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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Form 990 (201)

Department of the Treasury

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. Inspection Internal Revenue Service 5/1/2015 4/30/2016 For the 2015 calendar year, or tax year beginning and ending C Name of organization LOYAL ORDER OF MOOSE LODGE NO 167 D Employer Identification number Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 35-0480380 Name change 111 SOUTH 8TH STREET E Telephone number Initial return City or town ZIP code 765-962-2997 RICHMOND IN 47374 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 2,194,033 Amended return G Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? WILLIAM MILLS 260 SOUTH 46TH STREET, RICHMOND, IN 47374 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) (8) ◀ (insert no) Tax-exempt status J Website: ► N/A H(c) Group exemption number ► 0002 X Corporation K Form of organization Trust M State of legal domicile Association L Year of formation 1987 IN Part I Summary Briefly describe the organization's mission or most significant activities: LODGE UNITES MEMBERS IN BONDS OF SCrivillED JUL | 0 Schilles & Governance FRATERNITY, BENEVOLENCE AND CHARITY. ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL 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. Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2015 (Part V, line 2a). 5 9 10 Total number of volunteers (estimate if necessary). 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34-1 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 1,938 1,525 9 9,499 Program service revenue (Part VIII, line 2g) . . . 9,023 10 1,576 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 4,944 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 293,813 318,407 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 306,826 333,899 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 18,408 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 91,806 99,621 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 210,274 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 200,052 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 325,199 320,488 19 Revenue less expenses Subtract line 18 from line 12 -18.37313,411 Beginning of Current Year 20 Total assets (Part X, line 16) . . . 1,061,746 1,074,150 21 Total liabilities (Part X, line 26) 2,890 1,883 Net assets or fund balances Subtract line 21 from line 20 1,072,267 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 1) illes Sign Here WILLIAM MILLS **ADMINISTRATOR** Type or print name and title Print/Type preparer's name Date Check Paid 6/20/2<u>016</u> Diana M Edwards, CPA self-employed Preparer Firm's name ► Webb & Associates Firm's EIN > 35-1838992 Use Only Firm's address ► 66 South 12th Street, Richmond, IN 47374 Phone no (765) 962-3524

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

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2015)	LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		<u>_</u>
1	LODGE	escribe the organization's mission [.] UNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY. ACCOMPL ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILI S		
2	the prior If "Yes,"	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X No
4	expense	the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		1
4a	SOCIAL) (Expenses \$ including grants of \$) (Reve AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUESTS APPROXIMATE	ELY 750 PEOPLE	
4b) (Expenses \$ including grants of \$) (Reve		
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other pro	ogram services. (Describe in Schedule O) es \$ including grants of \$) (Revenue \$)	
4e		gram service expenses		

Part	Checklist of Required Schedules			age C
	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		×
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		À
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
		11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L.	Schedule D, Parts XI and XII	12a		X
D	1964 I What is the Ade the constitute Debate Mand Miles antique	12b		×
42	Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
13		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
	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	"		<u> </u>
10	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		\vdash	
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	-
10	If "Yes," complete Schedule G, Part III.	19	x	

