

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

4/30/2015

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.

5/1/2014 and ending For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization LOYAL ORDER OF MOOSE LODGE NO 167 Check if applicable Doing business as Address change Number and street (or P.O box if mail is not delivered to street address) 35-0480380 Name change E Telephone number 111 SOUTH 8TH STREET 7IP code Initial return City or town 765-962-2997 RICHMOND IN 47374 Final return/terminated Foreign province/state/county Foreign postal code Foreign country name 2.222.472 G Gross receipts \$ Amended return Yes X No 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) 4947(a)(1) or Tax-exempt status Website: ► N/A H(c) Group exemption number ► 0002 X Corporation Trust Other > L Year of formation M State of legal domicile Association 1987 K Form of organization IN 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 RE ACTIVITIES FOR MEMBERS, FAMILIES, AND GUESTS Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2014 (Part 5 8 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII Column (C), line 12 7a 7b Net unrelated business taxable income from Florm 990 [I] Nin 934 2015 **Prior Year Current Year** 16 1.938 Contributions and grants (Part VIII, line 1h) 10,879 9,499 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,262 1,576 10 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 392,658 293,813 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 404,815 306,826 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 31,207 25,526 14 Benefits paid to or for members (Part IX, column (A), line 4) 97,939 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 99,621 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 200,052 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,859 390,005 325,199 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14.810 -18.373 Revenue less expenses Subtract line 18 from line 12 19 Beginning of Current Year End of Year 1,085,851 1,061,746 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 8,622 2,890 1,077,229 Net assets or fund balances Subtract line 21 from line 20 1,058,856

Part II	Signature Bio	ICK
Under penalti	es of perjury, I declare that I	have examined this return, including accompanying schedules and statements, and to the best of my knowle
and belief, it is	s true, correct, and complete	Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ADMINISTRATOR Type or print name and title Print/Type preparer's name Paid *6/3/*2015 self-employed Diana M Edwards, CPA **Preparer** Firm's EIN > 35-1838992 ▶ Webb & Associates Firm's name **Use Only**

Firm's address ▶ 66 South 12th Street, Richmond, IN 47374

(765) 962-3524 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form 9	1 990 (2014) LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	Page 2
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in thi	is Part III..........	
1	Briefly describe the organization's mission LODGE UNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR M GUESTS		
2	Did the organization undertake any significant program services during the year which the prior Form 990 or 990-EZ?	h were not listed on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts services? If "Yes," describe these changes on Schedule O	s, any program Yes	X No
4	Describe the organization's program service accomplishments for each of its three large expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$ SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUES	STS APPROXIMATELY 750 PEOPLE	
4b			
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	, ,	venue \$	
4-	(Expenses \$ including grants of \$) (Rev	, , , , , , , , , , , , , , , , , , ,	

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 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 98-197 If "Yes," complete Schedule C, 5 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 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 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. 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, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a Schedule D, Part VI . 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 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 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 Х 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 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 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 . 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

FOIII 990 (2014)	LOTAL ORDER OF MOOSE LODGE NO 107	
Part IV	Checklist of Required Schedules (continued)	

		Form	990 (2014)
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_^_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			_
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V; line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Joa		_^_
352	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34		v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	If "Yes," complete Schedule N, Part II	32		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	Part I	31		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
29 20	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 ort. historical troopyres, or other similar assets, or qualified.	29		X
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	Schedule L, Part IV	28b		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
29	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		Х
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	240		
	to defease any tax-exempt bonds?	24c 24d		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Χ_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	employees? If "Yes," complete Schedule J	23		Х
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	\ <u></u>		_^_
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		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
			162	NO

Part 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable] !		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	ــــ
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 8	1 1		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	├
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			۱.,
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		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		l
L	account)?	4a		X
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			Ì
				ł
5a	(FBAR). 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?	5c		 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		\vdash
va	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			Ϊ́
	gifts were not tax deductible?	6ь		ł
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		┢
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. 10a]		
a	Initiation fees and capital contributions included on Part VIII, line 12]		
b ∣1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
b	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			
3	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans]		l
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		1

