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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

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.

Open to Public

Inter	nal Rever	nue Service	► Information about Form 990 and its instructions is at www.irs.			Inspection			
<u>A</u> _	For the	e 2015 cale	ndar year, or tax year beginning MAY / , 2015, and ending		30	,20 16			
В	Check	f applicable	C Name of organization LOYAL ORDER OF MOOS	s€ D		er identification number			
	Address	change	Doing business as TEXARKANA LODGE 228:	2 4	23-	7176492			
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/sur	te 5	Telephor	ne number			
	Initial re	tum	415 S. ROBISON RD.	19	703)	832-6265			
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	TEXARKANA, TX 75501	G	Gross re	eceipts \$ 177, 011.02			
	Applica	tion pending	F Name and address of principal officer GARY WILCOX	H(a) Is this a grou		subordinates? Yes No			
			3403 LAVACA TEXARRANA,TX159	H(b) Are all sul	pordinates	s included? Yes No			
1_	Tax-exe	empt status	☐ 501(c)(3)	If "No,"	' attach a	list (see instructions)			
<u>J</u>	Website	e: ▶			emption	number ► /			
K	Form of	organization	Corporation ☐ Trust ☐ Association ☑ Other ►NON - PROF L Year of format	ion 1975	M State	of legal domicile TEXA			
Ρ	art I	Summ	·						
	1		escribe the organization's mission or most significant activities: ORGA						
çe	}		N BONDS OF FRATERNALISM + CHARITY TI			ACTIVITIES AN			
ja L	ĺ		DRAISERS FOR AVERAGE OF 158 ML						
Governance	2		is box $\blacktriangleright \square$ if the organization discontinued its operations or disposed of	of more than 2	1 . 1				
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	158			
8	4		of independent voting members of the governing body (Part VI, line 1b)		4	158			
ıtie.	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)		5				
Activities &	6		nber of volunteers (estimate if necessary)		6	20			
⋖	7a		elated business revenue from Part VIII, column (C), line 12		7a	0			
	Ь	Net unre	lated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year			
	8	Contribut	tions and grants (Part VIII, line 1h)	21, 340.		16,487.32			
ĭue	9		service revenue (Part VIII, line 2g)	<u> </u>	.60	16,781.32			
Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	46	1.27			
æ	11		 	134.647		107.599.28			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	155,994		124,087.87			
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	20,45		6.014.38			
	14		paid to or for members (Part IX, column (A), line 4)	<u> </u>	. •	0,0,7,56			
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,229	232	55,507.00			
Expense	16a		onal fundraising fees (Part IX, column (A), line 11e)	<u> </u>					
ğ	b		draising expenses (Part IX, column (D), line 25) ▶	C07984140		E-1489 (72 X 1)-29 (
Ω	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	70, 33	1.45	74,093.71			
	18	Total exp	penses. Add lines 13~17 (must equal Part IX, column (A), line 25)	153,016	.33	135,615.09			
	19	Revenue	less expenses. Subtract line 18 from line 12	2,975.	68	(11,527.22)			
ets or				Beginning of Curr		End of Year			
sets	20	Total ass	sets (Part X, line 16)	249 068	<u> 3.67</u>	241,718.59			
Net Ass	21		ollities (Part X, line 26) NOV 0 8 2016	1,700		7,479.60			
_			ts or fund balances. Subtract line 21 from line 20	247,368	<u> 3.67</u>	234,238.99			
	art II		ture Block						
			iry, I declare that I have examined this return, in the escompanying schedules and state lete. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is			
		ct, and comp	tote beclaration of prepare (other trial officer) is based on all fillionnation of which prepare	r nas any knowied	G /	- 			
e:	-	1	ature of officer		4/14	+/16			
п	Here GATZY A. WILLOX (1315 MINI STIZATOR) Type or print name and title								
_				ate /					
	aid	DA		14/16	Check	P01434845			
	epar	er 🔀		· · /		pioyed			
U	se Or	ily Firm's r	name DANA MASSEY- ACCOUNTANT address > 500 ST. MICHAEL # 78 TEXARKANA, TX		e no. 9	03)490.4792			
M	v the		is this return with the preparer shown above? (see instructions)	· J Frion	e nu.	X Yes ☐ No			

Form **990** (2015)