20a Did the organization operate one or more hospital Socilites? If "Yes," complete Schedule H. 20a X b 11" west to me 20a, of the organization are copy of its sudderd financial statements to this return? 20b 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), the 12" theys," complete Schedule I, Parts I and II. 21 X X Did the organization report more than \$5,000 of grants or other assistance to or for domestic government on Part IX, column (A), the 2" If "Yes," complete Schedule I, Parts I and III. 22 X X Did the organization answer "Yes," to Part IVI, Section A, Ine 3. 4, or 5 about compensation of the organization survers and former officers, directors, fursteers, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 X Did the organization answer Tees," the Part IVI, Section A, Ine 3. 4, or 5 about compensation of the organization answer that excernment boards is several to the several board of the organization answer that proceeds of tax-exempt board several board of the organization answer that proceeds of tax-exempt board of the organization and the proceeds of tax-exempt board of the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule II, Part I. 24d Section 50 (15), 35 (15)(16), 40 (16), 40				Yes	No
12 Did the organization report more than \$5,000 of graits or other assistance to any domestic organization or domestic operament on Part IX, column (A), the 12 H Yes, Complete Schedule I, Part I & Part I and III. 22 Did the organization report more than \$5,000 of graits or other assistance to or for domestic individuals on Part IX, column (A), the 2 H Yes, Complete Schedule I, Part I and III. 23 Did the organization answer "Yes" to Part VII, Section A, Inn 3. 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, int tax exempt bonds beyond a temporary period exception? 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, int tax exempt bonds beyond a temporary period exception? 25 Did the organization makes they proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 Did the organization and a sa in "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 80 P(G)3, 501(G)4, and 601(G)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 28 Is the organization awaver that tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II. 29 Did the organization awaver that tengaged in an excess benefit transaction with a disqualified person only one organization awaver that tengaged in an excess benefit transaction with a disqualified person of the organization awaver that tengaged in an excess benefit transaction with a disqualified person of the organization awaver that tengaged in an excess benefit transaction with a disqualified person of the organization awaver that tengaged in an excess b	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II. 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to not domests individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 22 Did the organization are started "Yes To Part VIX, 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 I. 23 Did the organization haves at star-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 24th trough 24th and complete Schedule IX "INO," go to line 253 24 bit the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 27 Did the organization and an an escore social organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule IX part I. 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule IX part I. 29 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 of IV "Yes," complete Schedule IX part II. 29 Did the organization report any of these persons II "Yes," complete Schedule IX part II. 20 Did the organization report any of these persons III "Yes," complete Schedule IX part III. 21 Did the organization report any of these persons III "Yes," complete Schedule IX, Part III. 22 Did the org		· · · · · · · · · · · · · · · · · · ·	20b		
Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III. Did the organization assure "res" to Part IXI, Section A, Ine 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 I. August 10,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24th brough 24d and complete Schedule I. "I'No," go to line 255 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24d Did the organization are as an *no health of "issuer for bonds culstanding at any time during the year? 24d Did the organization are as an *no health of "issuer for bonds culstanding at any time during the year? 24d 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? 34d 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 in a pnor year, and that the transaction with a transaction with a disqualified person in a pnor year, and that the transaction with a classification are properties of the organization are properties organization are proper		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII. Section A, Ine 3. 4, or 5 about compensation of the organization's currier and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 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 fines 240 through 24d and complete Schedule K If "No," for lone 25a 240 through 24d and complete Schedule K If "No," for lone 25a 240 through 24d and complete Schedule K If "No," for lone 25a 240 through 24d and complete Schedule K If "No," for lone 25a 24d 10 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of odfease any tax-exempt bonds? 24d 24d 25a Section 501(5(3), 501(6)(4), and 501(6)(2) organizations. Did the organization engage in an excess benefit transaction with a designalified person during the year? If "Yes," complete Schedule L, Part I b is the organization eware that It engaged in an excess benefit transaction with a designalified person during the year? If "Yes," complete Schedule L, Part I b is the organization eware that It engaged in an excess benefit transaction with an excess benefit of transaction with an excess benefit of transaction with an excess benefit of the organization provide a grant or other assistance to an officer, director, trustee, for complete Schedule L, Part II b the organization provide a grant or other assistance to an officer, director, trustee, for the part of the par	22		22		х
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the least 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 24b Did the organization invest any proceeds of tax-exempt bonds by the property of the process of the sex process of tax-exempt bonds by the property of the property of the property of the december of the december of the december of the property of the december of the december of the december of the property of the december of th	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			
s100,000 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 b old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L. Part I. b Is the organization was ret 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-E27 If "Yes," complete Schedule L. Part I. 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, grides to disqualified person? If "Yes," complete Schedule L. Part II. 25b John 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 IV. 27b Did the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV. 28c A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, frustee, or key employee? If "Yes," complete Schedule L. Part IV. 27c An entity of which a current or former officer, director, trustee,			23		<u>_x</u> _
b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b Is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. D) Did the organization and part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, flustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. D) Did the organization provide a grant or other assistance to an officer, director, flustee, 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 IV. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, "complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, "complete Schedule M. Did th	24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. 24d 25a		Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
25a Section 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27 if "Yes," complete Schedule L, Part I. 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. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Part IV instructions for applicable filing thresholds, conditions, and exceptions). A family member of 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. 28b X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 30 Did the organization sell, exchange, dispose of, or transfer more than 2			_		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . 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 prompts of 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 . 25b Z 27c 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 . 28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV . 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28d X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I . Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II . 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 31 Did the organization one of the subsequence of the subsequence of the organization under Regulations selections 301 7701-3? If "Yes," complete Schedule R, Part I II, III, or IV, and Part V, line 1. 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," compl			24d		
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 II. 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. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, 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 fling thresholds, conditions, and exceptions). 3 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 11 "Yes," complete Schedule N, Part II. 31 Did the organization on the substance, or disease operations? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 Did the organization on 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 32 Did the organization on the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a		_X_
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		y	-`- -
		197 Note. All Portit 990 filets are required to complete Schedule O			20151

