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Form 990

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

5/1/2013 4/30/2014 For the 2013 calendar year, or tax year beginning and ending C Name of organization LOYAL ORDER OF MOOSE LODGE NO 167 D Employer identification number Check if applicable Doing Business As Address change Number and street (or PO box if mail is not delivered to street address) 35-0480380 Name change 111 SOUTH 8TH STREET E Telephone number ZIP code Initial return City or town 765-962-2997 RICHMOND IN 47374 Terminated Foreign country name Foreign postal code Foreign province/state/county 2,445,520 Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? WILLIAM MILLS 260 SOUTH 46TH STREET, RICHMOND, IN 47374 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) 4947(a)(1) or 527) < (insert no) Tax-exempt status Website: ► N/A H(c) Group exemption number ► 0002 X Corporation K Form of organization Trust Association L Year of formation M State of legal domicile 1987 Part I Summary Briefly describe the organization's mission or most significant activities LODGE UNITES MEMBERS IN BONDS OF Activities & Governance FRATERNITY, BENEVOLENCE AND CHARITY. ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES, AND GUESTS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 9 Total number of individuals employed in calendar year 2013 (Part V, line 2a). Total number of volunteers (estimate if necessary). 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 16 201Kevenue 9 Program service revenue (Part VIII, line 2g) 11,338 10,879 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,574 1,262 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 440.657 392,658 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 454,569 404,815 ഞ 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 45,526 31,207 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 92,986 97,939 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses Part IX, column (A), lines 11a-11d, 11f-24e) 260,859 242,690 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 381,202 390,005 Revenue less expenses Subtract line 18 from line 12 19 73.367 14.810 2014 Beginning of Current Year End of Year 20 8 1.065,624 Total assets (Part X, line 1,085,851 21 Total liabilities (Part X Jine 26) . 3,206 8,622 Net assets or tond balances Subtract line 21 from line 20 1,077,229 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Print/Type preparer's name Check Paid *\$1*23*1*2014 self-employed Diana M Edwards, CPA P00229937 **Preparer** Firm's EIN > 35-1838992 ▶ Webb & Associates **Use Only** Firm's address ► 66 South 12th Street, Richmond, IN 47374 Phone no (765) 962-3524 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

| Form 9 | 90 (2013) | LOYAL ORDER OF MOOSE LODGE NO 167 | 35-0480380 | Page 2 |
|--------|---------------------|---|---------------------------------------|--------|
| Pa | rt III | Statement of Program Service Accomplishments | | |
| | | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Driofly d | | · · · · · · · · · · · · · · · · · · · | |
| 1 | LODGE | describe the organization's mission [.] EUNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY ACCOMP R ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMIL S | | |
| | D 144 | | . | |
| 2 | the prior | organization undertake any significant program services during the year which were not listed or or Form 990 or 990-EZ? | n Yes | X No |
| 3 | services | organization cease conducting, or make significant changes in how it conducts, any program s? ' describe these changes on Schedule O | . Yes | X No |
| 4 | Describe expense | the the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and lexpenses, and revenue, if any, for each program service reported. | | |
| 4a | |) (Expenses \$ Including grants of \$) (Rev LAND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUESTS APPROXIMAT | ELY 750 PEOPLE |) |
| | | | | |
| | | | | ••••• |
| | | | | |
| | | | | |
| 4b | (Code. |) (Expenses \$ including grants of \$) (Rev | renue \$ |) |
| | | | · | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| 4c | (Code. |) (Expenses \$ including grants of \$) (Rev | enue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 0'' | /D | | |
| 4d | | rogram services (Describe in Schedule O) | | |
| | (Expense | |) | |
| 4e | Total pro | ogram service expenses | | |

| Part | Checklist of Required Schedules | | | |
|------|---|------------|--------------|----------------|
| | In the assessment of described in parties 504/aV/2V or 4047/aV/4V (athors there is no water foundation V2 If IIV/an II | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | x |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | <u> </u> | <u> </u> | Ĥ |
| • | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | 1 | |
| 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | } | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | ١., |
| 0 | 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 debt | | | |
| | negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 1-9 | | ^ |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | Ļ |
| | 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 | Х | |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| _1 | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _X |
| a | 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 | 44.4 | | U |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | Х | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | He | | |
| • | 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 | <u> </u> | | |
| | Schedule D, Parts XI and XII | 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 and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . | 14a | | Χ |
| þ | 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 | | | ١ |
| 4 = | 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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 4.5 | - 1 | v |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | X |
| 10 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | х | |
| 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 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | х | |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a |] | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 206 | - 1 | |

| | 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 | x | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | <u> </u> | |
| | 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 | İ | | |
| | 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 | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | 1 | |
| | 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | <u></u> | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | L | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | } | | i |
| | 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 | | <u> </u> |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I. | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | i | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | 1 | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 1 | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | 1 | | |
| | disqualified persons? If so, 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 | | 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) | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | 206 | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 28b | | X |
| · | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 200 | | V |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 25 | | ├^ |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i> | 100 | | <u> </u> |
| • | Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | <u> </u> | | |
| | If "Yes," complete Schedule N, Part II | 32 | - 1 | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u>* </u> | | |
| | 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 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, 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 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | | Χ |
| 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 | χΙ | |

