 2	2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines $2d$ and $4b$ ; and $Part$	t XIII, lines 2d and	4b. Also complete	
this p	part to provide any additional information.			
			,	

# LOYAL ORDER OF MOOSE LODGE NO 167 35-0480380 Schedule D (Form 990) 2011 Page 5 Supplemental Information (continued)

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

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.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury ► Attach to Form 990 or Form 990-EZ ► See separate instructions

Inspection Employer identification number

LOYA	L ORDER OF MOOSE LODGE NO			<del></del>	1000	35-04	
Par	Fundraising Activities. Co	•	•		ered "Yes" to Forr	n 990, Part IV, Iin	e 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	aised funds thr					
а	Mail solicitations		=		of non-government	-	
b	Internet and email solicitations		f L S	olicitation o	of government gran	its	
С	Phone solicitations		g X S	pecial fund	Iraising events		
d	In-person solicitations						
2a	Did the organization have a written	or oral agreem	ent with a	ov individu:	al (included officer	s directors trustee	es or
b	key employees listed in Form 990, If "Yes," list the ten highest paid inc	Part VII) or ent	ity in conn	ection with	professional fundra	aising services?	Yes X No
	to be compensated at least \$5,000		•	, F			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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
	<del></del>		Yes	No			
1					!		
			<u> </u>				
2							
3							
4							
		<u></u>	<del> </del>	<b></b>	<u> </u>		
5			1	[	,		
6							
7							
8							
9							
10							
			<u> </u>	L			
<u>Total</u>	13.4 18.4 4.4 4.4 4.4			<u> </u>			<u> </u>
3	List all states in which the organiza registration or licensing	tion is registere	ed or licens	sed to solic	cit contributions or f	has been notified it	is exempt from
INDÍA	NA						

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Legion Committee Sports Committee (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 3,282 2,370 15,681 21,333 Less Charitable contributions Gross income (line 1 3,282 2,370 15,681 minus line 2). 21,333 Cash prizes . Noncash prizes . . . . . **Direct Expenses** Rent/facility costs Food and beverages . Entertainment. Other direct expenses. 5,637 4,934 10,658 21,229 Direct expense summary, Add lines 4 through 9 in column (d). 21,229) Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1,057,756 7,399 75,675 Gross revenue 1,140,830 Direct Expenses 660.465 2 Cash prizes . . 660,465 32,900 Noncash prizes . 32,900 Rent/facility costs Other direct expenses. 11,207 X Yes X Yes X Yes 100 00% 100.00% 100.00% Volunteer labor . No No Direct expense summary. Add lines 2 through 5 in column (d) 704,5<u>7</u>2) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities IN If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain:

Scheal	die G (Form 990 of 990-EZ) 2011 LOYAL ORDER OF MOOSE LODGE NO 167	35-0480	380 Page 3
11	Does the organization operate gaming activities with nonmembers?	ΧY	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		es X No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	100.00%
14	An outside facility	_13b   s	
	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?	. Пу	es X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party.		
	Name ▶		
	Address ►		
16	Gaming manager information		
	Name ► RON BOOMERSHINE		
	Gaming manager compensation > \$		
	Description of services provided ► RUN BINGO GAMES		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		·
b	retain the state gaming license?	. <u>[X]</u> Y	es 🔛 No
Part	or spent in the organization's own exempt activities during the tax year   Supplemental Information. Complete this part to provide the explanations required by P	art L line 2	h columns
rait	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp provide any additional information (see instructions).		

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part I

OYAL ORDER OF MOOSE LODGE NO 167

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011 Open to Public			
	201	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

35-0480380

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tain records to so	ubstantiate the amits or assistance?	ount of the grants or as	ssistance, the grantee	s' eligibility for the grar	its or assistance, and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's proce	dures for monitorin	g the use of grant fund	s in the United States			
Grants and Other Assistance to Governments	Assistance to	Governments a	and Organizations in the United States. Complete if the organization answered "Yes" to	1 the United States	. Complete if the org	anization answered	"Yes" to
can be duplicated if additional space is needed	additional spa	recipient that rec ce is needed .	rotti sau, rattiv, ilite zi, tot any tecipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.	OUU CHECK THIS BOX	If no one recipient re	eceived more than \$	15,000 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
(1) ABILITIES RICHMOND, IN 47374			000'2				
(2) SCHOOL-MICHELLE ALEXAN			5,360				
(3) HENRYVILLE SCHOOL TORNADO DISASTER HENRYVII			5,000				
(4) RICHMOND FIRE DEPT UNIFORMS RICHMOND, IN 4737			6,000				
(6) RILEY HOSPITAL HELP THE CHILDREN INDIANAP			5,000				
(6)							
ω.							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	n 501(c)(3) and	government organi	zations listed in the line	e 1 table		•	
3 Enter total number of other organizations listed in the line 1 table	organizations lis	ted in the line 1 tab					5

Schedule I (Form 990) (2011)

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

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Part 1, Line 2 THE ORGANIZATION DOES NOT GIVE GRANTS, JUST MAKES CHARITABLE DONATIONS (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ~ က S 9

## **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

Employer Identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Inspection

OMB No 1545-0047

LOYAL ORDER OF MOOSE LODGE NO 167 35-0480380 Form 990 Part VI Section A Line 11 THE ADMINISTRATOR TAKES THE COMPLETED 990 TO THE BOARD WHERE IT IS REVIEWED AND DISCUSSED Form 990 Part VI Section C Line 19 ANY MEMBER OF THE ORGANIZATION IS GIVEN ACCESS TO THE GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS UPON REQUEST.

Name of the organization	Employer identification number
	35-0480380
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Inventory sales Category Gross Sales 105,965	Par	Part VIII, Line 10 (990) - Gross Sales of Inventory	105,965	70,978	34,987
Inventory sales 105,965		Category	Gross Sales	Cost of Goods Sold	taN.
	-		105 965	70 978	34 087
3 4 4 5 6 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2			2	100,10
10 11 12 13 14 15 16 17 18	3				
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OYAL ORDER OF MOOSE LODGE NO 167

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

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748,646		Beginning	Balance	160 80	363.81	10,000	43,932	0,0																
12,805		Disposals/	Adrustments				42 OCE	200,21																
	Ending	Accumulated	Depreciation																					
	Beginning	Accumulated	Depreciation																					
748,646		Cost/Other	Basis	160,894	363.810	45 032	178,010	200																
	Check if	Asset	Disposed																					
	Check If	Investment	Asset																					
			Other			×								i										
			Equipment				×																	
	Leasehold	Improve-	ments													1								
			Buildings	×	×																			
			Land																					
			Category or Item	7	2 BUILDING	3 OTHER PROPERTY	4 FURNITURE & EQUIPMENT	5	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	

Part II (Sch G (990/990EZ)) - Events	21,333		21,333						21 229
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
		Less	Gross income						
Event fore	Gross receints	(Continuable	(iline 1 minus	400	Noncash	Rentifacility	Food and		Other direct
1  Legion Committee	3.282	CHOIRDING CO.	3 282	1	prizes	costs	peverages	Entertainment	expenses
2 Sports Committee	2.370		2.370						2,637
3 various Committees	15,681		15.681						4,934
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