Part VI

Sect	ion A. Governing Body and Management							
			,l	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year .	<u>1a 8</u>						
	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							
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 8	}					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with						
	any other officer, director, trustee, or key employee?		2		Х			
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		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X			
6	Did the organization have members or stockholders?		6	Х				
	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint .	٣					
7a		арропп	70	Х				
	one or more members of the governing body?	• •	7a	^				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1						
	stockholders, or persons other than the governing body?		7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during						
	the year by the following			١.,				
а	The governing body?	•	8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		_X_			
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code)				
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	•	10a	Χ				
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 pu	rposes?	10b	Х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	Χ				
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		Х			
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							
_	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 appro	val by						
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
_	The organization's CEO, Executive Director, or top management official	and decision.	15a		Х			
a	· · · · · · · · · · · · · · · · · · ·		15b		$\frac{x}{x}$			
b	Other officers or key employees of the organization	• • •	130					
4.0	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 arrangements.	ement	40-		V			
	with a taxable entity during the year?	-4- 4-	16a		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluate the organization of the o							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard						
	the organization's exempt status with respect to such arrangements?		16b	لــــا				
Sect	ion C. Disclosure							
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 99	D-T (Section 501(c)(3)	s only	')				
	available for public inspection. Indicate how you made these available. Check all that apply.							
		plain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	d				
	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 to	ooks and records	-					
	WILLIAM MILLS	765-962-2997						
	111 SOUTH 8TH ST., RICHMOND, IN 47374							

Page	4

25 0400200

Earm	200	(2014)	

LOVAL	APDED	OF MOOSE	LODGE NO	167

rollii 330 (2014)	LOTAL ORDER OF MOOSE LODGE NO 107	33-0400300	raye
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ted	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KENNY YOUNG	1 00									
TREASURER				Х						
(2) JASON SHULL	1 00					i				
GOVERNOR				Х						
(3) ROD LAMBERSON	1.00									
PRELATE				Х						
(4) GEORGE HINES	1 00				1					
3 YR TRUSTEE				Х						
(5) RALPH BRAUGHTON	1.00									
2 YR TRUSTEE				Х						
(6) BRIAN K GAY	1 00									
1 YR TRUSTEE				Х						
(7) MIKE A DROOK	1 00		1							
JR GOVERNOR				X						
(8) WILLIAM MILLS	40.00						•			
ADMINISTRATOR				Х	X			20,142		
(9)									:	
(10)										
(11)									-	<u>. </u>
(12)										
(13)										
(14)										,,

35-0480380

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

(A) Name and title		(B) Average hours per week (list any	(do i box, offici	not cl unle: er an	Pos neck ss pe d a d	C) sition more erson lirecti	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estim amou		(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	ipensati rom the janizatio d relate anizatio	on d	
(15)													_	
(16)				-										
(17)														
(18)														
(19)														
(20)												_		
(21)									:					
(22)			-											
(23)												_	~	
(24)										<u> </u>				
(25)												-		
1b	Sub-total .		<u> </u>	l		Ш		•	20,142	-				
C	Total from continuation sheets to Part VII, Se	ection A .						•						
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but not lin	nited to those lis	ted a	bove	e) w	ho i	recei	▶ ved	20,142 more than \$100	000 of			_	
	reportable compensation from the organization	Þ												
3	Did the organization list any former officer, dire		-	-	oye	e, o	r high	est	compensated			Yes	No	
	employee on line 1a? If "Yes," complete Schede									•	3		Х	
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•	•						•	,			v	
5	Did any person listed on line 1a receive or accre	•			-			_		ıdual	4	1	<u>X</u>	
Sec	for services rendered to the organization? If "Ye ion B. Independent Contractors	es," complete Sc	hedu	e J	tor .	SUCI	n per	son	•	•	5		Х	
1	Complete this table for your five highest compecompensation from the organization Report convear										ax			
	(A) Name and business addr	ess							(B) Description of serv	nces C	(C) compens			
														
