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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Δ	For the 2	013 calendar year, or tax year beginning May 1 , 2013, and end	ina A	pril 3	30	, 20 14							
B	Check if an	Y 1 W COS	nig A			er identification number							
.	•	1 101 614				0371320							
범	Address ch			┵									
片	Name char	1121 M:11 Ct-00t	suite	['	E Telephone number (315) 488–3477								
닏	Initial retur	'			(023) 100 0 111								
\sqcup	Terminated	City or town, state or province, country, and ZIP or foreign postal code											
\sqsubseteq	Amended I		_		ceipts \$								
Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes X No													
		Chris Farrance, Governor	H(b) #			s included? Yes No							
<u> </u>	Tax-exemp	t status				list (see instructions)							
J_	H(c) Group exemption number ▶ ○○○ 2												
K		anization ☐ Corporation ☐ Trust ☐ Association 🗓 Other ► Frat. Org L Year of form	ation 19	<u> 11 N</u>	A State	of legal domicile NY							
Р	art I	Summary											
	1 B	riefly describe the organization's mission or most significant activities:											
ခ္		The Lodge's mission is to unite its members in the bonds of fraternalism,											
Governance		benevolence & charity.											
Ver	1	heck this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	d of more	than 25	% of	ıts net assets.							
ၓ	1	umber of voting members of the governing body (Part VI, line 1a)			3								
oŏ ′0	1	umber of independent voting members of the governing body (Part VI, line 1b	o)		4	252							
Activities &	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)			5	-0-							
ξ	6 T	otal number of volunteers (estimate if necessary)			6	20							
¥	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			7a_	0							
	b N	et unrelated business taxable income from Form 990-T, line 34		<u> </u>	7b	-0-							
			Pr	rior Year		Current Year							
<u>⊕</u>		ontributions and grants (Part VIII, line 1h)				\$ 9,029.66							
e	1	rogram service revenue (Part VIII, line 2g)				\$ 393,531.09							
Revenue		vestmentincome (Par VIII, column (A), lines 3, 4, and 7d)				\$ 1.27							
_		the r revenue (Part VIII, com to) (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-0-							
	12 T	tal revenue—add lines 8 th such 11 (must equal Part VIII, column (A), line 12)				\$ 402,562.02							
		rans and similar are unts paid (Part IX, column (A), lines 1-3)				\$ 326,217.88							
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			-0-								
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) rofessional fundraising fees (Part IX, column (A), line 11e)				-0-							
Expenses	16a F	rofessi onal functiolising fees (Pa rt IX, column (A), line 11e)				_0-							
×	b T	otal fundraising expenses (Part IX, column (D), line 25) ▶											
ш	17	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				\$ 82,445.90							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .				\$ 408,663.78_							
		evenue less expenses. Subtract line 18 from line 12 . LOSS				(\$ 6,101.76)							
Net Assets or	3		Beginning	of Curren	t Year	End of Year							
Sets	20 T	otal assets (Part X, line 16)	\$703	.091	11	\$701,212.02							
¥ E	21 T	otal liabilities (Part X, line 26)		<u>,413.</u> 2		<u>\$ 4.413.25</u>							
		et assets or fund balances. Subtract line 21 from line 20	\$699	<u>,677.8</u>	36	\$696,798.77							
	art II	Signature Block											
		is of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete Declaration of preparer (other than officer) is based on all information of which prepa				ny knowledge and belief, it is							
		and complete becausion of preparer (other trial officer) is based on an information of which prepare	rei rias arīy			1 001/							
e:		suchard luncan		Ju. Date	Ly 3.	1, 2014							
Sig	- 1	Signature of officer		Date									
Here Richard Duncan, Administrator													
		Type or print name and title	Date	1		PTIN							
Pa	aid		7/31/		Check [`J							
Pr	eparer	L Vuboro Incomo Town	,, 51/		elf-emp	oloyeu							
Us	se Only	Firm's name J. Kubera Income fax'	V 0	Firm's E									
140	y the IDC	Firm's address • 4 W. 2nd St., Apt. 131-1/Dunkirk, NY 140	J48 	Phone r	10	□ Voc □ No							
-		discuss this return with the preparer shown above? (see instructions)		· · ·	<u> </u>	Yes No Form 990 (2013))							
FOI	raperwo	rk Reduction Act Notice, see the separate instructions. Cat	No 11282	Y		rorm 33U (2013))							

