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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

Inter	nal Reven	ue Service	► Information about Form 990 and its instructions is at www.ir			Inspection
Α	For the	2014 cale	ndar year, or tax year beginning MAY / , 2014, and endi	ng APR	12 30	7,20/5
		applicable	C Name of organization LOYAL ORDER OF MODSE			er identification number
$\bar{\Box}$	Address		Doing business as TEXARKANA LODGE 2282		23	-7176492
ī	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E_Telepho	ne number
Ħ	Initial ret	-	415 S. ROBISON RD.		903	832-6265
H			City or town, state or province, country, and ZIP or foreign postal code		-	
H		rn/terminated	TEXARKANA, TX 75501		<b>6</b> 0	anninta (t
片	Amende				<b>G</b> Gross re	
Ш	Applicati	ion pending	F Name and address of principal officer GARY WILCOX	H(a) Is this a g		subordinates? Yes No
			3403 LAVACA TEXARKANA, TX 155			s included? Yes No
<u></u>	Tax-exe	mpt status	□ 501(c)(3) 🛮 501(c) ( 8 ) ◄ (insert no ) □ 4947(a)(1) or □ 527		lo," attach a	a list (see instructions)
<u>J</u>	Website	: ▶		H(c) Group		
<u>K</u>	Form of	organization	Corporation Trust Association Other ► NON-PAGE L Year of formal	ation /975	M State	of legal domicile 72XAS
P	art I	Summ				
	1	Briefly de	escribe the organization's mission or most significant activities:	NIZATIO	N UN	TANG MEMBERS
9			NDS OF FRATERNALISM + CHARITY THRU S			
ğ			DRAISERS FOR AVERAGE OF 152 M			
E	2		is box ▶ ☐ if the organization discontinued its operations or disposed			its net assets.
ò	3		of voting members of the governing body (Part VI, line 1a)			152
ಹ	4		of independent voting members of the governing body (Part VI, line 1b			152
ŝ	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)	,	5	16
Activities & Governance	6		nber of volunteers (estimate if necessary)		6	
Ş	I -				<u> </u>	16
•	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
_	b	Net unre	ated business taxable income from Form 990-T, line 34	Prior Y	7b	
	١.					Current Year
e	8		tions and grants (Part VIII, line 1h)	23,31	6.38	21,340.60
Ē	9	_	service revenue (Part VIII, line 2g)			
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		2.45	5.46
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,52	3,29	134.647.95
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163.84	2./2	155.994.01
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	<i>20.38</i>	8.24	20,457.56
	14	Benefits	paid to or for members (Part IX, column (A), line 4 5			
Ś	15	Salaries,	other compensation, employee penefits (Part IX, column (A), lines 5-10)	70,01	2.16	62,229.32
JSe	16a	Profession	onal fundraising fees (Part IX, ເຄີບm ຣ 🗚 , ເມືອ 11ຄົມ 15 . 🤘			
Expenses	Ь		draising expenses (Part IX, column (D), line 25)			
ũ	17		penses (Part IX, column (A), lines Ta-11d-11f-24e)	75.98.	3.67	70,331.45
	18		penses. Add lines 13-17 (must equal Part X column (A), line 25)	166.38		153.018.33
	19		less expenses. Subtract line 18 from line 12	, ,	1.95)	2975.68
5 6	+	110101140	TOO ONDOINGOL CODUCACIONO TO HONTIMO TE	Beginning of Cu		
tso	20	Total acc	sets (Part X, line 16)		7.40	
Net Assets	20		,			249,068,67
	21 22		bilities (Part X, line 26)		7.33	1,700.00
			ts or fund balances. Subtract line 21 from line 20	248,07	0.07	247,368.67
	art II		ture Block			
			iry, I <b>d</b> eclare that I have examined this return, including accompanying schedules and stat lete. <b>Decl</b> aration of preparer (oth <b>en</b> than officer) i <b>⊴ bas∉d</b> on all information of which prepar			my knowledge and belief, it is
	e, correc	T .		er nas any know	a /	
			Jarry W. Willey	<u></u>	/_	14/12
Sig	_	Sign	abure of officer		ate Z	•
He	ere		GAICY A. WILLUX, ADMINIST	MOIC		
_		Туре	e or print name and title			
P	nid	1 🗻 -		Date /	Check	PTIN
		DA	NA MASSEY	1/14/15	self-em	
	epare		201/1 100	F	n's ElN_≯	
US	se On	. y	address \$50057, MICHAELDR#78TEXARKANATI	1/ 10/1/ -	one <b>1</b> 0 90	2 290-4790
Ma	v the II		s this return with the preparer shown above? (see instructions)	רטיביין Pho	ALIE NO ZE	Yes No
_				N= 11000V		Form <b>990</b> (2014)
FOI	rapen	work medu	cuon Act notice, see the separate instructions. Cat	No 11282Y		FUIII <b>33U</b> (2014)

Other program services (Describe in Schedule O.)