Form 9	90 (2015) LOYAL ORDER OF MOOSE LODGE NO 167 35-04	80380	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a		1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
•	gaming (gambling) winnings to prize winners?	1c	X	 -
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	1	<u> </u>	
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			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		ŀ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		 ^
b	gifts were not tax deductible?	6b]	
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
a	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	l	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨_	1	i
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	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	"	<u> </u>	
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 organization have excess business holdings at any time during the year.	1		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a]	l
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-	}	1
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	\dashv	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	+
а	Note. See the instructions for additional information the organization must report on Schedule O	150	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	7	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Sect	ion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8								
	If there are material differences in voting rights among members of the governing body, or			i						
	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		ľ						
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 t	he direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	- [X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X					
5										
6	Did the organization have members or stockholders?		6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	one or more members of the governing body?		7a	x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
-	stockholders, or persons other than the governing body?		7b	ł	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaker	durina			<u> </u>					
•	the year by the following	5								
а	The governing body?		8a	x						
b			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached								
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)						
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put		10b	x						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·								
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		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		<u>X</u>					
15	Did the process for determining compensation of the following persons include a review and approve									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation									
а	The organization's CEO, Executive Director, or top management official		15a		Х					
b	Other officers or key employees of the organization		15b		<u>X</u>					
~	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 arrange	ement								
	with a taxable entity during the year?		16a	J	х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	ate its	100							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safego									
	the organization's exempt status with respect to such arrangements?	•	16b							
Sect	ion C. Disclosure	<u>:</u>	100							
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed IN									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(c)(3)	s only	 ')						
-	available for public inspection. Indicate how you made these available. Check all that apply.	(-/(-/	,	•						
		olaın ın Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		cy, an	đ						
	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 b	ooks and records	•							
-										
	WILLIAM MILLS 111 SOUTH 8TH ST RICHMOND IN 47374									

Forth 990 (2015)	LOYAL ORDER OF MOOSE LODG	GE NO 167		_						35-04803	80 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	ıplo	oyee	s, ł	lighest Comp	ensated	
•	Employees, and Independent C										
	Check if Schedule O contains a re	esponse or no	te to	any	y lir	ne ii	n this	s Pa	art VII <u>.</u> .		
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	mployees		
1a Complete to organization's	this table for all persons required to be lax year.	listed Report co	mper	nsatı	on 1	for t	he ca	lene	dar year ending v	with or within the	
-	of the organization's current officers, di	rectors, trustees	(whe	ethe	r ind	divid	luals	or o	rganizations), re	gardless of amo	unt
List all eList thewho received	non Enter -0- in columns (D), (E), and (in of the organization's current key emplotorganization's five current highest con reportable compensation (Box 5 of Formand any related organizations	yees, if any. See	e instr oyees	ucti (ot	ons her	for thai	n an c	offic	er, director, truste	ee, or key emplo	yee)
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	eceived more that	an
	of the organization's former directors o more than \$10,000 of reportable compe										the
compensated	n the following order individual trustees employees; and former such persons.										
Check thi	s box if neither the organization nor any	related organiz	ation	con	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	_	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) BRIAN	GAY	1.00		\vdash	-	-	-	-			
TREASURER					X						
	EY POWELL	1.00									
GOVERNOR					X		<u> </u>				
(3) KENNY	YOUNG	1.00								:	
PRELATE		4.00	-	<u> </u>	X		<u> </u>				
3 YR TRUSTE		1 00		_	x	_					
2 YR TRUSTE		1.00		_	x	_					
(6) GEORG	GE HINES	1.00			_		}				
1 YR TRUSTE	DDALICUTON	1 00	├	├	X		-	⊢		-	
JR GOVERNO	BRAUGHTON				x						
	M MILLS	40 00			Ĥ		-	 			
ADMINISTRA					x	х			20,191		
											