Part !	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	n/a	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	n/a	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		,	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	n/a	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	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, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		<u>x</u>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	
12 0	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_x
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	טדי	\vdash	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	/	
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		n/a	
		For	ո 990	(2013)

Part	Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? <i>If "Yes," complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		x
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
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		х
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).	, ,	12.1 11.0 11.0 11.0 11.0 11.0 11.0 11.0	-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 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, Part II, III, or IV, and Part V, line 1	34		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	n/a	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		х
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Part V	Statements	Regar	rding Oth	er IRS Fi	ilings and	Tax Co	ompliance

	Check is Schedule O contains a response of note to any line in this rank v		- : - i	_ <u></u> -
4	5 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	n/a	⁻
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 -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	n/a	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		х
h		4a		
b	If "Yes," enter the name of the foreign country: ► 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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	n/a	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		n/a	
7	gifts were not tax deductible?	6b	11/ a	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	n/a	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year]
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 $10a$ $^{n/a}$			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a			
11	Section 501(c)(12) organizations. Enter:	1		
а	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.)	.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year $\frac{12b}{n}$	12a		Х
b	1 700, Cittor and amount of the competition of the	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		X
а	Note. See the instructions for additional information the organization must report on Schedule O.	· · · · ·		
b	Enter the amount of reserves the organization is required to maintain by the states in which]		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L,	х
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	n/a	
		For	n ササU	(2013)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	ons.			
Co odi	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		· ·				
Secti	on A. Governing Body and Management	· 		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7	Γ					
	If there are material differences in voting rights among members of the governing body, or				ļ			
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.	252						
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business	16 252	- 1					
2	any other officer, director, trustee, or key employee?	· · ·	2		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?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		х			
5	Did the organization become aware during the year of a significant diversion of the organization		5		X			
6	Did the organization have members or stockholders?		6	Х				
/a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders or persons other than the governing body?	l by) members, Only	_,	x				
8	stockholders, or persons other than the governing body?		7b	^	 			
0	the year by the following:	dertaken duning						
а	The governing body?		8a	Х)			
b	Each committee with authority to act on behalf of the governing body?		8b	х				
9								
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Reven	ue Co	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	x				
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exert		10b	х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	х				
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	re rise to conflicts?	12a 12b		X			
C	Did the organization regularly and consistently monitor and enforce compliance with the				x			
4-	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		X			
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review of the following persons in the following persons i	and approval by	14		X			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
а	The organization's CEO, Executive Director, or top management official		15a		х			
b	Other officers or key employees of the organization		15b		х			
40-	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 sim with a taxable entity during the year?		16a		X			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization		iva		 			
,	participation in joint venture arrangements under applicable federal tax law, and take steps							
	organization's exempt status with respect to such arrangements?	=	16b					
	on C. Disclosure							
17		ah 84201-00		0/(3/0	البامه			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	IIIU 990-1 (5ect101	1 301(ပ)(၁)S	only)			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sc	hedule (O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest i	policy	, and			
	financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the borganization: ► Richard Duncan, 1121 Milton St., Syracuse, NY 1320		of the	:				

orm ⁻	990	(2018)

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

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

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

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

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

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

x Chec	k this box if neither the organization ne	or any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
					(0	C)					
	(A)	(B)	l			ition			(D)	(E)	(F)
	Name and Title	Average		(do not check more box, unless person					Reportable	Reportable	Estimated
		hours per	office				or/trus			compensation from	amount of
		week (list any hours for	2 5	5	0	Z	ᅋᄑ	Ţ	from the	related	other
		related	함	Stite	Officer	ey e	를 하는 기를 하는 기를 하는데 되었다.	Former	organization	organizations (W-2/1099-MISC)	compensation from the
		organizations		Institutional trustee	4	Key employee	st c	먁	(W-2/1099-MISC)		organization
		below dotted line)	~ ₹	<u>a</u>		o Ve) j				and related
		iiile)	ste	l s		ã	l Den				organizations
			"	8			Highest compensated employee				
	Cl	••									
(1)	Chris Farrance	Var.			x				-0-		0
	Governor								-0-	-0-	-0-
(2)	Richard Duncan	Var			х				-0-		•
	Administrator		<u> </u>					<u> </u>		-0-	-0-
(3)	William Lennon	Var							_		-0-
	Junior Governor			ļ	Х				-0-	-0-	
(4)	Donald Gibson	Var								-0-	-0-
	Treasurer				Х				-0-	_0_	
(5)	John-Caslake	.Var.									_
	Prelate				Х		<u> </u>		-0-	-0-	0-
(6)	Robert Hamann	Var.									
	Trustee		Х	ļ_	Х				-0-	-0-	_0-
(7)	Chuck Anspach	Var.	}					İ			
	Junior Past Governor				Х				-0-	-0-	_0-
(8)			}							_	
							:				
(9)]								
(10)											
							_				
(11)											
(12)						ŀ					
(13)											
				L_	L.						
(14)											
		-T]	1		1					