(Expenses \$

including grants of \$

en u	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	No V
2	complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
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		X
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open-space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		Ŷ
b		14a		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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
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		χ
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?  If "Yes," complete Schedule G, Part III		X	<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	
		Forn	1 <b>990</b>	(2014)

Part I	V 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 domestic 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 or for domestic individuals 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			X
	employees? If "Yes," complete Schedule J	23		
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		Χ
	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	24b		X
	to defease any tax-exempt bonds?	24c		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), 501(c)(4), and 501(c)(29) 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		
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 "Yes," complete Schedule L, Part II	26	X	-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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 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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	·	X
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		X
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		X
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
		For	n <b>99</b> 0	(2014)

Form **990** (2014)

Part				_
•	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   /	Γ	res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┥		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	1	ļ
·	reportable gaming (gambling) winnings to prize winners?	1c	×	·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	1	<del> </del>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a /6		[	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		<del> </del>
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	<del> </del>	<del>  ^`</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<del>                                     </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١
	account)?	4a	1	X
b	If "Yes," enter the name of the foreign country: ▶		<b>†</b>	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\ \ \ \ \
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Ļ	
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		ļ	l.,_,
_	and services provided to the payor?	7a	<b>↓</b>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del>                                     </del>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		X
_		7c	<del> </del>	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b>	<del> </del>	
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? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	<del> </del>	X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		11	14
•	sponsoring organization have excess business holdings at any time during the year?	8	A	10
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	100	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N)	17
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	NI	12
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		
11	Section 501(c)(12) organizations. Enter:	7		
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.)			<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
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.		<u> </u>	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ļ
	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	4		
44-	Enter the amount of reserves on hand	+	<del> </del>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	$oldsymbol{x}$
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	i .	ı

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year   1a /52		Yes	No
1a		ļ	1	
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent .   1b / J / Line   1b / J / Line   1b / Li	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?	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? .	3	L	×
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		X
6	Did the organization have members or stockholders?	6	X	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Г		V
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ŀ		
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		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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			
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	20.00	=====	: 2 . \$
	organization's exempt status with respect to such arrangements?	16b	L	L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► 7EXA5			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re			2 3

D,	•	•	•
~	au.	ш	
г.	au.	10	

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

Alternative Administration of the Community of the Commun									_
Check it Schedule O contains a res	ponse or note to any line in this Part VII		•			•			L

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 employees."
- 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 relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted tine)	x, ce Individua	unles	s pe	ition more	n of the highest compensated is only employee	an ee) Forme	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GARY WILLOX ADMINISTRATOR	30	X						14,300.00	0	0
DANA MASSEX BOOKKEEPER	20				×			7,800.00	0	٥
(3) VIRGINIA SMITH JANITORIAL	15				X	·		7,800,00	0	0
(4) LESLIE DILLINGER BARTEN DER	35				X			5,353.21	0	0
(5) SHERYL SMITH BARTENDER	35				X			1,511.88	Ð	0
(6) PATTI KING- BARTENDER	5				X			36,25	0	0
(T) TERRY GEORGE BARTENDER	35				χ			1,694.50	0	0
(8) BRENDA PARSON BARTENDER	35				χ			3,041.46	0	0
(9) PAMELA EARNEST BARTENDER	20				χ			3,227.01	0	0
(10) JESS NICOLA SOC. OTRS, MANAGER	30				X			4,575.00	0	0
(11) TERESA NICOLA BARTENDER	-5				X			271.00	0	0
(12) KRISTIE BETHANY BARTENDER	20				X			3,011.40	0	0
(13) JOHNNA CALAWAY BARTENDER	35				X			2,237.26	0	0
(14) CLYDE CANNON SOC DTR. MANAGER	30				X			1,304.63	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005	s, ar	nd H	lighes	st C	ompensated E	mployees (cont	inuec	<del>d</del> )					
					•	C)					1						
	(A)	(B)	(do n	ot ch		ition more	than o	วกอ	(D)	(E)	1		(F)				
	Name and title	Average	Ďοx, ι	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	<u>"</u>		mated ount of				
		hours per week (list any				T -	or/trust	÷	from	related	"		ther				
		hours for	d d	nst	Officer	Key employee	결호	Former	the	organizations (W-2/1099-MISC)			ensatio m the	'n			
		related organizations	<u>a</u> <u>g</u>	톭	Ř	ണ		er	organization (W-2/1099-MISC)	(44-2/1088-14850)			n me nization	1			
		below dotted	d a	<u>a</u>		ğ	® 8	ŀ	ľ				related				
		line)	Individual trustee or director	Institutional trustee	ŀ	8	<u>B</u>					organ	ization	8			
			"	8			Highest compensated employee	l									
(15)	KOLLEEN PRIMM	10		H	$\vdash$	.,	<del>                                     </del>			<del></del>							
1191.2	BARTENDER	ļ <u>7</u>	1			X			425.06	0		0					
(16)	BARTENDER MARCIE PRIMM	35				1			5,640.66	0	1	0					
X	BARTENDER		1		ļ	X	1		2,640.66	0							
(17)	BARTENDER RONNIE LAIR				V				D	A	T	~					
	GOVERNOR				X			L.		0		0					
(18) c	GOVERNOR TERRY LATHAM				X				0	0	1	0					
	TREASURER				1		L		0		$\bot$						
(19)	************************		1														
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(22)			╁	╁	╁	╫╌		╁┈	<del>  </del>		+						
322/		<b>+</b>	1														
(23)					┢	<del>                                     </del>		$\vdash$			1						
)==/			1														
(24)								Π									
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(25)			1	1													
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ļ	4.7.7.7.7								
1b	Sub-total	 					•		62,22232		+						
C	Total from continuation sheets to Part								62,229.32		+						
d	Total (add lines 1b and 1c)							2) 10			<u> </u>						
2	reportable compensation from the organ			0 0	1115	leu	abovi	6) W	TIO TECEIVED III	ore man proo,	,00 0	<b>7</b> 1					
	TOPOTRADIO COMPONICATION TO CONTRACT			_									Yes	No			
3	Did the organization list any former of	ficer, direc	ctor, c	or tr	rust	ee,	key (	emp	oloyee, or high	est compensa	ted						
	employee on line 1a? If "Yes," complete											3		X			
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatic	on a	and other comp	ensation from	the						
	organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s,"	complete Sch	edule J for si	ıch	Ì		١			
	individual			•	•	• •		•				4		X			
5	Did any person listed on line 1a receive of											İ _					
	for services rendered to the organization	7 IT "YOS," (	comp	ere	Sci	100	uie J	for s	such person	<u> </u>	<u>.                                    </u>	5	L	X			
	on B. Independent Contractors		La el 1-a						and thest receive	ad more than C	100 (	200 -4					
1	Complete this table for your five highest compensation from the organization. Rep													24			
	year.	Joil Compe	nisali	J11 10	Oi ti	116 0	,a1011C	ıaı j	year ending wit	ii Oi Within the	orga	1112411	JII	27			
	(A)	<del> </del>						Т	(B)		<del></del>	(C)					
	Name and business add	tress						1	Description of s	ervices	Co	ompens	ation				
			A	Z	A												
								$oxedsymbol{oxedsymbol{oxed}}$									
								↓									
	T-1-1			.4 -		1: '	land a		ann lists - st	21(2) 11(2)							
2	Total number of independent contractor received more than \$100,000 of compen							U Tr	nose listed ad O	uvej wilo							