(10)											
(11)											
(12)											
(13)											
(14)											

Page 8

1b Sub-total	P	art VII Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	(4	C)	ghes	t C	ompensated En	ployees (contir	nued)_	
(15) (16) (17) (18) (29) (21) (22) (23) (24) (25) (25) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			Average hours per	box,	unles er an	eck s pe	more rson	is both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	com fi org an	stimated mount of other opensation om the anization d related
(19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)							<u> </u>				-	
(19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(16)						-		_				
(20) (21) (22) (23) (24) (25)													····
(21) (22) (23) (24) (25)	(18)					,							
(21)		<u> </u>											
(23) (24) (25)	(20)								-				
(23) (24) (25)	(21)												
(23) (24) (25)													
Sub-total Description of services Description of services Compensation Compensation													
1b Sub-total	(24)												
c Total from continuation sheets to Part VII, Section A.	(25)												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization The organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	С	Total from continuation sheets to Part VII, Se	ection A						•				
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but not lin	nited to those lis							<u> </u>	,000 of	l	
employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization						<u> </u>					Yes No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3					-		-		· ·		3	х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organization and related organizations great									า	4	V
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation	5	Did any person listed on line 1a receive or accr											1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation	Sec		es," complete Sc	hedu	le J	tor	suc	n per	son	<u> </u>	<u> </u>	5	
Name and business address Description of services Compensation		Complete this table for your five highest compe compensation from the organization Report co.										tax	
2 Total number of independent contractors (including but not limited to those listed above) who received			ess								vices (
2 Total number of independent contractors (including but not limited to those listed above) who received													
2. Total number of independent contractors (including but not limited to those listed above) who received													
		Total number of independent	ding his net lines	04 45	tha	- I-	ot o	1 ch c	1/01	who received			

Form	990 (20	15) LOYAL ORDER OF MOOSE LODGE	E NO	167			35-0480	0380 Page 9
Par	t VIII	Statement of Revenue						
	•	Check if Schedule O contains a respons	se or i	note to any line in	this Part VIII.			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង	1a	Federated campaigns	1a					
iran	b	Membership dues	1b					
ts, G Am	C	Fundraising events						
Ilar Tar	d	Related organizations	<u>1d</u>			1		1
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	 				
ber the	1	All other contributions, gifts, grants, and similar amounts not included above.	4.5	4 505	-	1		
를 를	_	Noncash contributions included in lines 1a-1f:	1f \$	1,525			4	
Se	g L		•		1,525			
	h	Total. Add lines 1a–1f	<u> </u>	Business Code	1,020			
an de	2a	MEMBERSHIP DUES AND FEES		900099	9,023	9,023		-
Seve	b			000000		- 0,020		
93	C							
Program Service Revenue	d							
	е							
gra	f	All other program service revenue						
<u></u>	g	Total. Add lines 2a-2f			9,023			
Other Revenue	c d	Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses. Gain or (loss) Net gain or (loss). Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	d prod	(ii) Personal (iii) Other	4,944			4,944
돮	b	Less: direct expenses	. b	24,776	12.010			12.016
	C	Net income or (loss) from fundraising even	ts.	· · · · · · · ·	-13,016			-13,016
	9a	Gross income from gaming activities See Part IV, line 19	_	2,035,329	ļ		-	
	b	Less direct expenses	a b	1,759,770				,
	C	Net income or (loss) from gaming activities		1,700,170	275,559	275,559		
	10a	Gross sales of inventory, less	•		270,000	2,0,000		
	100	returns and allowances	а	131,452				
	ь	Less: cost of goods sold	b	75,588				
	c	Net income or (loss) from sales of inventor			55,864	55,864		
	├ 	Miscellaneous Revenue		Business Code			` ,	
	11a							
	b							
	С							
	d	All other revenue						

333,899

340,446

e Total. Add lines 11a-11d.