Cat No. 11282Y

Part		ent of Program Service A	Accomplishments esponse or note to any line in this Pi	art III								
1	Briefly descri	be the organization's missio			<u> </u>							
	FRAT	ERNALISM	BENEVOLENCE	AND CHARITY	······································							
	THRO	LAGH ACTIVIT	BENEVOLENCE VES AND FUNDA	PAISERS								
2			ficant program services during the ye		Yes ⊠No							
_	•	cribe these new services on										
3	services? .			· · · · ·	Yes ⊠No							
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
•	expenses. So	ection 501(c)(3) and 501(c)(4	t) organizations are required to report or each program service reported.									
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$) ,							
	4			· · · · · · · · · · · · · · · · · · ·								
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
				·····								
		·····	•••••									
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$								
	(0000			, , , , , , , , , , , , , , , , , , , ,	·							
			-									
		,										
4d	Other progra (Expenses \$	am services (Describe in Sch including g		s \$								
		m service expenses ►	ranto or w == = -) (inevende									
				· · · · · · · · · · · · · · · · · · ·								

Form 99	0 (2015)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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? <i>If "Yes," complete Schedule D, Part IV</i>	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		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
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		-	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	18	×	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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.	20b 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 employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X X
	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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		X 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. 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? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X) (2015

Part	V Statements Regarding Other IRS Filings and Tax Compliance		<u>_</u>	age C
· arc	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 1b		150	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			fä
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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			X
	account)?	4a	P. C. 6 5.7 2	चित्र स
b	If "Yes," enter the name of the foreign country.			4 . E
	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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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		
7	Organizations that may receive deductible contributions under section 170(c).		42	F 32
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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			~
	required to file Form 8282?	7c	6m-372	X
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	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N	
8		8		
_	sponsoring organization have excess business holdings at any time during the year?	24.5		1.5.42
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	AL	In
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	10/	1/2
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		的	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	202	14	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	ALSSE 200
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	the agreement on the country of the			
	the organization is licensed to issue qualified health plans			
C		100	ta S	1236
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	<u> ×</u>

r art v	4	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	•			
		Check if Schedule O contains a response or note to any line in this Part VI.	s ili Scriedule O. S	ee ms	tructio	
Section	λn Δ	Governing Body and Management	• • • •			-
Secur)II A.	doverning body and management		—	Yes	No
1a	Ente	the number of voting members of the governing body at the end of the tax year.	1a /58		S 1 - 1 - 2 - 2	
		are material differences in voting rights among members of the governing body, or	14 / 20			
		e governing body delegated broad authority to an executive committee or similar				
		mittee, explain in Schedule O.				
b		the number of voting members included in line 1a, above, who are independent .	1b 158			
2		any officer, director, trustee, or key employee have a family relationship or a business				2,02
		other officer, director, trustee, or key employee?		2	renners.	*
3	_	he organization delegate control over management duties customarily performed by or	under the direct	-		
		rvision of officers, directors, or trustees, or key employees to a management company or other		3		×
4		ne organization make any significant changes to its governing documents since the prior Form 9		4		
5		he organization become aware during the year of a significant diversion of the organization		5		×
6		he organization have members or stockholders?		6	×	
7a		he organization have members, stockholders, or other persons who had the power to				
		or more members of the governing body?	• •	7a		X
b	Are	any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stoc	cholders, or persons other than the governing body?		7b		X
8	Did 1	the organization contemporaneously document the meetings held or written actions ur	dertaken during	(A)		
	the y	ear by the following	-		- 52	
а	The	governing body?		8a	X	6429 7.22
b	Each	committee with authority to act on behalf of the governing body?		8b	X	
9	Is th	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at			
	the c	organization's mailing address? If "Yes," provide the names and addresses in Schedule (0	9		X
Section	on B	Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)	
					Yes	No
10a	Did t	he organization have local chapters, branches, or affiliates?		10a		X
b		es," did the organization have written policies and procedures governing the activities of				
	affilia	ates, and branches to ensure their operations are consistent with the organization's exem	npt purposes?	10b		
11a	Has t	he organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	X	
b	Desc	cribe in Schedule O the process, if any, used by the organization to review this Form 990	•			
12a		he organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		L
С		the organization regularly and consistently monitor and enforce compliance with the tribe in Schedule O how this was done	policy? If "Yes,"	12c		
13		the organization have a written whistleblower policy?	•	13	 	×
14		the organization have a written document retention and destruction policy?		14	X	-
15		the process for determining compensation of the following persons include a review		6.9E		1522
		pendent persons, comparability data, and contemporaneous substantiation of the deliberation				
а		organization's CEO, Executive Director, or top management official		15a	The state of the s	100°C 50
b		or officers or key employees of the organization		15b	 	X
_		es" to line 15a or 15b, describe the process in Schedule O (see instructions).		21.442.44	35.30	
16a		the organization invest in, contribute assets to, or participate in a joint venture or sim	ular arrangement			
		a taxable entity during the year?	-	16a	Deliga And	~
b		es," did the organization follow a written policy or procedure requiring the organization			100	
_		cipation in joint venture arrangements under applicable federal tax law, and take steps				
		nization's exempt status with respect to such arrangements?		16b	4,20,200.0	دية الخواشدة
Section		. Disclosure				
17		the states with which a copy of this Form 990 is required to be filed > 7EXAS				
18		tion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,		n 501	(c)(3)s	s only
		lable for public inspection. Indicate how you made these available. Check all that apply	: (5-2-0		. / \-/-	
	_	Dwn website Another's website	chedule (O)			
19		cribe in Schedule O whether (and if so, how) the organization made its governing docum		terest	polic	y, and
		ncial statements available to the public during the tax year.	,		•	-
20	Stat	e the name, address, and telephone number of the person who possesses the organizat	ion's books and re	ecords	s >	
	AR	WILCOX % MOOSE LODGE 415 5. ROBISON RD. TE	XARKAN	AT	X 7	'55c
			<u> </u>		rm 99 (