	-													
2	Total number of independent contractors (include	ling but not limite	ed to	thor	يا ۾:	sted	Laho	ν ₀) .	who received			-		
~	TOTAL HARBOR OF INDEPENDENT CONTRACTORS (INCIDE	ווווע טעג נוטג ווווווווו	JU IU	いいひと	D 11:	いて し	ı auu'	v C J '	***・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	1				

Total revenue. See instructions

	990 (20		SE LODGE NO	107			33-0400	7500 Page 3
Par	t VIII	Statement of Revenue Check if Schedule O contain	s a resnonse or	note to any line in	this Part VIII			
		Check is screedile o contain	s a response or	Title to driy line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10 m	1a	Federated campaigns	18	3				
ants	b	Membership dues	. 11					
שַׁ בַּ	C	Fundraising events .	10	3	į			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	. 10	i E				
s, G	е	Government grants (contribution	ns). 1 6					
tion or Si	f	All other contributions, gifts, gra	nts, and					
를 받		similar amounts not included ab	ove . 1 1	f 1,938				
ont nd (g	Noncash contributions included in	lines 1a-1f' \$		İ			
O m	h	Total. Add lines 1a-1f .	<u> </u>	_,▶	1,938			
Je				Business Code	j			
Program Service Revenue	2a	MEMBERSHIP DUES AND FEE	S	900099	9,499	9,499		
8	b							
vice	С							
Ser	d							
am	е	******						
ogr	f	All other program service reven	ue					
٠	g	Total. Add lines 2a–2f .		. ▶	9,499			
	3	Investment income (including di	vidends, interes	t, and				
		other similar amounts)	. •	▶	1,576			1,576
	4	Income from investment of tax-e	exempt bond pro	ceeds.				
	5	Royalties	() B-al	>	<u>_</u> ,			
			(ı) Real	(II) Personal				
	6a	Gross rents		 				
	b	Less rental expenses						
	C	Rental income or (loss) .			1			
	d	Net rental income or (loss)	(ı) Securities	(II) Other		···		
	7a	Gross amount from sales of	(i) Securities	(ii) Outer				
	h	assets other than inventory Less cost or other basis		 				
	b	and sales expenses			ŀ		_	
	_	Gain or (loss)	-	 				
	d C	Net gain or (loss) .	L		i			
	u	Net gain or (loss).	•					+
<u>o</u>	8a	Gross income from fundraising						
nu	- Ou							
eve		of contributions reported on line						
Other Revenue		See Part IV, line 18 .	a	15,227	i			
he	b	Less direct expenses .	. b					1
ō	С	Net income or (loss) from fundra	aising events	▶	-15,945			-15,945
	9a	Gross income from gaming activ	_					
		See Part IV, line 19	. a	2,105,529		i		
	b	Less direct expenses	b					
	С	Net income or (loss) from gamir	ng activities		296,925	296,925		
	10a	Gross sales of inventory, less						
		returns and allowances	а	88,703				
	b	Less: cost of goods sold	b	75,870				
	c	Net income or (loss) from sales	of inventory .	•	12,833	12,834		
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue	•	L				
	م ا	Total Add lines 11a-11d		▶	1	1		I

