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**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming ActivitiesComplete 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013Open to Public
Inspection

Employer identification number

42 0386540

Clinton Lodge #363 Loyal Order of Moose

Part I**Fundraising Activities** Complete if the organization answered **Yes** to Form 990 Part IV line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990 Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If **Yes**, list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary: Add lines 4 through 9 in column (d)				
11 Net income summary: Subtract line 10 from line 3, column (d)					

Part III Gaming Complete if the organization answered **Yes** to Form 990 Part IV, line 19 or reported more than \$15,000 on Form 990-EZ line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	125949.13			125949.13
Direct Expenses	2 Cash prizes	85533.00			85533.00
	3 Noncash prizes	0.00			0.00
	4 Rent/facility costs	0.00			0.00
	5 Other direct expenses	6936.86			6936.86
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary: Add lines 2 through 5 in column (d)				92469.85
	8 Net gaming income summary: Subtract line 7 from line 1, column (d)				33479.28

9 Enter the state(s) in which the organization operates gaming activities: **Iowa**

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If No, explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☒ No

b If Yes, explain:

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 100 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Governor Timothy McLaughlin

Address ▶ 1936 Lincolnway Clinton IA 52732

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ 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 ▶ \$
- c** If Yes, enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶ By Committee with atleast one member of the board of officers present

Gaming manager compensation ▶ \$ 0.00

Description of services provided ▶ Run/Work the event, submit paperwork and reciepts

☒ 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? ☒ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 27,750.00

Part IV **Supplemental Information** Provide the explanations required by Part I, line 2b, columns (iii) and (v) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part III #9, Social and Charitable License to Operate, issued by the State

CISM3M6NQR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

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Inspection**

Name of the organization

Clinton Lodge No 363 Loyal Order of Moose

Employer identification number

42-0386540

990 Part III, #3, No organizational engagement of political activities

990 Part III, #4, No organizational lobbying activities

990 Part V, #3b, No unrelated business income

990 Part V, #13a, Lodge is not a qualified non profit health insurance issuer

990 Part V, #14b, Lodge does not provide indoor tanning services

990 Part VI, #7a & b, Lodge membership elects on a yearly basis the governing board, as per the General Laws of the Loyal Order of Moose

cont, Membership must vote to make changes to the governing board and approve lodge related business

990 Part VI, #11b, 990 forms and all schedules are available to review by the membership by request or at official lodge meetings prior to

cont, prior to submission to the IRS

990 Part VI, #15, The governing board is not compensated for their time or effort

990 Part VI, #19, No records were made available for public review. The Loyal Order of Moose is a private organization

990 Part XII, #3b, Internal audits are conducted by a Governor appointed Audit Committee as per the General Laws of the order

Name of the organization

Employer identification number

Clinton Lodge No 363 Loyal Order of Moose

42-0386540

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CLINTON LODGE NO 363 LOYAL ORDER
OF MOOSE
1936 LINCOLN WAY
CLINTON IA 52732-7218

DECLARATION

045152

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this statement will become a permanent part of that return.

Timothy McLaughlin
Signature of officer or trustee

4/29/2014
Date

Governor
Title