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 no	any relate	d org	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				•	3)					
(A)	(B)	/	-4		ition	e than o		(D)	(E)	(F)
Name and Title	Average	4				is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	오코	12	Q	<u>چ</u>	유포	Fo	from the	related organizations	other compensation
	related	d de de	👸	Officer	y e	Se Se	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	t on	, T	mp!	st co	"	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	Institutional trust		Key employee) ji				and related organizations
		stee	uste			Highest compensated employee				J
			Эe			ated				
(1) GARY WILLOX	30	1						11170000	_	
ADMINISTRATOR		X						14,300.00	0	0
(2) DANA MASSEY	20				X			8,800,00	0	•
BOOKKEEPER		<u> </u>			^	ļ		0,000,00		
(3) VIRGINIA SMITH	15	ł			X			4775.00		6
JANITORIAL		ļ	ļ	_	1	ļ		7, 17,00		
(4) RONNIE LAIR		1		X				0	ø	0
GOVERNOR		ļ		1	_	ļ				
(5) WALLACE COPP				X		-		6	0	0
TREASURER		ļ	_	^		<u> </u>	<u> </u>			
(6) JERRY LATHAM		1			X			2,275.00		0
SOC. OTRS MGR.	-	ļ		ļ	Λ	ļ	ļ	4,275.00	1	
(7) CLYDE CANNON	ļ				X			0200		_
BARTENDER		<u> </u>	_	_	1	ļ	_	87.00		
(8) WALLACE COPP		ļ			X			2,915.00	0	0
SOC. OTRS. MGR.	ļ	ļ	ļ		^	ļ		2,713.00		
(9) MARY PATRICK		1			X	İ		26/20	. 0	0
BARTENDER	ļ	<u> </u>	ļ		-	<u> </u>	ļ	3,563.90	1	
(10) KRISTIE BETHANY]			X	1		7011/12		6
BARTENDER		<u> </u>				ļ	_	3,946.63		
(11) STACK SANCHEZ]]	ļ	X			(02.24	0	0
BARTENDER		↓		<u> </u>	^		<u> </u>	103.31		
(12) AMANDA RICHARDSON	1				X			1110-1-	, 0	0
SOC. OTRS. MGR.				<u> </u>				1490.63		
(13) JOHNNA CALAWAY	1				1			10-11-		0
BARTENDER			_	_	X	ļ	↓_	10544.2	1	
(14) CRYSTAL MARTIN	<u> </u>	.]		}	1			00100	.	0
BARTENDER	[1	1	1	X	1		2068.2	7 0	