Form **990** (2014)

Form 9	90 (2014	4)						Page 9
Part	VIII	Statement of Reve	enue				<del></del> .	
		Check if Schedule O	contains a res	ponse or note to	o any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a				, ·	
Grants	b	Membership dues .	<del>)</del>	5,666.00				
Gifts, ( ilar An	С	Fundraising events .			~	-		<i>'</i>
ons, Gifts, Grants Similar Amounts	ď	Related organizations	<del></del>	<del> </del>				
Sir.	e f	Government grants (con All other contributions, gi						
ž ž	'	and similar amounts not inc		15.674.60				
Contributions, and Other Sim	g	Noncash contributions include		, , , , , , ,				
a So	h	Total. Add lines 1a-1	•	•	21,340.60			
			·	Business Code	,			
Program Service Revenue	2a							
e R	b			-				
<u>Ş</u>	C						<del></del>	
တ္တ	d							
ga	f	All other program sen						
8	g	Total. Add lines 2a-2	f	▶		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
	3	Investment income	(including divid	ends, interest,	٠ م			
		and other similar amo	•	•	5.46			
	4	Income from investmen	t of tax-exempt b	ond proceeds ▶		· <del>-</del> -	<del> </del>	ļ
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	(i) Floai	(ii) i cisoriai				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or	(loss)	>				
	7a	Gross amount from sales of	(i) Securities	(II) Other				,
		assets other than inventory		<u> </u>				
	b	Less: cost or other basis and sales expenses .						
	c	Gain or (loss)		<del> </del>				
	d	Net gain or (loss) .						
	"	, , , , , , , , , , , , , , , , , , ,						
Other Revenue	8a	Gross income from fu	ındraısing					
ě		events (not including \$						
æ		of contributions reporte						
Ę		See Part IV, line 18 .		` <del> </del>				
δ		Less: direct expenses Net income or (loss) f						
		Gross income from ga		CVEIRS .			<del></del>	
		See Part IV, line 19 .		84,641.75				
	Ь	Less: direct expenses	s <b>b</b>	5,997.72				
		Net income or (loss) f		ivities <b>&gt;</b>	78,644.03			
	10a	Gross sales of in returns and allowance		Ine are u-				
	_			105,318.43				
	b	Less: cost of goods s Net income or (loss) f	rom sales of inv	49, 3/4.5/	56,003,92			
	۳	Miscellaneous F		Business Code	20,00372			<u> </u>
	11a							
	b		********					
	С							
	d	All other revenue .						
	128	Total Add lines 11a-			IFK OON OL			<del> </del>