306,826

319,258

-14,369

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, 7b, Fundraising Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. ехрепѕеѕ general expenses expenses Grants and other assistance to domestic organizations 25,526 25,526 domestic governments See Part IV, line 21 Grants and other assistance to domestic 2 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 paid to or for members 4 Compensation of current officers, directors, 5 20,142 20,142 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 70,829 70,829 Other salaries and wages . . 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 8,650 8.650 10 Payroll taxes. Fees for services (non-employees) 11 Management а Legal b 9,222 9,222 Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3,554 3,554 12 Advertising and promotion 3,320 13 Office expenses 3,320 14 Information technology 15 Royalties . 16 Occupancy 31,193 31,193 17 Travel . 7,340 7,340 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 6,042 6,042 21 Payments to affiliates Depreciation, depletion, and amortization 22 16,743 16,743 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) 2,409 Endowment Expense 2,409 31,026 31,026 Repairs and Maintenance b 89,203 89,203 C Supplies d e All other expenses Total functional expenses. Add lines 1 through 24e 325,199 325,199 25 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)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	209,372	1	182,692
	2	Savings and temporary cash investments .	64,328	2	65,249
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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			
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use	16,540	8	16,540
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 797,265			
	b	Less accumulated depreciation 10b	795,611	10c	797,265
	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	4 005 054	15	4 004 740
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,085,851 8,622	16 17	1,061,746 2,890
	17	Accounts payable and accrued expenses	0,022	18	2,090
	18 19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,			
ij.		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
23	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			·
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,622	26	2,890
S		Organizations that follow SFAS 117 (ASC 958), check here and			
ž		complete lines 27 through 29, and lines 33 and 34.		07	
<u>a</u>	27	Unrestricted net assets		27 28	
8	28	Temporarily restricted net assets		29	
Ĕ	29	Permanently restricted net assets .		25	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .	1,077,229	32	1,058,856
ž	33	Total net assets or fund balances	1,077,229		1,058,856
	24	Total liabilities and not assate/fund balances	1 085 851	34	1 061 746

orm !	990 (2014) LOYAL ORDER OF MOOSE LODGE NO 167	35	-0480380	Pag	e 12
Parl	XI Reconciliation of Net Assets			_	
-	Check if Schedule O contains a response or note to any line in this Part XI			<u>. [</u>	$oldsymbol{ol}}}}}}}}}}}}}}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		306	,826
2	Total expenses (must equal Part IX, column (A), line 25)	2		325	,199
3	Revenue less expenses. Subtract line 2 from line 1	3		-18	,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,077	,229
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			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		1,058	,856
art	XII Financial Statements and Reporting			r	_
	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		_		ı
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ı
	Schedule O			I	ı
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			I	
	Separate basis Consolidated basis Both consolidated and separate basis			. 1	
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	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			ł	
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	[
	If the organization changed either its oversight process or selection process during the tax year, explain in			\neg	
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[[
	the Single Audit Act and OMP Circular A 1323		30		v

Form **990** (2014)

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
LOYA	L ORDER OF MOOSE LODGE NO 167		35-0480380
Par	Organizations Maintaining Done	or Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	6.
		(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 do		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben	ent /	Yes No
Par			_
		ered "Yes" to Form 990, Part IV, line	1
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g , recr		on of a 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	ion held a qualified conservation contribut	ion 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 ease		2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Registe		. 2d
3	Number of conservation easements modified	, transferred, released, extinguished, or te	rminated by the organization
	during the tax year		
4	Number of states where property subject to c		- bonding of
5	Does the organization have a written policy reviolations, and enforcement of the conservations.		Yes No
6	Staff and volunteer hours devoted to monitori		
•	>	ng, mopeoung, and omeromig concertation	, sacomonic comis and year
7	Amount of expenses incurred in monitoring, is	nspecting, and enforcing conservation eas	ements during the year
	▶ \$,
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	s of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		nancial statements that describes
	the organization's accounting for conservation	n easements	
Par	Organizations Maintaining Colle	ections of Art, Historical Treasures	, or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under	r SFAS 116 (ASC 958), to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other sim		ation, or research in turtherance
	of public service, provide the following amour		
	(i) Revenue included in Form 990, Part VIII,		
			\$
2	If the organization received or held works of a		
	following amounts required to be reported un		items.
a	Revenue included in Form 990, Part VIII, line		. \$
b	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining Col	llections of Art, His	torical Treasures, c	r Other Similar Asse	ets (continued)
3	Using the organization's acquisition, access				
	use of its collection items (check all that app	ply).	_		
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е 🗌	Other		
С	Preservation for future generations				
4	Provide a description of the organization's of Part XIII.	collections and explain l	how they further the org	anization's exempt purp	ose in
5	During the year, did the organization solicit	or receive donations of	art, historical treasures	. or other similar	
•	assets to be sold to raise funds rather than				Yes No
Part	V Escrow and Custodial Arrange	ements.			
	Complete if the organization ans		n 990, Part IV, line 9,	or reported an amour	nt on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for contributions or o	ther assets not	
	included on Form 990, Part X?.	•			Yes No
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	owing table		
					Amount
С	Beginning balance		•	. <u>1c</u>	
d	Additions during the year			1d	-
e	Distributions during the year	•	•	1e	
f	Ending balance		•		<u></u>
2a	Did the organization include an amount on I		•	•	Yes X No
b	If "Yes," explain the arrangement in Part XII	I Check here if the exp	lanation has been prov	ided in Part XIII	
Part					
	Complete if the organization ans	wered "Yes" to Form		*	
) Current year (b) Po	rior year (c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions .			·	
С	Net investment earnings, gains,				1
	and losses .				
d	Grants or scholarships				
е	Other expenditures for facilities	İ			
f	and programs Administrative expenses				
	End of year balance .				
g 2	Provide the estimated percentage of the cur	rrent year end halance	(line 10, column (a)) he	l Id as	
a	Board designated or quasi-endowment	► %	(11110 19, 001411111 (4)) 110		
b	Permanent endowment	%			
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%			
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held and ad	ministered for the	
	organization by				Yes No
	(i) unrelated organizations .			•	3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(II), are the related organization	=		•	3b
4	Describe in Part XIII the intended uses of th		ment funds		
Part			000 Bod IV line 11	a Saa Farm 000 Par	t V line 10
	Complete if the organization ans				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	 	<u> </u>		
b	Buildings		524,704		524,704
c	Leasehold improvements		1 1,1 1		
d	Equipment		226,629	1,654	226,629
e	Other		45,932		45,932
Total	Add lines 1a through 1e (Column (d) must i	equal Form 990 Part Y	column (B) line 10c)	•	707 265