| Form 9 | 990 (2013) LOYAL ORDER OF MOOSE LODGE NO 167 | 35-0480380 | Р | age : |
|--------|--|--------------|------|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a | 13 | 1.00 | |
| 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 | | | ł |
| 0- | gaming (gambling) winnings to prize winners? | 1c | Х | <u> </u> |
| 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 | 9 | | l |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | l |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| 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 | | Ī |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | Г |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | l |
| | account)? | 4a | | Ιx |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | l |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | . 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | _^ |
| 6a | - | . <u>5c</u> | | |
| 0a | 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 | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | l l | | ı |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | Χ |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | ĺ | Х |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | . 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- | | - | |
| 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 | 1 1 | | |
| | organization, have excess business holdings at any time during the year? | 8 | 1 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| а | Did the organization make any taxable distributions under section 4966? | 0- | | |
| b | | 9a | | |
| 10 | Did the organization make a distribution to a donor, donor advisor, or related person? Section 504(a)(7) organizations. Fator: | 9b | | |
| | Section 501(c)(7) organizations. Enter | 1 1 | | |
| 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 [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | - 1 | |
| | against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | . 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | . 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 1 | | _ |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | - | |
| | the organization is licensed to issue qualified health plans | | 1 | |
| С | Enter the amount of reserves on hand | | j | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | Χ_ |
| ~ | 199, 1993 a notali di contrato lo report mese payments in 190, provide an explanation in scheddle U . | 140 | - 1 | |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

| | Check if defletule of contains a response of note to any line in this Fart VI | • • | | Δ |
|--------|---|------------|-----|----------|
| Sect | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year [1a] [5] | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or |] | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| h | · | | | |
| р 2 | Enter the number of voting members included in line 1a, above, who are independent. Did any efficient director trustee, or key employee have a family solutionable as a busy as a laborator with | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 2 | | _X_ |
| J | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | ľ | V |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>^</u> |
| 6 | Did the organization have members or stockholders? | 6 | Х | <u>^</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - | | |
| | one or more members of the governing body? | 7a | х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | , ra | | |
| - | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 10 | | |
| • | the year by the following | | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (| Code |) | |
| | | | 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 such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | _ X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | [| | |
| 40 | describe in Schedule O how this was done | 12c | | |
| 13 | 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 approval by | | l | |
| _ | Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 46- | ŀ | ., |
| a b | The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization | 15a 15b | | X |
| J | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 150 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | ļ | |
| | with a taxable entity during the year? | 16a | | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 104 | | <u>X</u> |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | | 1 | |
| | the organization's exempt status with respect to such arrangements? | 16b | ľ | |
| Sect | ion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► IN | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) | s only |) | |
| | available for public inspection. Indicate how you made these available Check all that apply | , | • | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli | cy, and | t | |
| | 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 books and records of the | | | |
| | organization ► WILLIAM MILLS 765-962-299 | 7 | | |
| | 111 SOLITH ATH ST. DICHMOND IN 47374 | | | |