8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic povernments. See Part IV, line 21.  Grants and other assistance to domestic individuals. See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 21.  Benefits part to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Tother salaries and wages  Penson plan accrusts and contributions (include section 401k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes.  Payroll taxes.  Advertising and persons deceded services (include section 401k) and 403(b) employer contributions	orm 990	0 (2014)				Page 10
Check if Schedule O contains a response or note to any line in this Part IX.  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grats and other assistance to domestic individuals. See Part IV, line 21.  2 Grarts and other assistance to domestic individuals. See Part IV, line 22.  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21.  4 Benefits part to or for members  5 Compensation of current officers, directors, trustees, and key employees.  6 Compensation of current officers, directors, trustees, and key employees.  7 Cher salaries and wages.  8 Pension plan accrusts and contributions (include section 498(c)(3)(8).  7 Other salaries and wages.  8 Pension plan accrusts and contributions (include section 498(c)(3)(8).  9 Other employee benefits.  10 Payroll taxes.  10 Payroll taxes.  10 Payroll taxes.  10 Payroll taxes.  10 Portessional fundiasing services. See Part IV, line 17 Investment management fees.  10 Ditte, If line 11g amount exceeds 10% of line 25, column (A) amount, list line 19 expresses on Schedule 0.)  11 Travel Information technology.  12 Advertising and promotion.  23 Travel Incornacy.  24 Payments to affiliates.  25 29.9.9.9.9.9.9.9.9.9.9.9.9.9.9.9.9.9.9.						
Do not include amounts reported on lines 60, 7b, 80, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic individuals. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 c. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and other assistance to individuals assigned in the control of the control	Section				<del></del>	
88, 89, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, Iline 21.  2 Grants and other assistance to domestic individuals. See Part IV, Iline 22.  3 Grants and other assistance to domestic individuals. See Part IV, Iline 23.  4 Benefits paul to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Other salaries and wages  8 Pension plan accrusia and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  12 Advertising and promotion  2 Advertising and promotion  (All amount, list line 19 expenses in Schedule O.)  3 Advertising and promotion  10 Office expenses  11 Fees the stantistic of the stantist	<u> </u>					
and domestic governments. See Part IV, line 21.  Grants and other assistance to domestic individuals. See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  Benefits part to or for members  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, directors, and key employees.  Compensation of current officers, directors, direc	3b, 9b,	, and 10b of Part VIII.	Total expenses	Program service	Management and	( <b>D)</b> Fundraising expenses
individuals, See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paul to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4856(9)(1)) and persons described in section 4856(9)(1) and persons described in Section 495(9)(1)(1) and persons (as defined under section 4856(9)(1) and persons (as defined under section 4856(9) and persons (as defined under section 4856(9)(1) and persons		and domestic governments. See Part IV, line 21	19,957.56			
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members 5 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salianes and wages 8 Pension plan accrusts and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 1 Agagement 1 Legal 2 Accounting 1 Lobbying 9 Professional fundraising services. See Part IV, line 17 1 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expresses on Schedule O). 12 Advertising and promotion 10 Office expenses 11 Fees for services (non-employees): 12 Advertising and promotion 13 372.00 10 Office expenses on Schedule O). 12 Advertising and promotion 13 Afficial Services (non-employees): 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings insurance 20 Depreciation, depletion, and amortization linsurance 21 Depreciation, depletion, and amortization linsurance 22 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 12 expenses on Schedule O.) 2 BECHAS: \$16,455,\$28,\$45,\$45,\$45,\$45,\$45,\$45,\$45,\$45,\$45,\$45	2		500.00		ಆ ಮಿನ ಕರ್ನಾಗಿ ಗವನ್ನು	T & * ~ % & **
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958()(11) and persons described in se	3	organizations, foreign governments, and foreign				
persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(3)(B)  7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Lobbying 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 16 Investment management fees 17 Office (If line 11) amount exceeds 10% of line 25, column (A) amount, list line 119 expresses on Schedule O.) 18 Advertising and promotion 19 Office expenses 10 Occupancy 11 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 10 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization linsurance 13 Insurance 14 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 12e expenses on Schedule O.) 18 AKCHES. PLASE SET SECURITY (A) And there expenses on Schedule O.) 19 AKCHES. PLASE SET SECURITY (A) And there expenses on Schedule O.) 20 ABACHES. PLASE SET SECURITY (A) And there expenses on Schedule O.) 21 All there expenses on Schedule O.) 22 ABACHES. PLASE SET SECURITY (A) AND S		Compensation of current officers, directors,	62,229.32			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 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 (A) amount, list line 11g expenses on Schedule 0.) 2 Advertising and promotion 3 372.00 10 Office expenses 1 Information technology 1 Royalties 1 Occupancy 1 Travel 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Conferences, conventions, and meetings 1 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization Insurance 2 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 0.)  B KCH6S - 616-401; CASH SHORT  I Task II. SERVING SURP. 17.38. If CENTER - 2.3.2.0.0; SREGAL  All other expenses 78.0.2.3.8. EXCELLE  All other expenses 78.0.2.3	6	persons (as defined under section 4958(f)(1)) and				