12

Total revenue. See instructions

-8,072

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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments See Part IV, line 21	18,408	18,408						
2	Grants and other assistance to domestic								
•	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign	ł							
	organizations, foreign governments, and foreign	}							
4	individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
5	trustees, and key employees	20,191	20,191						
6	Compensation not included above, to disqualified	20,131	20,101						
Ŭ	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)		Í						
7	Other salaries and wages	64,571	64,571						
8	Pension plan accruals and contributions (include			-					
	section 401(k) and 403(b) employer contributions)		İ						
9	Other employee benefits								
10	Payroll taxes	7,044	7,044						
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting	2,643	2,643						
d	Lobbying				 				
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	470	470						
12	Advertising and promotion	479	479		<u> </u>				
13	Office expenses	24,176	24,176						
14	Information technology								
15 16	Royalties	30,848	30,848						
17	Occupancy	8,569	8,569	.					
18	Payments of travel or entertainment expenses	0,000	0,000						
10	for any federal, state, or local public officials	į							
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates	8,046	8,046						
22	Depreciation, depletion, and amortization								
23	Insurance	13,083	13,083						
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)								
а	Endowment Expense	1,376	1,376						
b	Repairs and Maintenance	25,996	25,996		<u> </u>				
C	Supplies	95,058	95,058		 -				
d	All olders are a second as a s								
e 25	All other expenses	320,488	320,488	 	<u> </u>				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	320,400	320,400		 				
20	organization reported in column (B) joint costs				Į				
	from a combined educational campaign and		ļ		J				
	fundraising solicitation Check here		ļ						
	following SOP 98-2 (ASC 958-720)								

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 182,692 184,402 1 2 Savings and temporary cash investments 65,249 2 66,810 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 7 7 16,540 8 8 16,540 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D Less, accumulated depreciation | 10b | 797,265 10c 806,398 11 11 12 Investments—other securities See Part IV, line 11. . . 12 Investments—program-related See Part IV, line 11. 13 13 14 14 15 15 1,061,746 16 1,074,150 16 Total assets. Add lines 1 through 15 (must equal line 34) . ___ . . __. 2,890 17 17 18 Grants payable 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete 25 2,890 1,883 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 1,058,856 1,072,267 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,058,856 1,072,267 33 33 1,061,746 34 1,074,150 Total liabilities and net assets/fund balances

Horm :	990 (2015) LOYAL ORDER OF MOOSE LODGE NO 167	35-048	0380	Pag	ge 12
Par	XI Reconciliation of Net Assets				
	` Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		333	3,899
2	Total expenses (must equal Part IX, column (A), line 25)	2		320	,488
3	Revenue less expenses. Subtract line 2 from line 1	3		13	3,411
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,058	3,856
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,072	.,267
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ļ		{	
	Schedule O.				į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?	•	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			ļ	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				į
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Ì	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		3a	[<u>X</u>
b	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	<u> </u>	3b		
			Form	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