| | • | | | | | | • | | • | | |
|---|--|--|--------------------------------|-------------------------------|-----------------------|--------------|--|--|--|----------------------------------|---|
| Form 990 (2013) | LOYAL ORDER OF MOOSE LOD | GE NO 167 | | | | | | | | 35-04803 | 880 Page 7 |
| Part VII | Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a r | Contractors | | • | | • | - | | | | \square |
| Section A. | Officers, Directors, Trustees, Key E | mployees, and | High | est | Cor | npe | nsat | ed E | mployees | | |
| organization's • List all of compensations | his table for all persons required to be | listed Report co irectors, trustees F) if no compens | mper (whe | ethe | r inc | for t | he ca | or c | dar year ending organizations), re | egardless of amo | |
| who received organization a | organization's five current highest cor reportable compensation (Box 5 of For and any related organizations | m W-2 and/or B | ох 7 с | of Fo | orm | 109 | 9-MI | SC) | of more than \$1 | 00,000 from the | |
| \$100,000 of re | of the organization's former officers, ke eportable compensation from the organ of the organization's former directors | ization and any | relate | d o | rgar | iizai | tions. | | | | |
| organization, i List persons ir compensated | more than \$10,000 of reportable compe n the following order individual trustees employees, and former such persons | ensation from the s or directors, ins | e orga stitutio | anız onal | atioi trus | n ar stee | nd an s, off | y re cer | lated organizations, key employees | ons s, highest | me |
| Check thi | s box if neither the organization nor an | y related organiz | ation | cor | npe | nsa | ted a | ny c | urrent officer, dir | rector, or trustee | |
| | (B) Average hours per week (list any | box, office | unle: er an | Pos neck ss pe d a d | more rson recte | than | (E) Reportable compensation from related | (F) Estimated amount of other | | | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional tr | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related |
| | | | ee | trustee | | Ō | ensated | | | | organizations |
| (1) EARL P | ETERS | 1 00 | ee | ustee | | ě | ensated | | - | | organizations |
| (1) EARL P | ETERS | 1 00 | ee | ustee | X | ė | ensated | | | | organizations |
| TREASURER (2) BRADL | ETERS EY S POWELL | 1 00 | ee | ustee | | Ö | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR | EY S POWELL | 1.00 | ee | ustee | x | Ö | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN | EY S POWELL | | ièe | ustee | Х | Ö | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN N PRELATE | EY S POWELL MCCONKEY | 1.00 | iè | ustee | | Ō | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN N PRELATE (4) RALPH | EY S POWELL MCCONKEY BRAUGHTON | 1.00 | ie e | ustee | x x | Ō | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN N PRELATE (4) RALPH 3 YR TRUSTE | EY S POWELL MCCONKEY BRAUGHTON E | 1.00 | iee | ustee | Х | Ö | ensated | | | | olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN N PRELATE (4) RALPH | EY S POWELL MCCONKEY BRAUGHTON EE K GAY | 1.00 | æ | ustee | x x | Ö | ensated | | | | Olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN N PRELATE (4) RALPH 3 YR TRUSTE (5) BRIAN | EY S POWELL MCCONKEY BRAUGHTON E K GAY E DROOK | 1.00 | æ | ustee | x x | Ō | ensated | | | | Olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN M PRELATE (4) RALPH 3 YR TRUSTE (5) BRIAN 2 YR TRUSTE (6) MIKE A 1 YR TRUSTE (7) JASON | EY S POWELL MCCONKEY BRAUGHTON E K GAY E DROOK E SHULL | 1.00 1.00 1.00 | œ | ustee | x x x | Ō | ensated | | | | Olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN M PRELATE (4) RALPH 3 YR TRUSTE (5) BRIAN 2 YR TRUSTE (6) MIKE A 1 YR TRUSTE (7) JASON JR GOVERNO | EY S POWELL MCCONKEY BRAUGHTON E K GAY E DROOK E SHULL DR | 1.00 1.00 1.00 1.00 1.00 | ee | ustee | x x x | Ō | ensated | | | | Olganizations |
| TREASURER (2) BRADL GOVERNOR (3) JOHN M PRELATE (4) RALPH 3 YR TRUSTE (5) BRIAN 2 YR TRUSTE (6) MIKE A 1 YR TRUSTE (7) JASON | EY S POWELL MCCONKEY BRAUGHTON E K GAY E DROOK E SHULL DR M MILLS | 1.00 1.00 1.00 1.00 | ee | ustee | x x x | X | ensated | | 17,992 | | olganizationis |

(10)

(12)

(13)

Form **990** (2013)

| Form | 990 (2013) LOYAL ORDER OF MOOSE L | ODGE NO 167 | | | | | | | | 35-048 | 30380 | <u>)</u> Р | age |
|---------|--|---|-------|--------|----------------------|----------------------|------------------------------|-------------|--|--|--|--|---------------------------|
| P | Section A. Officers, Directors, Tru (A) Name and title | (B) Average | (do r | not ci | Pos neck ss pe | C) sition more | than | one n an | (D) Reportable | (E) Reportable | | (F) Estimate | |
| | | hours per week (list any hours for related organizations below dotted line) | | | a Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | co | other mpensa from the rganizatind relating | ation e tion ted |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | *** | | \vdash | | |
| (17) | | | | | | | | | | <u> </u> | | | |
| (18) | | | | - | | _ | | | | | <u> </u> | | |
| (19) | | | | | | | | - | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | - | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation sheets to Part VII, So | ection A | • | • | | | | • • | 17,992 | | | | |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but not lin | | ted a | hov | <u> </u> | _t ho | | ► | 17,992 | 000 of | | | |
| | reportable compensation from the organization | | | | e) w | W10 | | veu | | | | | |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | | | | oye | e, o | r high | nest | compensated | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greated individual. | | | | | | | | | า | 4 | | x |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo | • | | | • | | | - | | idual | | | |
| Sec | tion B. Independent Contractors | es, complete so | neuu | ie J | 101 | Suc | n per | 3011 | · | · | 5 | | <u> </u> |
| 1 | Complete this table for your five highest compe compensation from the organization Report co year | | | | | | | | | | tax | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | vices (| (C Compe | C) nsation | |
| | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | Ì | | 1 | | | |