Payroll taxes Fees for services (non-employees):  a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Q Other, (film 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion J 372.00  7 Manuell Information technology Royalties Coccupancy Travel Royalties Conferences, conventions, and meetings Interest Conferences, conventions, and meetings Insurance Depreciation, depletion, and amortization Insurance Cother 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 BACHISS FIGURES SERVING SUPP 1778.// COTHER OF TAXELES SERVING SUPP 1778.// COTHER OF TOTAL SUPP 1778.// COTHER OF		Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
a Management b Legal c Accounting d Lobbyng e Professional fundraising services. See Part IV, line 17 I Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion  2, 372.00 30 Office expenses Coffice expenses Broyattles Cocupancy Travel Royattles Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Insurance Depreciation, depletion, and amortization Insurance Cother expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  BRCHOS 616.40 (2654) SMORT- DIABLI SERVING SUPP STREET  All SERVING SUPP STREET  All Other expenses Royats - 24662.58 Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	10	Payroll taxes	5,245,45			
c Accounting d Lobbyrng Professional fundraising services. See Part IV, line 17 f Investment management fees g 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 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 10 Payments to affiliates 10 Depreciation, depletion, and amortization 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, list line 24e expenses on Schedule O.) 2 BKCH6S-616.40; CASH SHORT-173.81 CEMPENT-22.50.00; SECURAL OPPONT SEAP - 23.22.80 2 All other expenses TAXES - 2466.2.58 2 Joint costs. Complete this line only if the	а	Management				
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 (A) amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion 3372.00 30 Office expenses 2,487.29 11 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 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, list line 24e expenses on Schedule O.) 2 BK CHOS. 616.40; CASH SHORT- 2 ITEMS. 15.28 IN INC. 15.28 INC. 15.30 INC.		_			<u> </u>	
Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  BKCHGS-676-47; CASH SHORT-  ITABLE SERVING SURGE-4778.// CENTERT - 22 50.00; SAGGIAL  ORDATESIA - 3 22 80. All other expenses TAXES - 2466-258 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	-	•		<del> </del>		<del></del>
f Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion  3372.00  13 Office expenses						
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion	_					
Advertising and promotion  3372.00  2487.29  Information technology  5 Royalties  6 Occupancy  17 Travel  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  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.)  23 BKCH65-676-40; CASH SHORT-  24 If line 24e expenses on Schedule O.)  25 Total functional expenses. Add lines 1 through 24e.  26 Joint costs. Complete this line only if the	-	Other. (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses	12	- ·	337200			· · · · · · · · · · · · · · · · · · ·
Information technology  Royalties  Coccupancy  Travel  Rayments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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 0.)  BECHES 616.40; CASH SHORT  DIABLISERVING SUCP 4778.11  CENTERT - 2250.00; SEGUAL  DIABLISERVING SUCP 4778.11  CENTERT - 23280  All other expenses 74x5 - 24662.58  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the		- · · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 18 BKCH65-676.40; CASH SHORT-12.81.52.52.52.52.52.52.52.52.52.52.52.52.52.	14	•	2,70			
16 Occupancy	15					<del> </del>
17 Travel .  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings .  20 Interest	16	•	14429.32			
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  1 Payments to affiliates  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 0.)  2 BKCH65-676.40; CRSH SHORT-  2 DEPRET - 2250.00; SREGIAL  3 DEPRET - 2250.00; SREGIAL  4 PROJ. EXP - 2, 32280  EN All other expenses 7AXES - 24662.58  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the	17		,			
20 Interest	18					
Payments to affiliates	19	Conferences, conventions, and meetings .	5,339.00			
Depreciation, depletion, and amortization Insurance 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.)  BRCH65-676.40; CASH SHORT-  b /72.8/ SERVING SUPP-4778.// c ENTERT-2250.00; SAECIAL d PROTEXP-232280 e All other expenses TAXES-24662.58 Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	20		4.49			
23 Insurance		•				
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 BKCH65-676.40; CASH SHORT- b /72.81; SERVING SUPP-4778.// c ENTERT-2250.00; SRECIAL d PROTEXP-232280 e All other expenses 7AXES-24662.58 Total functional expenses. Add lines 1 through 24e  25 Joint costs. Complete this line only if the		·				<u></u>
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 BK.CH6S-676.40; CASH SHORT- b /72.81; SERVING SUPP-4778.// c ENTERT-2250.00; SECIAL d PROJ.EXP-232280 e All other expenses TAXES-24662.58 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	23		2,472.01			<del></del>
(A) amount, list line 24e expenses on Schedule O.)  a BK.CH6S-676.40; CA5H SHORT- b /12.8/ SERVING SUPP-4778.// c ENTERT-2250.00; SECTIAL d PROJ.EXP-232280 e All other expenses TAXES-24662.58 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	24	above (List miscellaneous expenses in line 24e. If				
b /12.8/; SERVING SUPP - 4.778.// c ENTERT - 22.50.00; SECTIAL d PROJ. EXP - 2.322.80 e All other expenses 74XES - 24662.58 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the		(A) amount, list line 24e expenses on Schedule O.)	5 - 6-5/ <sub>2</sub> - 4	r		5
c ENTERT - 2250.00; SECTION d PROT. EXP - 2,32280 e All other expenses TAXES - 24662.58 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the		BRCHES- 616,40; CASH SHORT-				
d PROJ.EXP - 2,32280 e All other expenses 74x5 - 24662.58 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the		THE SERVING SUPP-4778,11	-			
e All other expenses 74x5-24662.58 34,862.70  25 Total functional expenses. Add lines 1 through 24e /53 0/8.33  26 Joint costs. Complete this line only if the		PROTERD 1 22200	1			
25 Total functional expenses. Add lines 1 through 24e /53 0/8 33  26 Joint costs. Complete this line only if the		All other expenses Tay 55 24662 50	3486270		<del> </del>	
26 Joint costs. Complete this line only if the						
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)		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	,, V			