Part VII	Complete if the organization a		90 Part IV line 11h See Ford	m 990 Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation
(1) Financial of	<u> </u>			
	eld equity interests			
		1		
(H)				
	nust equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Rela	ted.		
	Complete if the organization a		90, Part IV, line 11c See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of vo	aluation
<u>(1)</u>				
(2)				
(3)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
(4)				
(5)		** *		
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
Total (Column (b) n	nust equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization a	nswered "Yes" to Form 99	90, 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)				
Total. (Column	n (b) must equal Form 990, Part X, co	ol. (B) line 15) .		
Part X	Other Liabilities.			-
	Complete if the organization as	nswered "Yes" to Form 99	00, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes		7	
(2)			1 .	
(3)]	
(4)			1	
(5)				
(6)				
(7)]	
(8)				
(9)]	
	ist equal Form 990, Part X, col. (B) line 25)		1	
2 Liability for u	ncertain tax positions. In Part XIII, provi	de the text of the footnote to the	e 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

Part		per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- 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.		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	 <u>.</u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
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		es per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
с 5		. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line
5 Part Provid	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, Part IV, lines 1b and 2b,	. 5 Part V, line 4, Part	X, line

Schedule D (Form	990) 2014	LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	Page 5
Part XIII	Supple	emental Information (continued)		
•				

		•		
		·····		
				
		······································		
	•••••		•••••	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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. Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LOYA	L ORDER OF MOOSE LODGE NO 1	67				35-04	80380
Par	Eundraising Activities Co	omplete if the			ered "Yes" to For	m 990, Part IV, lir	ne 17.
1	Indicate whether the organization ra	ised funds throu	igh any of	the following	ng activities Check	all that apply	
a	Mail solicitations		e S	olicitation of	of non-government	grants	
b	Internet and email solicitations		f 🗍 s	olicitation of	of government grant	S	
c	Phone solicitations		=		Iraising events		
d	In-person solicitations		- بن د		3		
2a	Did the organization have a written of	or oral agreemer	nt with any	individual	(including officers	directors trustees o	ır
20	key employees listed in Form 990, F						Yes X No
b	If "Yes," list the ten highest paid indi						
-	to be compensated at least \$5,000 to			, [
	•	,					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6	-						
7							
8		, , , , , , , , , , , , , , , , , , ,			-		
9							
10						· · · · · · · · · · · · · · · · · · ·	
Total				•			
3	List all states in which the organization	on is registered	or license	d to solicit	contributions or has	been notified it is e	xempt from
	registration or licensing						
							·
INIDIA						·	• • • • • • • • • • • • • • • • • • • •
INDIA	NA						
					· · · · · · · · · · · · · · · · · · ·		
							••••••
	· · · · · · · · · · · · · · · · · · ·						