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

| | • | Check if Schedule O contain: | s a response | or r | note to any line in | this Part VIII | | | |
|--|--------|--|------------------|--------|---------------------|----------------------|--|---|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s, s | 1a | Federated campaigns | . [| 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | 1b | | | | | |
| s, G | С | Fundraising events | 1 | 1c | | | | | |
| Sift: lar / | d | Related organizations | <u>ļ</u> | 1d | | | | | |
| ıs, (imi | е | Government grants (contribution | ıs) | 1e | | | | |] |
| er S | f | All other contributions, gifts, grain | nts, and | |] | | | | } |
| 년 원 | | similar amounts not included abo | L | 1f | 16 | | | | |
| out u | g | Noncash contributions included in | lines 1a-1f: | \$ | | | | | |
| 0 % | h | Total. Add lines 1a-1f | - <u></u> . | | ▶ | 16 | | | |
| ne | | | | | Business Code | | | | |
| ven | 2a | MEMBERSHIP DUES AND FEE | S | | 900099 | 10,879 | 10,879 | | |
| Re . | b | | | | | | | | |
| Vice . | С | | | | | | | | |
| Ser | d | | | | | | | | |
| am | е | | | | | | | | |
| Program Service Revenue | f | All other program service revenu | ie | | | | | | |
| - | g | Total. Add lines 2a–2f | | | . ▶ | 10,879 | | | · · · · · · · · · · · · · · · · · · · |
| | 3 | Investment income (including div | vidends, inter | est, | and | | | | |
| ļ | | other similar amounts) | | | > | 1,262 | | | |
| | 4 | Income from investment of tax-e | xempt bond p | oroc | eeds 🕨 | | | | |
| | 5 | Royalties | (ı) Real | | (II) Personal | | | | |
| | 60 | Gross rents | (i) Real | | (ii) Fersonai | | | | |
| | 6a | | - | | | | | | |
| | b | Less rental expenses Rental income or (loss) | | | | , | | | |
| | c d | Net rental income or (loss) | L | | - | | | | , |
| | 7a | Gross amount from sales of | (ı) Securities | } | (ii) Other | | | | |
| | , u | assets other than inventory | | | | | | | Ì |
| | b | Less cost or other basis | | | | | | | |
| | - | and sales expenses | | | | | | | |
| | С | Gain or (loss) | | | - | | | | |
| | d | Net gain or (loss) | | | . > | | | | |
| a l | _ | | · | | • | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | ŀ | | | |
| e ve | | of contributions reported on line | 10) | | | | | | |
| Ř | | See Part IV, line 18 | 10) | а | 21,455 | | | | |
| he | b | Less direct expenses . | • | a b | 17,378 | | | | |
| ŏ | c | Net income or (loss) from fundra | isına events | D | ▶ | 4,077 | | | |
| ļ | | Gross income from gaming activ | - | | | 4,077 | | | |
| - 1 | - | See Part IV, line 19. | | а | 2,315,875 | | | | |
| Ì | b | Less direct expenses | | b | 1,946,983 | | | | |
| | c | Net income or (loss) from gaming | g activities . | ~ | <u>1,010,000</u> | 368,892 | | | |
| | 10a | Gross sales of inventory, less | 9 40 | | | 000,002 | | | |
| | | returns and allowances . | | а | 96,033 | İ | | | |
| | b | Less. cost of goods sold | | b | 76,344 | | | | |
| | | Net income or (loss) from sales of | of inventory | _ | ▶ | 19,689 | | | • |
| Ì | | Miscellaneous Revenue | | | Business Code | | | | |
| j | 11a | | _ | - | | ľ | | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| ļ | е | Total. Add lines 11a-11d | | | ▶ [| | | | |
| ľ | 12 | Total revenue. See instructions | | | | 404 815 | 10.870 | | |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must complete all | columns. All other or | ganızations must co | omplete column (A) | |
|----------|--|--|------------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a response or note | to any line in this Pa | rt 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 | 31,207 | 31,207 | | ····· |
| 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 | Benefits paid to or for members . | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 17,992 | 17,992 | | |
| 6 | Compensation not included above, to disqualified | 11,332 | 17,552 | | |
| ٠ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | <u> </u> | | | |
| 7 | Other salaries and wages | 71,868 | 71,868 | ···· ·· ·· | |
| 8 | Pension plan accruals and contributions (include | | · | | , |
| | section 401(k) and 403(b) employer contributions) | [] | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 8,079 | 8,079 | | |
| 11 | Fees for services (non-employees) | 1 | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 25,750 | 25,750 | | |
| d | Lobbying . | | - | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees . | | - | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| 12 | (A) amount, list line 11g expenses on Schedule O) Advertising and promotion . | 3,499 | 3,499 | | |
| 13 | Office expenses . | 120,642 | 120,642 | | |
| 14 | Information technology . | 120,0 12 | 120,012 | | · · · · · |
| 15 | Royalties | | | | |
| 16 | Occupancy . | 33,584 | 33,584 | | |
| 17 | Travel | 7,696 | 7,696 | | · |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 7,941 | 7,941 | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 24 | Insurance Other expenses ltemize expenses not covered | | | | |
| 24 | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | 1 | | , | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | General Administration | 4,327 | 4,327 | | |
| b | | | | | |
| С | Insurance | 16,869 | 16,869 | | |
| d | Repairs and Maintenance | 40,551 | 40,551 | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 390,005 | 390,005 | | |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 1 | | | |
| | TOTIONING OUT OU E (FIGO OUD-FEO) | | | | · · · · · · · · · · · · · · · · · · · |