Part	VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or dire	ot ch	Pos neck ss pe	c) ition more rson	than of the street than of the s	one o an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	(F) Estimated m amount of other compensation
(15)		_	Φ	tee			sated		_		
(16)											
(17)											
(18)											
(19)			,								
(20)											
(21)											
(22)								_			
(23)											
(24)											
(25)											
1b c d	Sub-total	VII, Sectio					above	▶ ▶ ▶ e) w	ho received ma	ore than \$100,	000 of
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete 3	Schedule J	for su	ıch .	ındı	vidu	ıal				. 3 X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? II 	"Ye:	s," ·	complete Sch	edule J for s	uch 4 X
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	
	n B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
	None										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo None	ove) who	Form 990 (2013

	90 (201 VIII	Statement of Revenue				Page 9
		Check if Schedule O contains a response or no	ote to any line in thi	s Part VIII	· · · · · ·	
			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b \$1,408.	00			
S, G	С	Fundraising events 1c				
ia i		Related organizations 1d				•
ns, Simi	i	Government grants (contributions) 1e				
er S	f	The same same same and same an				
년 된		and similar amounts not included above \$7,621.	66			
o di	g	Noncash contributions included in lines 1a-1f: \$		-		
	n	Total. Add lines 1a-1f	\$9,029.66	-	···	
Program Service Revenue	20	- Business Co	ode			
eve	2a b					-
9	C			 	_	
Ē	d				· · ·	-
Š	e					
gra	f	All other program service revenue .		\$393,531,09		
Po	g	Total. Add lines 2a–2f	>	W.13-1,-1-11 AUS		
	3	Investment income (including dividends, interest	est,			
		and other similar amounts)	•	\$ 1.27		
	4	Income from investment of tax-exempt bond proceeds	s ▶			
	5	Royalties	>			
		(i) Real (ii) Persona	al			
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss)				
	_d	Net rental income or (loss)	>			
	7a					
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses .				
	C	Gain or (loss)		 		-
	d	Net gain or (loss)	<u> </u>			
ē	0.	Gross income from fundraising				
enc	Oa	events (not including \$				
ě		of contributions reported on line 1c).				
F	İ	See Part IV, line 18 a				
Other Revenue	Ь					
0		Net income or (loss) from fundraising events .	D	1		
		Gross income from gaming activities.	-		<u>-</u>	
		See Part IV, line 19 a				
	ь	Less: direct expenses b				
	C	Net income or (loss) from gaming activities	>	† <u></u>		1
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	•			
		Miscellaneous Revenue Business Co	ode			
	11a				-	
	b			 		
	С					<u> </u>
	d	All other revenue				
	e 40	Total. Add lines 11a–11d		 		
	12	Total revenue. See instructions	► 189.029.66	⊥\$393 532 3∤	'n	i

Form 99	0 (2013)					• Page 10
	IX Statement of Functional Expenses					,
Sectio	n 501(c)(3) and 501(c)(4) organizations must cor	nple	te all columns.	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	ise c	or note to any li	ne in this Part IX .	<u> </u>	🗆
	t include amounts reported on lines 6b, 7b, , 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					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7 8	Other salaries and wages	\$	1,918.88			
9	Other employee benefits					
10	Payroll taxes	\$	738.00			
11	Fees for services (non-employees):					
а	Management					
b	Legal					
C	Accounting		· · · · · · · · · · · · · · · · · · ·			
d	Lobbying					
e •	Professional fundraising services See Part IV, line 17					
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion					
13	Office expenses & Supplies	\$	3,301.33			
14	Information technology					
15	Royalties	L_				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	<u> </u>	21,396.36			
17 18	Travel					
19	Conferences, conventions, and meetings .	\$	1,265.00			
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
a	Telephone Expense	\$	2,046.43			
b	Maintenance Expense	_\$_	8,093.47			
c d						
e e	All other expenses	\$	43,686.43			
25	Total functional expenses. Add lines 1 through 24e	_	82,445.90	-		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	Ψ	02,443.90			