	edule G a rt I I	Fundraising Events.	OYAL ORDER OF MOOS Complete if the organize fundraising event conti	zation answered "Yes"	to Form 990, Part IV	35-0480380 Page 2 , line 18, or reported Z, lines 1 and 6b. List
			eipts greater than \$5,00			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			INDIANA DAY	LEGION COMM	1	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	2,238	2,107	10,882	15,227
œ	2	Less Contributions				_
	3	Gross income (line 1			•	
		minus line 2)	2,238	2,107	10,882	15,227
	4	Cash prizes			****	
6 0	5	Noncash prizes .				
ense	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	1,707	1,678	27,787	31,172
	10	Direct expense summary Add			•	(31,172)
	11	Net income summary Subtra	ct line 10 from line 3, colur	mn (d)		-15,945
Pá	ırt III		the organization answe	ered Yes to Form 990	o, Partiv, line 19, or i	eported more
-		than \$15,000 on Form	1 990-EZ, iiile 6a.	(b) Pull tabs/instant		(d) Total gaming (add
nge			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
<u>~</u>	_1	Gross revenue	1,999,476	106,053		2,105,529
ses	2	Cash prizes	1,777,851			1,777,851
Expenses	3	Noncash prizes				-
Direct E	4	Rent/facility costs			•	
1	5	Other direct expenses	5,000	25,753		30,753
	6	Volunteer labor	X Yes 100 00%	X Yes 100 00% No	☐ Yes %	
	7	Direct expense summary. Add	d lines 2 through 5 in colur	mn (d)		(1,808,604)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)		296,925
9	_ E	nter the state(s) in which the or	raanization conducts aamii	ng activities. IN		
3	a Is	the organization licensed to co	onduct gaming activities in	each of these states?		. X Yes No
10		Vere any of the organization's g	amıng licenses revoked, s	uspended or terminated c	during the tax year?	. Yes X No
					:	

Schea	ule G (Form 990 or 990-EZ) 2014 LOYAL ORDER OF MOOSE LODGE NO 167	<u>აა</u>	-046036	DU Page 3
11	Does the organization conduct gaming activities with nonmembers?		X Yes	s 🔲 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	s X No
13	Indicate the percentage of gaming activity conducted in.			
a	The organization's facility	13a	<u> </u>	100 00%
b 14	An outside facility	13b	l	%
•	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?		Yes	s X No
b	If "Yes," enter the amount of gaming revenue received by the organization s and the amount of gaming revenue retained by the third party			
С	If "Yes," enter name and address of the third party			
	Name ►		-	
	Address ►			
16	Gaming manager information			
	Name ► 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	1	ر ان	Π.,
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations		X Yes	No 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, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).			and
				
- -				
				
	•			
				· •

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Part

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.

_
~
9
0
7
-
-
-
.О
`
_>
~
9
-
_
٠,
-
- 5
=
-
- =
-
s at w
- CU
S
Sis
S
S
~
Ĕ
tion
.=
=
77
-
-
7.7
v.
_
.=
ts instru
"
=
_
$\overline{}$
₽
pu
pue
and
and (
) and
0) and
90) and
90) and
990) and
990) and
n 990) and
m 990) and
rm 990) and
orm 990) and
orm 990) and
Form 990) and
Form 990) and
(Form 990) and
I (Form 990) and
1 (Form 990) and
e I (Form 990) and its
le I (Form 990) and
le I (Form 990) and
ule I (Form 990) and
ăule
chedule
chedule
chedule
t Schedule
n about Schedule
on about Schedule
on about Schedule
on about Schedule
on about Schedule
on about Schedule
on about Schedule
on about Schedule
on about Schedule
n about Schedule
on about Schedule