35-0480380

| | | | | | |
|--------|-----|---------|------|------|--|
| Part Y | Ral | anca St | noot | | |

| Cash—non-interest-bearing | | | Check if Schedule O contains a response or note to any line in this Pai | rt X | | |
|--|--------|-----|--|------------|-----|-----------|
| 2 Savings and temporary cash investments. 3 Pedges and grants receivable, net 4 Accounts receivable, net 5 Lears and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 6 Lears and other receivables from other disqualified persons (as defined under section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1), persons described in 4956(f)(1), persons | • | | | | | |
| 2 Savings and temporary cash investments. 3 Pedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1)), persons described in section 4585(f)(1), persons described in 4585(f)(1), persons described in 4585(f)(1), persons described in 4585(f)(1), persons described in 4585(f)(1), persons described | | 1 | Cash—non-interest-bearing | 198,870 | 1 | 209,372 |
| A Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 1. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in section 4958(f)(1)), persons described in the described in the description of the described in the description of the described in the description of the described in the description of the description | | 2 | Savings and temporary cash investments | 64,295 | 2 | 64,328 |
| Section Complete Part II of Schedule L Section | | 3 | Pledges and grants receivable, net | | 3 | |
| Trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(PI(1)), prosons described in section 4958(PI(1)), prosons described in Section 501(PI) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 7 The III of Schedule L 7 7 7 7 7 7 7 7 7 | | 4 | Accounts receivable, net | | 4 | |
| Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4959([i])), persons described in section 4959(i), persons described in section 4959(i), persons described in section 4959(i), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L. 7 Notes and loans receivable, net | | 5 | Loans and other receivables from current and former officers, directors, | | | |
| 1 | | | trustees, key employees, and highest compensated employees | | | |
| 4858(h(1)), persons described in section 4858(c)(5)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee's beneficiary organizations (see instructions) Complete Part II of Schedule L 7 | | | Complete Part II of Schedule L | | 5 | |
| sponsomg organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b T795,611 10 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustess, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Uncerured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or frust principal, or current funds 31 Total | | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intrangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Econow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustiess, key employees, inghest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated thrid parties 25 Other habilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporanity restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Perma | | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| Prepaid expenses and deferred charges Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties 26 Other liabilities and dines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds | | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| Prepaid expenses and deferred charges Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties 26 Other liabilities and dines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds | ets | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
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| 1,002,410 33 1,017,225 | et A | 32 | · · · · · · · · · · · · · · · · · · · | 1,062,418 | | 1,077,229 |
| | ž | 33 | | | | |
| | | 34 | Total liabilities and net assets/fund balances | | | |

| Form 9 | 990 (2013) LOYAL ORDER OF MOOSE LODGE NO 167 | 35-04 | 80380 | Pag | ge 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 | | 404 | 4,815 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 390 | 0,005 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 14 | 4,810 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,062 | 2,418 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | | 1,077 | 7,228 |
| Part | | | | | |
| | 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 X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O | | | | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | ĺ |
| | Separate basis Doth consolidated and separate basis | | | | l |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | • | | | |
| | separate basis, consolidated basis, or both | | 1 | | |
| | 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | |
| | | | 2c | \dashv | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| Ja | the Single Audit Act and OMB Circular A-133? | | 20 | l | V |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3a | | <u> X</u> |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | - 1940 - 20 Carrot Control of Control of Carrot Georgia any Steps taken to undergo Such adults | | Form | 200 | |
| | | | LOUD 4 | <i>,</i> 30 (| 2013) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury

| | of the organization | E B (1 Offit 550) and its instructions is at we | Employer identification number |
|------|--|---|---|
| | AL ORDER OF MOOSE LODGE NO 167 | | 35-0480380 |
| Par | | or Advised Funds or Other Similar | |
| | | vered "Yes" to Form 990, Part IV, line | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and do | nor advisors in writing that the assets held | In donor advised |
| | funds are the organization's property, subject | to the organization's exclusive legal control | ol? Yes No |
| 6 | Did the organization inform all grantees, done | ors, and donor advisors in writing that gran | nt 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 ben | efit? | Yes No |
| Par | t II Conservation Easements. | | |
| | Complete if the organization answ | ered "Yes" to Form 990, Part IV, line | 7 |
| 1 | Purpose(s) of conservation easements held be | by the organization (check all that apply) | |
| | Preservation of land for public use (e.g., recre | eation or education) Preservation | on of an historically important land area |
| | Protection of natural habitat | Preservation | on of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organizat | on held a qualified conservation contribut | on in the form of a conservation |
| - | easement on the last day of the tax year | ion neid a qualified conservation contributi | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation ease | ements | 2b |
| c | Number of conservation easements on a cert | | 2c |
| d | Number of conservation easements included | | |
| | historic structure listed in the National Registe | | 2d |
| 3 | Number of conservation easements modified | | rminated by the organization |
| | during the tax year | _ | _ |
| 4 | Number of states where property subject to c | onservation easement is located | |
| 5 | Does the organization have a written policy re | egarding the periodic monitoring, inspectio | n, handling of |
| | violations, and enforcement of the conservation | on easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitori | ng, inspecting, and enforcing conservatior | n easements during the year |
| | • | | |
| 7 | Amount of expenses incurred in monitoring, in | nspecting, and enforcing conservation eas | ements during the year |
| | \$ | | |
| 8 | Does each conservation easement reported of | on line 2(d) above satisfy the requirements | |
| 0 | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization rep | | • |
| | balance sheet, and include, if applicable, the | | ianciai statements that describes |
| Par | the organization's accounting for conservation | ections of Art, Historical Treasures | or Other Similar Assets |
| ı aı | | ered "Yes" to Form 990, Part IV, line | |
| | | | |
| 1a | If the organization elected, as permitted unde | | |
| | works of art, historical treasures, or other sim | · | · · · · · · · · · · · · · · · · · · · |
| | of public service, provide, in Part XIII, the text | | |
| b | If the organization elected, as permitted unde | | |
| | works of art, historical treasures, or other sim | | ation, or research in turtherance |
| | of public service, provide the following amour | • | ► ¢ |
| | (i) Revenues included in Form 990, Part VIII, | ine i | |
| _ | (ii) Assets included in Form 990, Part X | | > 5 |
| 2 | If the organization received or held works of a | | |
| .= | following amounts required to be reported und | | items. |
| a | Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part Y | 8 I | > 3 |
| 1.4 | | | |