Form 99	0 (2015)										Page 8
Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, an	d H	ighes	st C	ompensated E	mployees (con	tinued)
	(A)	(B)	ı ·	ot ch		nore	than c		(D) Reportable	(E) Reportable	(F)
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	of lindividua of or directo		a dır		b try Highest compensated employee		compensation from the organization (W-2/1099-MISC)	reportable compensation fro related organizations (W-2/1099-MISC	m amount of other compensation
(15)	LORETHA HEDGES BARTENDER					×			922.75	0	0
	REBECCA GARRETT BARTENDER					X			490.01	0	0
	JENNIFER MERCHAN Bartender					X			2118.32	0	0
	ZACHARY KILLIAN BARTENDER		ļ			X		ļ	520.63	0	8
	BARTENDER-MGR.					X			1925.00	0	0
	MARCIE PRIMM BARTENDER					X			2278.63	0	8
(21)			-				-				
(22)			<u> </u>					_			
(23)			<u> </u>					_			
(24)								L			
(25)											-
1b	Sub-total		 	•			. •.	>	63184.35	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Sectio						>	63/84.39	0	0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				_		e) w			
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	Yes No ated 3
4	For any individual listed on line 1a, is the organization and related organizations individual										the
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	
Secti	on B. Independent Contractors									·	
1	Complete this table for your five highest compensation from the organization. Re year.										
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
		N	/A								
								1			
2	Total number of independent contract received more than \$100,000 of compens							:o t	hose listed ab	ove) who	

Part	VIII	Statement of Reve					Dest VIII	<u>-</u>	
		Check if Schedule O	contains	a res	oonse or note to	(A) Total revenue	(5) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b	Federated campaigns Membership dues .		1a 1b	7,032.00				
Ş, Ā	c d	Fundraising events . Related organizations		1c 1d					
	e f	Government grants (con All other contributions, gr	ifts, grants,	1e	9,455.32				
Contributions, and Other Sim	g	and similar amounts not inc Noncash contributions includ	ied in lines 1a			1/ //2=20			
	h 2a	Total. Add lines 1a-1	Ι	<u> </u>	Business Code	16,487.32			
Program Service Revenue	b c								
am Ser	d e								
Progr	f g	All other program sen Total. Add lines 2a–2	f. <u>.</u>		>		A STATE OF THE STA		
	3	Investment income and other similar amo Income from investmen	ounts) .		•	1.27			
:	5	D 11	(ı) Real	<u> </u>	(ii) Personal				
	6a b	Gross rents Less: rental expenses	1,210	.00					
	d 7a	Rental income or (loss) Net rental income or (Gross amount from sales of	/, 055 (loss) .		>	1,055.00			
-	b	assets other than inventory Less cost or other basis	(// 5555		1,200.00				
	c	and sales expenses . Gain or (loss)			2,200.00				
Φ	d	Net gain or (loss) .			· · · · >	(1,000.00)			
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)	ed on line 1	•			e de la companya de l		
Othe	b	See Part IV, line 18 . Less: direct expenses Net income or (loss) f		a busina					
	, -	Gross income from ga See Part IV, line 19 .	aming activi	ties.	49,893.19				
	b	Less: direct expenses Net income or (loss) f	rom gamın	g act	7,558.97	42,334.22			
		Gross sales of in returns and allowance	es	· a	108219.24				
	C	Less: cost of goods s Net income or (loss) t Miscellaneous F	rom sales		#3009, /8 rentory Business Code	65210.06			
	11a b c								
	d e	All other revenue . Total. Add lines 11a-		· ·	•				
	12	Total revenue. See i	nstructions	S	>	124087.87	<u> </u>		Form 990 (2015