Part X	Balance Sheet
•	Check if Schedule

	,	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	11,289.16	1	6.032.52
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50.00	4	10.00
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
S	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	
Ą	8	Inventories for sale or use	4,636.15	8	3,721.41
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 290, 315.85			
	b	Less: accumulated depreciation 10b 51,011.11	235,472.09	10c	239,304.74
	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)	251.447.40	16	249 068.67
	17	Accounts payable and accrued expenses	3,377.33	17	1.700.00
	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	-
Liabilities	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			
ial	22	•		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3.377.33	26	1,700,00
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	3,277.22	20	7, 700,00
es		complete lines 27 through 29, and lines 33 and 34.			
ne l	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
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		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .		32	· · · · · · · · · · · · · · · · · · ·
Š	33	Total net assets or fund balances	248,070.07		247.368 67
	34	Total liabilities and net assets/fund balances	251.447.40	34	249.068.67
_					Form <b>990</b> (2014)

_	4	•
Page	-1	-

Part	XI `Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		·	4		
1	Total revenue (must equal Part VIII, column (A), line 12)	155 <u>.</u>	994	1.01		
2	Total expenses (must equal Part IX, column (A), line 25)	153 c	21 <del>8</del> .	<u>33</u>		
3	Revenue less expenses. Subtract line 2 from line 1		15.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2					
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments			_		
9	Other changes in net assets or fund balances (explain in Schedule O)	36	77.0	28		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		- / -			
		247,	368	<u>3.67</u>		
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			}		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			}		
	Schedule O.			لبا		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	×		
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>				
b	Were the organization's financial statements audited by an independent accountant?	2b	_	×		
	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:					
	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?	ı				
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c	-			
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-			
Jä	the Single Audit Act and OMB Circular A-133?	3a	1	X		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		+	-		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь				
	The second district of		rm <b>990</b>	(2014)		
		, ,	550	(4014)		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

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

OMB No 1545-0047

Open to Public Inspection

Name o	the organization  ALORDER OF MODSE-72		Employer identification number 23-7/16492
Par	Organizations Maintaining Donor Add Complete if the organization answered		ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grain after the donor or donor advisor, or f	or any other purpose
Par	Conservation Easements. Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribute	on in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	nts	2b
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	` '	
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or teri	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	nents.	
Par	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	works of art, historical treasures, or other similar	ar assets held for public exhibition, ed	ducation, or research in furtherance o
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar sublic convers provide the following amounts release	ar assets held for public exhibition, ed	
	public service, provide the following amounts rela		<b>.</b>
	(i) Revenue included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	

ı	٥,	ar	ıA	2

		<b>Organizations Maintaining</b>								
3.		the organization's acquisition, tion items (check all that apply):	accession, a	nd other re	cords, che	ck any of the	follow	ring that are a	significal	nt use of its
а	☐ Pu	blic exhibition		c	I 🗌 Loar	or exchange	progr	ams		
b	☐ Sc	holarly research		e	□ Othe	er				
С	☐ Pro	eservation for future generations	3							
4	Provid	e a description of the organization	tion's collecti	ons and ex	plain how	they further th	he org	anızatıon's exe	mpt pur	oose in Part
	XIII.	·			•	•	Ū			
5	Durino	the year, did the organization	solicit or rec	eive donati	ons of art.	historical tre	easures	s, or other sim	ılar	
_		to be sold to raise funds rather								res 🗌 No
Part		<b>Escrow and Custodial Arra</b>				<u> </u>	-			<u> </u>
		Complete if the organization			orm 990, F	Part IV, line	9, or r	eported an a	mount o	n Form
		990, Part X, line 21.								
1a		organization an agent, trustee							not	
		ed on Form 990, Part X?							. 🗆 🕆	Yes 🗌 No
b	If "Yes	s," explain the arrangement in P	art XIII and co	omplete the	following t	able:				
									Amount	
С	Begini	ning balance					1c			
d	_	ons during the year					1d			
е		outions during the year					1e			
f		balance					1f			
2a		e organization include an amou							tv2 🗀 🕽	(es No
		s," explain the arrangement in P							-	
Pari		Endowment Funds.	art XIII. Onco	K HOIC II UIC	CAPIANALIC	on nas been p	JI O VIGE	d iii an Aii	• • •	<del></del>
T all		Complete if the organization	answered '	'Ves" to F	orm 990 I	Part IV line	10			
		Complete ii the organization	(a) Current ye		Prior year	(c) Two years		(d) Three years ba	ick (e) Fo	ur years back
4	Danin	-in of balance	(a) canon y	(2)	The year	(6) 1.110 )0410	Duon	(a) Throo yours be	10,10	- years back
1a	_	ning of year balance	<u> </u>		<del></del>	+				
b		butions				<del>                                     </del>				
С		vestment earnings, gains, and					1			
						ļ				
d		s or scholarships								
θ		expenditures for facilities and		1		-				
	progra	ams								
f	Admir	nistrative expenses								
g	End o	f year balance				1				
2	Provid	le the estimated percentage of t	the current ye	ar end bala	ince (line 1	g, column (a))	) held a	ıs:		
а	Board	designated or quasi-endowme	nt 🕨	%						
b	Perma	anent endowment 🕨	%							
C	Temp	orarily restricted endowment		%						
		ercentages in lines 2a, 2b, and 2		ial 100%.						
3a		ere endowment funds not in th			anization th	at are held a	ınd adr	ministered for	the	
	organ	zation by:								Yes No
	(i) ur	related organizations							. 3a(i	<del></del>
		lated organizations							. 3a(ii	<del></del>
b		s" to 3a(ii), are the related organ							. 3b	<del></del>
4		ibe in Part XIII the intended use								<del>-1 -1</del>
Part		Land, Buildings, and Equip								
		Complete if the organization		"Yes" to F	orm 990 I	Part IV line	11a S	See Form 990	Part X	line 10
		Description of property		st or other bas		or other basis		Accumulated		ook value
		Description of property	1 ' '	vestment)		other)		preciation	(u) b	XX Value
	1000	· · · · · · · · · · · · · · · · · · ·			<del></del>	····			200	0000
1a	Land			<u> </u>			211	200 00		000.00
þ	Buildi	-	· 64	5,000.0	0		71,9	900.00	<u>~3,</u>	100.00
С		hold improvements	·					1111		<del></del> _
d	Equip		25	,3/5.8	5		_9,	///.//	16,	<u> 204.74</u>
ее	Other	<del></del>								
Total.	Add lir	nes 1a through 1e. (Column (d) r	nust equal Fo	rm 990. Pa	rt X. colum	n (R) line 10d	2.)		229	304.74