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> .
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	\$ 9.084.68	1	\$ 7,205.59
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		1 .	
i		Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	\$ 11,950.46	8	\$ 11,950.46
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	\$ 682,055.97	10c	\$ 682,055.97
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$ 703.091.11	16	\$ 701 212 02
	17	Accounts payable and accrued expenses	\$ 3,373.25	17	\$ 4,373.25
	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.		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		ļi	
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). SEE			
	l	WORKSHEET PAGE: 3	\$ 40.00	25	\$ 40.00
	26	Total liabilities. Add lines 17 through 25	\$ 3,413.25	26	\$ 4,413.25
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	_0_	27	0-
Bal	28	Temporarily restricted net assets	-0-	28	-0-
힏	29	Permanently restricted net assets	0-	29	-0-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	n/a	30	n/a
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	n/a	31	n/a
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	n/a	32	n/a
Net	33	Total net assets or fund balances	\$699,677.86	33	\$696.798.77
_	34	Total liabilities and net assets/fund balances	\$703.091.11	34	\$701,212.02
					Form 990 (2013

orm 99	90 (2013)			,	Pa	age 12
Part	XI Reconciliation of Net Assets					,
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	\$40	2,5	62.0)2
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$40	8,6	63.7	78
3	Revenue less expenses. Subtract line 2 from line 1 LOSS	3	(\$	6,10	01.7	<u>76)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	\$69	9,6	77.8	36
5	Net unrealized gains (losses) on investments	5		-0-		
6	Donated services and use of facilities	6		-n-		
7	Investment expenses	7		0-		
8	Prior period adjustments	8		-0-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-ŏ-		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_			
	33, column (B))	10	\$69	3,5	76.1	LO
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🖾 Cash 🔲 Accrual 🔲 Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaını	n			
	Schedule O.		L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	re the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or [
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1			
b						X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a [
	separate basis, consolidated basis, or both:		l			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	nt [
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	?	2c	h/a	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	ın [
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	ın 🕇			<u> </u>
	the Single Audit Act and OMB Circular A-133?			За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ie			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b	n/a	1

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

	racuse L	odge No. 625,	Loy	al Order	of Mo	ose			15–0371320
No	further	explanations	are	required	for	this	Form	990.	Everything is
ansı	wered ac	cordingly.							
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schedule O (Form 990 or 990-Ez.) (2013)		Page Z
lame of the organization	Employer identification number	
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		-
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LOOM/WOTM/MOOSE LEGION FORM 990 WORKSHEETS - 2013 TAX YEAR RECEIPTS

PART VIII

EMPLOYER IDENTIFICATION NO. _15 _ _ 0371320____

Page 1

DI	ESCRIPTION	-
Α.	Collections for Mooseheart or Moosehaven, the Endowment Fund, Lodge building fund, charities, etc.	
	List separately on schedule B total charitable contributions of more than \$1,000 from any one contributor, and total non-charitable contributions of more than \$5,000 from any one contributor and enter here. (Note: Even if you have no reportable contributions, the first page of schedule B must be completed.)	\$ 7,621.66
	Total (To Part 8 Lines 1 (f)	\$ 7,621.66
В.	Entertainment Merchandise sales (include sales tax) Member gaming Other Fund Raisers: (List separately) Committees & Misc.	\$ 4,298.75 \$ 34,582.34 \$353.649.00 \$ 1001.00
	Total (To Part 8 Line 2 (f) , Column(B)	\$393,531.09
C.	Membership dues ABCD/Per Capita Enrollment and other fees Life Membership fees	\$ 1,128.00
	Total (To Part 8 Line 1 (B)	\$ 1,408.00
D.	Interest on investments – include Savings accts. CD's and NOW's Total (To Part 8 Line 3 & Column(B)	\$ 1.27
E.	Gross Sale price from Sale of Securities: (Enter totals here and attach a detailed list) Less: Cost or other basis and sales expense	(a) (b)
	Gain (Loss) (To Part I, Lines 8a, b & c, Column (A))	(c)
	Gross Sales price from Sale of other assets: (Enter totals here and attach a detailed list) Less: Cost or other basis and sales expense	(a) (b)
	Gain (Loss) (To Part I, Lines 8a, b & c, Column (B))	(c)
(To	Total Gain (Loss) (c) + (c) from above Part I, Line 8d & Part VII, Line 100, Column (d))	
	Gross proceeds from Bingo and other Non-member gaming: Less: pay-outs and other expenses	(a) (b)
	Net Income (Loss) (To Part 8 Lines 2(a) to Line 12 Column (B)	\$402,562.92 (c)