Check if Schedule O contains a response or note to any line in this Part IX 8b, 9b, and 10b of Part VIII. 10 Grets and other assetance to densetic organizations of comparisons of the assetance to densetic programations and domestic governments. See Part IV, line 21. 1 Grants and other assetance to densetic individuals. See Part IV, line 22. 1 Grants and other assetance to foreign individuals. See Part IV, line 15 and 16. 1 Bernfits part to or for members 2 Compensation of current officers, directors, trustees, and key employees 3 Compensation not included above, to disqualried persons (as defined under section 4958(r)(s) and persons described in section 4958(r)(s) and persons described (s) and 4030; persons described (s) and 4030; persons described (s) and 4030; persons plan acrusias and contributions (include section 405(d) and 4030; persons plan acrusias and contributions) 9 Other employee benefits 1 Peayoff laxos 1 Peason plan acrusias and contributions (include section 405(d) and 4030; persons plan acrusias and contributions) 9 Other employee benefits 1 Legal 1 Acquait laxos 1 Peason plan acrusias and contributions (include section 405(d) and 4030; persons plany acrusias and contributions) 1 Peayoff laxos 1 Peason plan acrusias and contributions (include section 405(d) and 4030; persons plany acrusias and acrusias acrusias and acrusias and acrusias and acrusias and acrusias and a		X Statement of Functional Expenses									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grafts and other assistance to domestic organizations and domestic growments. See Part IV, line 22. 2 Grants and other assistance to domestic includivalus. See Part IV, line 12. 3 Grants and other assistance to foreign organizations, foreign governments, and thorough individuals. See Part IV, line 12. 4 Berefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 7 Other salaries and valges. 8 Person plan accruals and contributions (include section 493(b) employee contributions). 9 Other employee benefits. 10 Payroll taxes. 10 Payroll taxes. 11 Fees for services (non-employees): 1a Management. 1b Legal. 2 Accounting. 1 Lobbying. 1 Chef in line ig mount access (10% of line 25, column (A) amount, ist ine 119 genous recessor. 2 Adventising and promotion. 1 Adventising and promotion. 1 Adventising and promotion. 1 Payments of travel or entertainment expenses for any fedoral, state, or local public officials. 1 Payments of travel or entertainment expenses for any fedoral, state, or local public officials. 2 Depreciation, depletion, and amontization. 2 Insurance. 4 Other expenses. Itemize expenses not covered above (List miscallenous, and meetings.). 1 Interest. 2 Payments of travel or entertainment expenses for any fedoral, state, or local public officials. 2 Depreciation, depletion, and amontization. 2 Payments to affiliates. 2 Depreciation, depletion, and amontization. 3 Insurance. 4 Other expenses. Itemize expenses not covered above (List miscallenous, and meetings.). 5 Interest. 6 Payments of travel or entertainment expenses for any fedoral, state, or local public officials. 7 Payments to affiliates. 2 Payments to affiliates. 2 Payments to affiliates. 2 Payments of column (B) port costs. 3 Payments of column (B) port costs. 3 Payments of column (B) port costs. 5 Payments of column (B) port costs. 5 Payments of column (B) port costs. 5 Payments	Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
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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.) a TAXES - 2⊕830.74 b ENTERT. 29/2.85: SERVING c SUAP -96/6.58: CASA-SN. 94.20 d DUES+L/ENSES - 2/55.80 e All other expenses BULHCS /022.57 Total functional expenses. Add lines 1 through 24e 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		•	220205		 						
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		·			 						
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.) a TAXES - 2 B 30.74 b ENTERT - 29/2 85: SERVING c SUAP -96/6.58: CASH-SH. 94,20 d DUES+LICENSES - 2/55.80 e All other expenses RAPHCS /022.57 25 Total functional expenses. Add lines 1 through 24e 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 \(\bigsetext{\textit{P}}\) if			7,772.36			10.4 St. 14 / 6.5 St. 15 St					
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a TAXES - 28830.74 b ENTERT - 2912 85: SERVING c SUAP -9616.58; CASH-SH. 94.20 d DUES+LICENSES - 2155.80 e All other expenses BUMCS 1022.57 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	24				19-20-3						
(A) amount, list line 24e expenses on Schedule O.) a											
a TAXES - 20030.74 b ENTERT. 29/2.85: SERVING c SUAP .96/6.58: CASA-SN. 94.20 d DUES + L/CEAUSES - 2/55.80 e All other expenses Buches 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		·									
b ENTERT. 29/2 85: SERVING c SUAP .96/6,58: CASH-SH. 94: 20 d DUES+LICENSES - 2/55.80 e All other expenses BLCHIS /022.57 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	а	•		The state of the s							
c SUAP .96(6,58:CRSN-SH.94,20 d DUES+LICEAUSES - 2(55.80 e All other expenses BULMUS 1022.57 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_				 						
d DUES+LICENSES-2(55.80 e All other expenses Bullis 1022.57 25 Total functional expenses. Add lines 1 through 24e 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		SUAP . 9616 SR . CASH-SH 9420			1	 					
e All other expenses By HCS 1022.57 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_	DUES+LICENSES- 2155.80			1	·					
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if						 					
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	25	Total functional expenses. Add lines 1 through 24e	135.615.09		 	 					
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if											
1911 - 111 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		from a combined educational campaign and									