Open to Public OMB No 1545-0047

X Yes No **Employer Identification number** 35-0480380 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? OYAL ORDER OF MOOSE LODGE NO 167 Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States PartII

)))))) j		
-	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
B S	(1) RICHMOND FIRE DEPARTMENT RICHMOND, IN 47374	35-6001174		5,000				DONATION
(3)	(2)							
ව								
(4)							į.	
(9)								
(9)								
(3)								-
(8)								
6)								
(10)								
3								
(12)								
~ (501(c)(3) and go	overnment organiza	tions listed in the line 1	table .			
า	Enter total number of other organizations listed in the line 1 table	ganizations liste	d in the line 1 table				▲	-

Schedule I (Form 990) (2014)

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

Schedule I (Form 990) (2014) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(f) Description of non-cash assistance					and any other additional information.						4 7 7 7 7 7 7 7 7 7
	(e) Method of valuation (book, FMV, appraisal, other)					(b), and any other add						
	(d) Amount of non-cash assistance					ine 2, Part III, column (b),						0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ָ כ	(c) Amount of cash grant					required in Part I, li						
ימים שלה ופי המשלה ומי	(b) Number of recipients					le the information						
ו מוניוון כמון ככ ממשייכמיון מכמונטון	(a) Type of grant or assistance			9		Part IV Supplemental Information. Provide the information required in Part I, line 2,						

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 2014

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 TAKE	S THE COMPLETED 990 TO THE BOARD,
WHERE IT IS REVIEWED AND DISCUSSED	
Form 990, Part VI, Section C, Line 19 ANY MEMBER OF THE ORG	SANIZATION IS GIVEN ACCESS TO THE
GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS	UPON REQUEST.
Form 990, Part VI, Section A, Line 6 THE ORGANIZATION HAS MI	EMBERS
Form 990, Part VI, Section A, Line 7A. MEMBERS ELECT THE OFF	ICERS AND BOARD MEMBERS
	•••••
	······

Schedule O (Form 990 or 990-EZ) (2014)	Page Z
Name of the organization	Employer identification number
LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380
	•••••••
•	
	·····

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

		Cash	Noncash
Federated Campaigns	1 🗌		
Membership dues	2		
Fundraising events	3 _		
Related organizations	4		
Government grants (contributions)	5		
All other contributions, gifts, grants, and similar amounts not included above	- e.	_	
MOOSE ENDOWMENT CHARITIES		1,938	
Other contributions total	. 6	1,938	
' Total	. 7	1.938	

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

Total:	88,703	75,870	12,833
		Cost of	
Category	Gross Sales	Goods Sold	Net
1 FOOD AND BEVERAGES	88,703	75,870	12,833

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

l							į	Total:	795,611			1,654	795,611	797,265
				Leasehold			Check if Check if	Check If		Beginning	Ending			
				Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Land Buildings ments Equ	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
	1 BUILDING IMPROVEMENTS		×						160,894				160,894	l
	2 BUILDING		×		! !				363,810	1			363,810	363,810
Ш	3 OTHER PROPERTY					×			45,932				45,932	
Ш	4 FURNITURE & EQUIPMENT			:	×			:	224,975		; ;	1,654	224,975	

(Sch O (990/990EZ)) - Supplemental Information

[Form	Part	Section	Line	Explanation
1	Form 990	Part VI	A	11	THE ADMINISTRATOR TAKES THE COMPLETED 990 TO THE BOARD, WHERE IT
					IS REVIEWED AND DISCUSSED
2	Form 990	Part VI	С	19	ANY MEMBER OF THE ORGANIZATION IS GIVEN ACCESS TO THE GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS UPON REQUEST
3	Form 990	Part VI	Α	6	THE ORGANIZATION HAS MEMBERS

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation	
4	Form 990	Part VI	Α	7A	MEMBERS ELECT THE OFFICERS AND BOARD MEMBERS	