LOYAL ORDER OF MOOSE FORM 990 WORKSHEETS - 2013 TAX YEAR EXPENDITURES

PART IX

EMPLOYER IDENTIFICATION

\$82,445.90

NO. <u>15</u> - <u>0371320</u>

Page 2

DESCRIPTION	AMOUNT · DESCRIPTION	AMOUNT
F. Grants & Allocations: Moose International Mooseheart/Moosehaven Endowment Fund Life Membership Fees	P. Occupancy: Other Insurance Rents Other Utilities Real Estate Taxes	\$ 21,396.36
Other Donations: (List)	Total (To Line 1:6)	\$ 21,396.36
Bingo Expense \$157,788 Gaming Expense \$140,765 Discrepancies \$ 93	.16 Q. Equipment Rental & I	Maintenance \$ 8,093.47
	R. Printing & Publication	ns
Miscellaneous donations \$ 27,571	•	
Total (To Page 1 Line \$326,217	S. Conference, Conventi	
G. Sick benefits	(To Line 19)	\$ 1,265,00
Funeral expenses	T. Interest on Indebtedn	ess
Total (To Line)	(To Line)	
Part IX Page 10)	U. Other Expenses: Repairs Entertainment State Association dues Advertising Sales Tax Other taxes	\$ 7,765.16 s\$ 1,234.09
Total (To Line Q) \$ 73	Flowers	
K. Accounting Fees (To Line)	Prizes Bank Charges Licenses	\$ 1,317.09
L. Legal Fees (To Line)	Paid for Merchandise Other (List)	\$ 32,047.94
M. Bar, Office, & Other Supplies (To Line § 3) \$ 3,30	Payroll Service Support Fees	\$ 622.15 \$ 700.00
V. Telephone <i>(To Line</i> 24 (a) \$_2.04	6.43 Miscellaneous	
D. Postage and Shipping (To Line	Total (To Line ²⁴ (e)	\$ 43,686,43

LOYAL ORDER OF MOOSE FORM 990 WORKSHEETS - 2013 TAX YEAR BALANCE SHEET

EMPLOYER IDENTIFICATION

(PART X)

Page 3		NO
	Beginning of Year	-End of Year
Cash - non-interest bearing: (To Line 1	\$ 9,084.68	\$ 7,205.59
Inventories for sale or use: (To Line 8.	\$ 11,950.46	\$ 11,950.46
Investments - Securities: CD's, Bond, etc. (List separately and attach) (To Line		
<u>Depreciable Assets:</u> Amount Invested in Lodge Home and Other Real Est	tate\$_603,271.61	\$ 603,271.61
Furniture and fixtures, paraphernalia	\$ 78,784.36	\$ 78.784.36
Total (To Line 10 (c)	\$ 682,055.97	\$ 682,055.97
Other Assets:	• •	•
•	<u> </u>	
Total (To Line 15)		
Accounts Payable and Accrued Expenses: Compensation due Administrate Social Security, Withholding and Unemployment Tax Unpaid Sales Tax Unpaid Rent Other Unpaid Taxes Unpaid Interest Other Unpaid Bills Indebtedness House Committee Merchandise Other Unpaid House Committee Bills Unpaid Risk Pool Assessment	\$ 3,373.25 \$ 3,373.25	\$ 4,373.25
Total (To Line 17)	3,3/3,25	\$ 4.373.25
Mortgages and Other Notes Payable: First Mortgage Indebtedness on Real Estate Other Mortgage Indebtedness Certificates of Indebtedness Notes Payable (List separately and attach) Indebtedness on Furniture and Fixtures Total (To Line 23)		
Other Liabilities:	\$ 40.00	\$ 40.00
Moose International	\$ 40.00	
Total (To Line 25)	<u> </u>	\$ 40.00

STATEMENT RE: PART I, LINE 20: Schedule a difference on line 20 and attach a statement: "Bookkeeping system uses cash basis and single entry method."