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6 032.52	1	342.57
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10.00	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			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	3,721.41	8	4.530.73
	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment. cost or			
		other basis. Complete Part VI of Schedule D 10a 290,249.45		Z ()	
	b	Less: accumulated depreciation 10b 53, 404.16	239,304.74		236,845,29
	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	0.40 . 40 . 40	15	4 4 4 4 4
	16	Total assets. Add lines 1 through 15 (must equal line 34)	249,068.67		241,718.59
	17	Accounts payable and accrued expenses	1,700.00	17	479.60
	18 19	Grants payable		18	
	20			19 20	
	21	Tax-exempt bond liabilities		21	
s	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			100
賣		disqualified persons. Complete Part II of Schedule L		22	7,000.00
Ë	23	Secured mortgages and notes payable to unrelated third parties .		23	7,000.00
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ŀ	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	1,700.00	26	7,479.60
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		07	
ala	28	Temporarily restricted net assets		27	
E	29	Permanently restricted net assets		29	
Ĕ	-3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	T WATER STONE STON	29	
Ţ		complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	E SALE OF THE SALE OF	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Vet	33	Total net assets or fund balances	247,368.67	1	234,238.99
	34	Total liabilities and net assets/fund balances	249.068.67		241.718.59
					

_	4	•
Page	1	Z

0.111 33	0 (2013)			, age	
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1240	87	87
2	Total expenses (must equal Part IX, column (A), line 25)	2_	135 6	15.	09
3	Revenue less expenses. Subtract line 2 from line 1	3 ,	111.5.	27.2	(2)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2473	68.6	57
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	(1,60	02.	46)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		•		•
	33, column (B))	10	234,2	138.4	79
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
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," ex Schedule O.	plain	in .	Yes	No 4
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	 oiled	. 2a or		X
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on	. 2b		X
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exchedule O.	ntant	? 2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ne -		
			Forr	n 990 (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Employer identification number Name of the organization LOYAL ORDER OF MOOSE-TEXARKANA 2282 23-7176492 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . **2**a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Page 2	age 2
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Part	III Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	her recor	ds, chec	k any of th	e followi	ng that are a	significant	use of its
а	☐ Public exhibition		d	Loan	or exchang				
þ	Scholarly research		e	Other	·				
C	Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how t	hey further	the orga	inization's exe	empt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather			-					es 🗌 No
Part			<u> </u>						
	Complete if the organization 990. Part X. line 21.	answered "Yes			-		•		Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:				
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		L.O. [7] V	
2a	Did the organization include an amour If "Yes," explain the arrangement in Pa								
Par		at Alli. Offeck her	en me e	(piai latio	irrias been	provide	u on Part Alli		<u> </u>
1 40	Complete if the organization	answered "Yes	on For	m 990. F	Part IV. line	e 10.			
		(a) Current year	,	or year	(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance				1	-			
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			•			 		
е	Other expenditures for facilities and programs			_					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year ei	nd balanc	e (line 1g	, column (a	i)) held a	s:		
а	Board designated or quasi-endowmer	nt >	%						
þ	Permanent endowment	%							
С	Temporanty restricted endowment ►		0001						
20	The percentages on lines 2a, 2b, and 3 Are there endowment funds not in the	2c snould equal 1		4: 41.				£1	
3a	organization by:	possession or a	ne organi	zation ut	at are neio	and adn	ninistered for	trie	W N-
	(i) unrelated organizations							. 3a(i)	Yes No
	(ii) related organizations					• •		. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							. 3b	-
4	Describe in Part XIII the intended uses					•		. (33	
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes	on For	m 990, f	Part IV, line	e 11a. S	See Form 990	D, Part X,	line 10.
•	Description of property	(a) Cost or o (investor			or other basis other)		ccumulated preciation	(d) Boo	k value
1a	Land						克里沙尼沙 岛	200	000.00
b	Buildings	65,0	000.00				150.00		350.00
С	Leasehold improvements								
d e	Equipment	25,2	49.45			11,6	254.16	13,9	95,29
Total.	Add lines 1a through 1e. (Column (d) n		90, Part	K, columi	n (B), line 10	Dc.)	•	2368	345.29