Schedule D (Form 990) 2013 LOYAL ORDER OF MOOSE LODGE NO 167

35-0480380

| Part VII | Investments—Other Securiti | | 0 D- + IV I' 441- O 5 | 000 5 1 7 1 40 |
|---|--|---|---|---|
| | Complete if the organization as | nswered "Yes" to Form 99 | U, Part IV, line 11b. See Forr | n 990, Part X, line 12. |
| | Description of security or category (including name of security) | (b) Book value | (c) Method of v Cost or end-of-year | |
| (1) Financial | derivatives | | | · · · · · · · · · · · · · · · · · · · |
| • | eld equity interests . | _ · · · · · · · · · · · · · · · · · · · | | |
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| (D) | | | | |
| (E) | | | *************************************** | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | nust equal Form 990, Part X, col (B) line 12) | | | |
| | | | | |
| Part VIII | Investments—Program Relat | | 0 Dest N/ Fee 44 - Con Franc | - 000 D-d V E - 40 |
| | Complete if the organization ar | iswered Yes to Form 99 | · · | |
| | (a) Description of investment | (b) Book value | (c) Method of va Cost or end-of-year | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | · · · · · · · · · · · · · · · · · · · |
| (8) | | | | |
| (9) | | | | |
| Total (Column (b) i | nust equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization ar | swered "Yes" to Form 990 | 0, Part IV, line 11d. See Forn | n 990, Part X, line 15 |
| | | a) Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, co | l (B) line 15.) | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization ar | iswered "Yes" to Form 990 | 0, Part IV, line 11e or 11f Se | e Form 990, Part X, |
| | line 25 | | W-1 | |
| <u>1. </u> | (a) Description of liability | (b) Book value | | |
| (1) Federal : | | 3,622 | | |
| (2) INTERC | OMPANY TRANSFER | 5,000 | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ist equal Form 990, Part X, col (B) line 25) | 8,622 | | |
| Liability for u | ncertain tax positions. In Part XIII, provid | e 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) Check here if the text of the footnote has been provided in Part XIII.

| Par | XI Reconciliation of Revenue per Audited Financial Stateme | nto M | ith Payanua na | - Dot | |
|--------------------|--|------------|---------------------------------------|------------------|-------------------|
| Par | Complete if the organization answered "Yes" to Form 990, Pa | | | r Ketu | 111 |
| | | iit iv, ii | 116 124 | T 4 | |
| 1 | Total revenue, gains, and other support per audited financial statements . | • | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | ۔ ا | 1 | | |
| a | Net unrealized gains on investments | 2a | <u> </u> | | |
| р | Donated services and use of facilities | 2b | | - | |
| C | Recoveries of prior year grants | 2c | | 4 | |
| d | Other (Describe in Part XIII) | 2d | | ┨╻ | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | i | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1. | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 4 | |
| b | Other (Describe in Part XIII) | 4b | | 4 | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | • | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | ents V | ا Vith Expenses | per Re | turn |
| | Complete if the organization answered "Yes" to Form 990, Pa | rt IV, li | ne 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | • | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | 7 1 | |
| С | Other losses | 2c | | 7 | |
| d | Other (Describe in Part XIII) | 2d | · · · · · · · · · · · · · · · · · · · | 1 | |
| e | Add lines 2a through 2d | | | | |
| 3 | Subtract line 2e from line 1 | • | • | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 | ļ | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | - | |
| | | 40 | | ┨╻. ┃ | |
| • | Add lines As and Ah | | | | |
| С 5 | Add lines 4a and 4b. Total expenses Add lines 3 and 4c. (This must equal Form 900, Part I, line 18.) | • | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | · | 5 | |
| 5 Pari | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information | | | 5 | A Dod V Ivo |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P | | | 5 art V, line | e 4, Part X, line |

| Schedule D (Form | 990) 2013 | LOYAL ORDER OF MOOSE LODGE NO 167 | 35-0480380 | Page 5 |
|------------------|-----------|-----------------------------------|------------|--------|
| Part XIII | Supple | emental Information (continued) | | |
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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