			<del> </del>	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
1) Financial	derivatives			
2) Closely-h	neld equity interests			
3) Other				
(A)				
(B)				
(C)		·		
(D)			_	
(E)				
(F)				· ·
(G)				
(H)				
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments - Program Related.	000 Bart IV ties	44. 0	OOO Doot V Hora 40
	Complete if the organization answered "Yes" to For  (a) Description of investment	· · · · · · · · · · · · · · · · · · ·		hod of valuation
	(a) Description of investment	(b) Book value		nod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			<u> </u>	
(9)				
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to For	m 990. Part IV. line	11d. See Form	990, Part X, line 15.
<del> </del>		111 000, 1 4.111, 11110		
	(a) Description			(b) Book value
(1)		000, 1 411 10, 1110		(b) Book value
(1)				(b) Book value
				(b) Book value
(2)				(b) Book value
(2)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		▶	
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	(a) Description  imn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		▶	
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	(a) Description  Imm (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For		▶	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.		▶	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the columnatio	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Columnary X	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the columnatio	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the columnatio	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna Anni Anni Anni Anni Anni Anni Anni An	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna of the columna of	(a) Description  Imn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to For line 25.  (a) Description of liability (b) Book value		▶	

Part				Returr	1.
<u> </u>	Complete if the organization answered "Yes" to Form 990,			1 4 1	
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:	١.	ı		
a	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1	i ·		-3- -	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			-	
C	Add lines <b>4a</b> and <b>4b</b>		L	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines			5	· · · · · · · · · · · · · · · · · · ·
Part				<del>1</del>	ırn
T are	Complete if the organization answered "Yes" to Form 990,			J. 110t0	.,,,,
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:			<del></del>	
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	-		1	
C	Other losses	2c	<u> </u>	1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d		<del> </del>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	<del></del>		1	
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)		5	
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; P	art IV, lines 1b and 2b	; Part V	/, line 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
Pl	URCHASED STORAGE BUILDING	-, B	EER COOLE	ER,	AND
~	170	_	1		
2)	SPENSER CAUSING INCREASE	0	F ASSETS		

### **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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury

	of the organization 201AL C	DUL SCHEDULE G (FI	01111 950 OF 950		instructions is at wwi	Employer identific	Inspection
чате с	TEXARK					23-71	76492
Par	Fundraining Activities						
rai	Form 990-EZ mers are n						
1	Indicate whether the organization	n raised funds			•		
a	<ul><li>Mail solicitations</li><li>Internet and email solicitation</li></ul>		e ∟		ion of non-govern on of government		
b	Phone solicitations	15	g [		fundraising events	_	
ď	☐ In-person solicitations		9 _	, ороона	and Bong events	,	
2a	Did the organization have a writt	ten or oral agre	ement with	any individ	dual (including off	icers, directors, trus	tees
	or key employees listed in Form	· · · · · · · · · · · · · · · · · · ·	=		•	_	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) p	ursuant to agreen	nents under which th	e fundraiser is to be
						(v) Amount paid to	T
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	**	•					
2			1				
3						<u></u>	
4							
5			1				
6							<del>                                     </del>
7							
8			-				
9							
10							
Total				▶			
3	List all states in which the orga registration or licensing.	nization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
<b>,</b>				·			
<b></b>	······································			·			
,							
<del>-</del>			<b></b>				
<b>,</b>							·
,				•••••			
<i>,</i>							
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		gross receipts greater that	<del></del>		:- <u>-</u>	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
۱ ۳	2 3	Less: Contributions Gross income (line 1 minus	-	-		
_		line 2)				
	4	Cash prizes				
nses	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in cact line 10 from line 3. c	olumn (d)		
Pa	rt III	Gaming. Complete if the	organization answei	red "Yes" to Form 990	), Part IV, line 19, or	reported more
		than \$15,000 on Form 99	90-EZ, line 6a.	(h) Dull to be (restore)		(D Tatal assure (add
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	<i>5,997.72</i>			84,641.75 5,997.72
ses	2	Cash prizes	5,997.72			5,997.72
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
			Yes 100% %	☐ Yes%	☐ Yes %	
	6	Volunteer labor	No	□ No □	∐ No	A STATE OF THE STA
	6 7	Volunteer labor			<b>▶</b>	5,997.72
	_	'	d lines 2 through 5 in c	olumn (d)		5,997.72 78,644.03
9	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	□ NO   TEXAS	5,997.72 78,644.03
•	7 8 Er a Is	Direct expense summary. Ad  Net gaming income summary  nter the state(s) in which the or the organization licensed to co	d lines 2 through 5 in c y. Subtract line 7 from li ganization conducts ga anduct gaming activities	olumn (d) ine 1, column (d)	**************************************	78,644.03
_	7 8 Er a Is b If	Direct expense summary. Ad  Net gaming income summary  nter the state(s) in which the or the organization licensed to co	d lines 2 through 5 in c y. Subtract line 7 from li ganization conducts ga onduct gaming activities	olumn (d)	**************************************	78,644.03 ⊠ Yes □ No