Part VII	Complete if the organization answere	d "Yes" on For	n 990 Part IV lir	e 11b. See Form	990. Part X. line 12
	(a) Description of security or category	1 2 2 2 2 3 1 1 3 1	(b) Book value		nod of valuation
	(including name of security)		, ,		-of-year market value
(1) Financial					
• • •	eld equity interests]			
(3) Other				<u> </u>	
(A)				ļ	
(B)					·····
(C)				ļ	
(D)					
(E)				1	
(F)					
(G) (H)				 	
	about a gual Form 200 Port V and (D) For 101 B			ALC TRACT TO	or and the second of the second of the second
Part VIII	n) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related.	i		1 65 g 4 1 2 1 4 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
rait VIII	Complete if the organization answere	d "Yes" on For	n 990 Part IV lu	ne 11c. See Form	990 Part X line 13
	(a) Description of investment	a res ourron	(b) Book value		thod of valuation
	(-)		(2) 20011 1220		-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			्र _{विति} स्पृत्यानि	できまる (1986年)
Part IX	Other Assets.	.(4)/ 11 =	000 5 1875	4410 5	000 D 13/ 8 45
	Complete if the organization answere		m 990, Part IV, III	ne 11d. See Form	
	(a) Desc	<u> этриоп</u>			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)			 _		
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · ·		
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·			L
	Complete if the organization answere	d "Yes" on For	m 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.		, ,		,
1.	(a) Description of liability	(b) Book value	1 1940 194	李维 化 电大学 自然	· · · · · · · · · · · · · · · · · · ·
(1) Federal in	come taxes				AT THE PROPERTY OF THE PROPERT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				The state of the s	
(8)					
(9)			Property Sec		
	b) must equal Form 990, Part X, col (B) line 25.) ▶		門家庭意识	性事情的是世界	的是是是在自己的
	uncertain tax positions. In Part XIII, provide th				
organization'	s liability for uncertain tax positions under FIN	48 (ASC 740). Che	ck here if the text of	the footnote has bee	en provided in Part XIII 🔲

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I		Return.
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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1:30
c	Recoveries of prior year grants		130
d	Other (Describe in Part XIII.)	2d	
e	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	4a	
b	Other (Describe in Part XIII.)		िञ्ज
c	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Staten	ents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on 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:		2.1
а	Donated services and use of facilities	2a], `-
b	Prior year adjustments	2b]: []
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	<u> </u>
е			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		
þ	Other (Describe in Part XIII.)	4b	
С 5	Add lines 4a and 4b		4c
Part		e 16.)	5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2b	: Part V. line 4: Part X. line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
-	PURCHASED ONE PIECE OF EDU	UPMENT W	ITH
	_		
0	PROCEEDS FROM SALE OF A	NOTHER PI	ECE
C	E EQUIPMENT.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

#### 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.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

▶ Information about Schedule G (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 Name of the organization

LOYAL ORDER OF MOOSE

TEXARKANA LODGE 2282

Employer identification number 23-7/76492

Par	Form 990-EZ filers are no				vered "Yes" to F	om 990, Part IV, I	ine 17.	
1	Indicate whether the organization				owing activities. C	heck all that apply.		
а	☐ Mail solicitations				on of non-govern			
ь	b							
C	c Phone solicitations g Special fundraising events							
d	☐ In-person solicitations							
2a	Did the organization have a writt	en or oral agre	ement with	any individ	dual (including off	icers, directors, trus	tees	
b	or key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or	entities (fun					
	(i) Name and address of individual or entity (fundrasser)	(ii) Activity	custody o	draiser have ir control of outions?	(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			<u> </u>	
1	7.	-						
2								
3			1					
4		<del></del>	1					
5		:	<del> </del>	<del> </del>		<del></del>		
6			<del> </del>					
7			<del> </del>	<del>                                     </del>		<del></del>		
8			<del>                                     </del>	<del> </del>		<del></del>		
9		<del> </del>	<del>                                     </del>				<del> </del>	
10			<del> </del>	<del> </del>			<del> </del>	
	••	<u> </u>						
Γotal 3	List all states in which the organ registration or licensing.	nization is regis			colicit contribution	s or has been notifi	ed it is exempt from	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
		~ 4 g. & a						

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising				
		gross receipts greater tha		and gross moome on t	on occupant	and ob. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
une						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
esue	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtr				
Pa	rt III					reported more
		than \$15,000 on Form 9	90-EZ, line 6a.			
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
Revenue	1	Gross revenue	49,893,19			49,893.19
888	2	Cash prizes	7,550.97			7,558.97
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	PYes 100% % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in d	column (d)		7,558.97
	8	Net gaming income summa	ry. Subtract line 7 from l	line 1, column (d)		7,558.97
	a Is	nter the state(s) in which the o	rganization conducts ga conduct gaming activitie	aming activities:		
10		/ere any of the organization's of "Yes," explain:	-	d, suspended or termina	-	r? . ∐ Yes ⊠ N
					Sched	tule G (Form 990 or 990-EZ) 20