Department of the Treasury Internal Revenue Service Name of the organization 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. Employer identification number

Open to Public Inspection

| LOYA | L ORDER OF MOOSE LODGE NO 1 | 67 | | | | 35-04 | 80380 | | |
|-----------|---|---------------------|-------------|-----------------------------------|---|---|---|--|--|
| | Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 | | | | | | | | |
| r au | Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. | | | | | | | | |
| 1 | | ised funds throu | | | ig activities. Check of non-government o | | | | |
| а | Mail solicitations | | = | | | | | | |
| b | Internet and email solicitations f Solicitation of government grants G X Special fundraising events | | | | | | | | |
| С | Phone solicitations g X Special fundraising events | | | | | | | | |
| d | In-person solicitations | _ | | | | | | | |
| 2a | Did the organization have a written of key employees listed in Form 990, F | Part VII) or entity | in connec | tion with pr | ofessional fundrais | ing services? | Yes X No | | |
| b | If "Yes," list the ten highest paid indit to be compensated at least \$5,000 to | | • | sers) pursua | ant to agreements ા | under which the fun | draiser is | | |
| | (i) Name and address of individual or entity (fundraiser) | (iı) Actıvıty | custody o | draiser have r control of utions? | (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 | | |
| 1 | | | Yes | No | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | - | | | - | | |
| 10 | | | | | | | | | |
| Total | | | | . ▶ | | | | | |
| 3 | List all states in which the organizate registration or licensing | on is registered | or license | d to solicit o | contributions or has | been notified it is e | exempt from | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| INDIA | NA | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
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| | | more than \$15,000 of a events with gross rece | - | - | ome on Form 990-EZ | , lines 1 and 6b. List | | | | | | |
|-----------------|--|--|---|--|-----------------------------------|--|--|--|--|--|--|--|
| | | events with gloss rece | (a) Event #1 INDIANA DAY (event type) | (b) Event #2 ON COMMITTEE INC (event type) | (c) Other events 5 (total number) | (d) Total events (add col (a) through col (c)) | | | | | | |
| Revenue | 1 | Gross receipts | 21,455 | | | | | | | | | |
| מ' | 2 | Less Contributions Gross income (line 1 minus line 2) | me (line 1 | | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | | | |
| | 5 | Noncash prizes | | | | | | | | | | |
| sesuec | 6 | Rent/facility costs | | | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | | | | | | |
| اَمَّ | 8 | Entertainment . Other direct expenses | 7,763 | 3,549 | 6,066 | 47 270 | | | | | | |
| | 9 10 | 17,378 (17,378) | | | | | | | | | | |
| | 11 Net income summary Subtract line 10 from line 3, column (d) | | | | | | | | | | | |
| Pa | rt l | | | ered "Yes" to Form 990 | , Part IV, line 19, or re | ported more | | | | | | |
| | | than \$15,000 on Form | 990-EZ, line 6a | | | | | | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | | | | | | |
| Re | 1 | Gross revenue . | 2,165,839 | 150,036 | | 2,315,875 | | | | | | |
| nses | 2 | Cash prizes . | 1,936,919 | | | 1,936,919 | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | | | | |
| | 5 | Other direct expenses | X Yes 100 00% | 10,064 X Yes 100 00% | Yes % | 10,064 | | | | | | |
| | 6 | Volunteer labor . | X Yes 100 00% No | X Yes 100 00% No | No No | | | | | | | |
| | 7 | Direct expense summary Add | i lines 2 through 5 ın colur | mn (d) . | • | (1,946,983) | | | | | | |
| | 8 | Net gaming income summary | Subtract line 7 from line | 1, column (d) . | | 368,892 | | | | | | |
| | a I | | erate gaming activities in | each of these states? | | X Yes No | | | | | | |
| 10 | | Nere any of the organization's ga f "Yes," explain. | amıng lıcenses revoked, s | uspended or terminated d | uring the tax year? | Yes X No | | | | | | |

| Sched | LIE G (FORM, 990 OF 990-EZ) 2013 LOYAL ORDER OF MOOSE LODGE NO 167 | 35-0 | 0480380 | Page 3 |
|---------|--|------------|-----------|----------|
| 11 | Does the organization operate gaming activities with nonmembers? | | X 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 [| X No |
| 13 | Indicate the percentage of gaming activity operated in | | | |
| a | The organization's facility | 13a 13b | | 100 00% |
| b 14 | An outside facility | 130 | | <u>%</u> |
| | and records | | | |
| | Name ► MALLORY A KIMBLER | | | |
| | Address ► PO BOX 19 BOSTON, IN 47324 | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Γ | Yes | X No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | _ | | _ |
| С | If "Yes," enter name and address of the third party | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information | | | |
| | Name ► WILLIAM MILLS | | | |
| | 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 retain the state gaming license? | F | √ v [| ¬ ма |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations | Ľ | X Yes [| No |
| | or spent in the organization's own exempt activities during the tax year > \$ | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to padditional information (see instructions). | | | nd |
| | againman miormation (age instructions). | | | |
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LOYAL 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.