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

cnedu	ile G (FOIT) 990 OF 990-E2) 2014		Р	age 🔾
11 12	Does the organization conduct gaming activities with nonmembers?	/	Yes ☐ Yes 🌠	
13	Indicate the percentage of gaming activity conducted in:	_		
а	The organization's facility		100	%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	i		
	Name DANA MASSEY		<del></del> -	<b></b>
	Address \$ 4155. ROBISON RD. TEXARKANA, TX 75501			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes 🔀	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ► GARY W12COX	<b></b> -	- <b></b>	. <b></b>
	Gaming manager compensation ▶ \$			
	Description of services provided ► INSURE OPERATIONS DONE CORREC	74)	<i>y</i>	
	☑Director/officer ☐Employee ☐Independent contractor			
17	Mandatory distributions:			
а			Yes □	No
b	spent in the organization's own exempt activities during the tax year ▶ \$/9,957.66			
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	ormati	on (see	<del>)</del>
21	INE 178-MOOSE INTERNATIONA CHARITIES AND TEX	AS.	BA	SEL
	NON-PROFIT CHARITABLE ORGANIZATIONS	·		
	# 19,957.66			
				<del></del> -
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#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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Part I Excess Benerous Complete if the	fit Transaction e organization	s (section 501) answered "Yes	(c)(3), s" on	section 5 Form 990	501(c)(4), a 0, Part IV, li	nd 50 ine 25	1(c)(29) organiza a or 25b, or For	ations rm 990	only) D-EZ,	Part \	V, line	40b.	
1 (a) Name of disqualified	porcon	(b) Relationship between disqualified person and				(a) Department of transporters						(d) Con	rected?
1 (a) Name of disqualified person		organization				(c) Description of transaction					Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)		. h., the even											
2 Enter the amount under section 4958				_		-	*	ring ti	ne ye	ar ► •			
					· · · ·					<b>*</b>			
3 Enter the amount o	itax, ii any, on	iirie 2, above,	reimb	ourseu by	rine organi	zatioi	1		!	Į.			
Complete if th	/or From Inter le organization eported an amo	answered "Yes	s" on				38a or Form 99	90, Pa	rt IV,	line 2	6; or ı	f the	
				,	T.			Ι					
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Original principal amo		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Wi agreei	
			То	From	1			Yes	No	Yes	No	Yes	No
(1) GARY WILCOX	ATMINIST	PANTANES		From	1.700.	00	1.700.00	res	\ <u>\</u>	X	NO	X	NO
(2)	1121110234	1-HY /HXES			7,700.	.00	7,700.00	<del>                                     </del>		_			
(3)	<u> </u>				<del> </del>				<u> </u>				
(4)								<b>†</b>					
(5)													
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(7)													
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(9)				<u> </u>				<u> </u>					
(10)	<u> </u>				<u> </u>			ļ					L
	<del> <u></u></del>				<u> </u>	<u>. ▶</u>	\$ 1,700.00	<u> </u>					
	sistance Bene ne organization				0, Part IV, I	ine 27	7.						
		nship between interested and the organization		(c) Amount of assistance		,	(d) Type of assistance (e			) Purpose of assistance			
(1)				·									
(2)													
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(9) (10)						<del>                                     </del>	<del>-</del>		<del> </del>				
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	zation
					Yes	No
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ιν	Supplemental Information Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
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#### 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 Name of the organization ► 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.

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Employer identification number

LOYAL ORDER OF MOOSE - LODGE 2282 23-7176492
PART VI - LINE 118
COPIES OF FORM 990 GIVEN TO MEMBERS
FOR EXAMINATION IN MEETINGS
PART VI - LINE 19
COPIES ARE AVAILABLE TO ALL MEMBERS
AND ANYONE OF THE GENERAL PUBLIC UPON
REQUEST. NO REQUESTS IN THE PREVIOUS YEAR.
PART XI-LINE 9 CHANGES DUE TO CASH BASIS
ACCOUNTING, DEPRECIATION, PAYROLL DIFFERENCES
IN FISCAL YEAR OF MOOSE INTERNATIONAL AND
TOTALS FOR W-3 CALENDAR YEAR OF 2013, AND
MOOSE INTERNATIONAL PROCEDURES.
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