Schedul	e G (Form 990 or 990-EZ) 2014			í	Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other formed to administer charitable gaming?	entity		Yes [-
13	Indicate the percentage of gaming activity conducted in:	•	ا	ies K) NO
а	The organization's facility	13a		100	%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and			<u> </u>
	Name► DANA MASSEY	~~~~~			
	Address \$ 4155. ROBISON RD. TEXARRANA, TX 155	01			
	Does the organization have a contract with a third party from whom the organization receives garevenue?			Yes 🛭	i No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ıe			,
	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 ► GARY W12COX				
	Gaming manager compensation ▶ \$ ¬ ◦ −				
	Description of services provided ► INSURE OPERATIONS DONE CORR	ECT	~	У	
	☑Director/officer ☐Employee ☐Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?			Yes [∃ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$	ons or			-
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional instructions).	l info	rmai	ion (se	æ
4	NEITB-MOOSE INTERNATIONA CHARITIES AND T	ZX	AS	-BA	SED
	NON-PROFIT CHARITABLE ORGANIZATION	15			
	# 6,014.38				

SCHEDULE L

(8) (9) (10)

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

Name of	the organization LOYAL	RDEROF	MOOSE	-76	XARK	LANA L	OPG	E 2282 Employ			ion nur 16 9		?	
Part	Excess Bene Complete if the	fit Transaction ne organization	s (section 501 answered "Ye	(c)(3), s s" on F	section : orm 990	501(c)(4), ar 0, Part IV, li	nd 50 ne 25	1(c)(29) organiza a or 25b, or For	ations m 990	only))-EZ,	Part \	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	of tran	saction			(d) Cor	rected?
	(a) Harrie of disquarries			organizat	tion			(6) 2000 (5.00)			<u> </u>		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount		by the organ	nızation	manag	gers or disc	qualif	ied persons du	ring tl	ne ye	ar			
	under section 4958	3					-				▶ \$;		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimbu	irsed by	the organi	zatior	η			▶ \$;		
Part	Complete if the	Nor From Inter ne organization reported an amo	answered "Ye	s" on F	orm 99	0-EZ, Part \ e 5, 6, or 22	V, line	38a or Form 99	00, Pa	rt IV,	line 2	6; or	f the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origin principal am		(f) Balance due	(g) in c	lefault?	by bo	proved pard or nittee?		Intten ement?
				То	From				Yes	No	Yes	No	Yes	No
(1)6	ARYWILCOX	ADMINIST.	TAXE 5	\times		7.000.	00	7,000.00		×	×		×	
(2)														
(3)														
(4)														
(5)														
(6)														
(7)					-									
(8)														
(9)		<u> </u>			<u> </u>	L						<u> </u>		
(10)	<u>.</u>		<u></u>			İ		<u>-</u>						
Total			<u> </u>			<u>: : : :</u>	. ▶	\$7,000.00	建設				*	河域
Part	Grants or As Complete if the	sistance Bener ne organization	fiting Interest answered "Ye	ed Per s" on F	sons. form 99	0, Part IV, II	ine 27	, .						
(a)	Name of interested perso		ship between inter- and the organization		c) Amount	of assistance	(d) Type of assistanc	e	(е	e) Purpo	se of a	ssistar	nce
(1)				-+						ļ —				
(2)										 				
(3)			·····											
(4)														
(5)										 				
(2) (3) (4) (5) (6)							<u> </u>							
(7)										1		-		

(a) Name of interested person	ne of interested person (b) Relationship between interested person and the organization (c) Amount transaction		(d) Description of transaction	(e) Shanng organization revenues?	
				Yes	N
					<u> </u>
					-
					-
				_	┝
					\vdash
Supplemental Information					
Provide additional information	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 ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization  LOYAL ORDER OF MOOSE-LODGE 2282	Employer identification number  23-7/76492
PART VI - LINE 118	·
COPIES OF FORM 990 GIVEN TO MEMBE	res
FOR EXAMINATION IN MEETINGS	
PART VI - LINE 19	
COPIES ARE AVAILABLE TO ALL MEN	1BERS
AND GENERAL PUBLIC UPON REQUEST	7 ⁻ 5.
NO REQUESTS IN THE PREVIOUS YEAR.	
PART XI - LINE 9	
CHANGES DUE TO CASH BASIS ACCOUNT	
DEPRECIATION, PAYROLL DIFFERENCES IN M	OOSE
INT'L FISCAL YEAR AND TOTALS FORW	'-3 
CALENDAR YEAR, AND MODSE INTL PROCE	EDURES.
	•••••••••••••••••••••••••••••••••••••••
	•