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Open to Public Inspection
Employer identification number

35-0480380

| Parti | General Information on Grants and Assistan | on Grants a | and Assistance | | | | | |
|------------------------|--|--------------------|-------------------------------|--|---------------------------------------|--|--|------------------------------------|
| 1 Does th | Does the organization maintain records to substantiate the ai | in records to suk | ostantiate the amou | int of the grants or assis | stance, the grantees' e | mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | ir assistance, and | [|
| | the selection criteria used to award the grants or assistance? | award the grants | or assistance? | | | | | Yes No |
| Z Describ | e in Part IV the organ | zation's procedu | res for monitoring (| Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | n the United States | | | |
| Part II G | Srants and Other / | Assistance to | Governments a | nd Organizations in | n the United States | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 | yanızatıon answered | d "Yes" to Form 990. |
| + | art IV, line 21, for a | any recipient th | nat received more | than \$5,000. Part II | can be duplicated | Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed. | needed. | |
| 1 (a) Name and or g | 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) RICHMOND FIRE DEPT | FIRE DEPT | 777777 | | u | | | | DONATION |
| (2) | 1/0/1 | 1 | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
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| (11) | | | | | | | | |
| (12) | | | | | | | | |
| 2 Enter to | stal number of section | 501(c)(3) and g | overnment organiza | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | I table . | | • | |
| | Enter total number of other organizations listed in the line 1 table | rganizations liste | ed in the line 1 table | | | | • | 1 |

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

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

| (f) Description of non-cash assistance | | | | | | | | tional information. | | | | | | | |
|---|---|---|---|---|---|---|---|--|---|---|--|---|--|---|---|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | , | | | nation required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | 4 |
| (d) Amount of non-cash assistance | | | | | | | | e 2, Part III, column | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (c) Amount of cash grant | | | | | | | | equired in Part I, lin | | | | 1 | | | |
| (b) Number of recipients | | | | | | | | e the information r | | | | | | | |
| (a) Type of grant or assistance | | | | | | | | Supplemental Information. Provide the Inform | | | | | | | |
| | + | 2 | 3 | 4 | 2 | 9 | 7 | Part IV | 1 | 1 | | | | | |

Schedule I (Form 990) (2013)

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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

| 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 ACCE | ESS TO THE |
| GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS UPON REQUEST | |
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| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|--|
| Name of the organization | Employer identification number |
| LOYAL ORDER OF MOOSE LODGE NO 167 | 35-0480380 |
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Part X (Sch D (990)) - Other Liabilities

| | Total: | 8,622 |
|---|---------------------------------|------------|
| | Description | Book Value |
| 1 | Payroll and Sales Tax Liability | 3,622 |
| 2 | INTERCOMPANY TRANSFER | 5,000 |

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

| | | | Cash | Noncash |
|---|--|---|----------|---------------------------------------|
| 1 | Federated Campaigns | 1 | | |
| 2 | Membership dues | 2 | | |
| 3 | Fundraising events | 3 | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| 4 | Related organizations | 4 | | |
| 5 | Government grants (contributions) | 5 | | |
|) | All other contributions, gifts, grants, and similar amounts not included above MISCELLANEOUS | | 16 | |
| | | | | |
| | | | | |
| | Other contributions total | 6 | 16 | |
| _ | Total . | ~ | 16 | |

Part VIII, Line 10 (990) - Gross Sales of Inventory

| Total: | 96,033 | 76,344 | 19,689 |
|---------------------------|-------------|------------|--------|
| | | Cost of | |
| Category | Gross Sales | Goods Sold | Net |
| 1 FOOD AND BEVERAGE SALES | 96,033 | 76,344 | 19,689 |

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

| 785,919 · 795,611 | | Ending | Balance | 160 894 | | 45 932 | ; |
|-------------------|-------------------|-------------|-------------------------|-----------|------------|--------|-------------------------|
| | | Beginning | Balance | 160 894 | 363,810 | 45 932 | 215,283 |
| 9,692 | | Disposals/ | Adjustments | | ı | | 9,692 |
| | Ending | Accumulated | Depreciation | | | - | |
| | Beginning | Accumulated | Depreciation | 1 | | | |
| 785,919 | | Cost/Other | Basis | 160.894 | 363,810 | 45.932 | 215,283 |
| Total: | Check If | Asset | Asset Disposed | | | - | ; |
| | Check if Check if | Investment | Asset | | | | : |
| | | | Other | | | × | ; |
| | | | Equipment | | | ! | ×, |
| | Leasehold | Improve- | ments | | | 1 | ; |
| | | | Land Buildings ments Eq | × | ,× | | |
| | | | Land | | į | | |
| | | | Category or Item | ROVEMENTS | 2 BUILDING | ΥT | 4 FURNITURE & EQUIPMENT |