Department of the Treasury Internal Revenue Service

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

Name	of the organization	······································	Employer identification number
LOYA	L ORDER OF MOOSE LODGE NO 167		35-0480380
Par		or Advised Funds or Other Similar I	unds or Accounts.
	Complete if the organization answ	vered "Yes" on 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) .	L	
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for	· · · · · · · · · · · · · · · · · · ·	r for any other
	purpose conferring impermissible private ber	nefit?	Yes No
Par	Conservation Easements.		
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held I	by the organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribution	on in the form of a conservation
4	easement on the last day of the tax year	non neigh a qualified conscivation contribute	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a cer		
d	Number of conservation easements included		
-	historic structure listed in the National Regist		2d
3	Number of conservation easements modified		minated by the organization during
	the tax year ▶		, ,
4	Number of states where property subject to c	conservation easement is located	
5	Does the organization have a written policy r	egarding the periodic monitoring, inspection	, handling of
	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing cons	servation easements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	[-1 [-3
	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		ancial statements that describes
	the organization's accounting for conservation	n easements.	an Other Circilan Access
Par	Organizations Waintaining Colle	ections of Art, Historical Treasures, vered "Yes" on Form 990, Part IV, line	or Other Sillinal Assets.
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other sim		
_	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements t	nat describes these items
b	If the organization elected, as permitted under	er Shas 116 (ASC 958), to report in its reve	nue statement and dalance sheet
	works of art, historical treasures, or other sim	the second second second	
	of public service, provide the following amount	nts relating to these items.	. •
	(i) Revenue included on Form 990, Part VIII,(ii) Assets included in Form 990, Part X.	ine i	
_	(II) Assets included in Form 990, Part X.		ote for financial gain, accorde the
2	If the organization received or held works of		
	following amounts required to be reported un		
a	Revenue included on Form 990, Part VIII, lin	e1	. \$
b	Assets included in Form 990, Part X .	· _ · _ <u> </u>	<u> </u>

Sched	dule D (Form 990) 2015 LOYAL ORDER (OF MOOSE LODGE	NO 167				35-0480	380		Page 2
Par	t III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	asures, or	Other	Similar Asset	s (con		
3	Using the organization's acquisition,									. /
	collection items (check all that apply)			•		Ū	Ü			
а	Public exhibition		d \square	Loan or	exchange p	orograms	5			
b	Scholarly research		e 🗔	Other		_				
			٠ ــــا	Other						
C	Preservation for future general									
4	Provide a description of the organization of the organization XIII.	tion's collections an	d explain hov	w they furt	ther the orga	anization	's exempt purpos	se in Pa	art	
5	During the year, did the organization assets to be sold to raise funds rathe							Ye	es []	No
Par	Escrow and Custodial Ar Complete if the organizatio 990, Part X, line 21.	_	on Form 9	990, Part	IV, line 9,	or repo	rted an amoun	t on Fo	orm	·
1a	Is the organization an agent, trustee,	custodian or other	intermediary	for contrib	outions or ot	her asse	ts not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in P							Ye	es 🗌	No
-				J			A	nount		
С	Beginning balance					1c				
d	- -					1d				
e	Distributions during the year					1e				
f	Ending balance					1f	† - 			-
2a	Did the organization include an amou					al accou	nt liability2	□ v _c	s X	No
	_							_	~ 	110
b	If "Yes," explain the arrangement in P	art Alli. Check here	il the explai	14110111145	been provid	led on F	all Alli	• • •		
Part		1.113.4	. – .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	07.5 - 40					
	Complete if the organizatio						 			
		(a) Current year	(b) Prior	year	(c) Two years	back (d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities	1	ļ					l		
	and programs		ļ. —							
f	Administrative expenses									
g	End of year balance	L	1					<u> </u>		
2	Provide the estimated percentage of			ie 1g, colu	ımn (a)) held	d as				
а	Board designated or quasi-endowme		·%.							
b	Permanent endowment	%								
С	Temporarily restricted endowment	9	ř-							
	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in the	possession of the	organization	that are h	ield and adn	nnistere	d for the	ı	·	
	organization by							(a. //)	Yes	No
	(i) unrelated organizations				•			3a(i)		 -
	(ii) related organizations.							3a(ii)		
b	if "Yes" on line 3a(II), are the related of				ııe K7 .		• •	3b		Ĺ
4	Describe in Part XIII the intended use		n's endowme	ent funds	·					
Part									4.0	
	Complete if the organization	n answered "Yes	on Form 9					X, lin	e 10.	
	Description of property	(a) Cost or		(b) Cost			ccumulated	(d) B	ook valu	е
		(invest	ment)	basis (orner)	dep	preciation			
1a	Land				F0 / F0 :				· <u>-</u>	
b	Buildings				524,704				52	24,704
C	Leasehold improvements	·								
d	Equipment .				235,762		9,133			5,762
<u>e</u>	Other		22.5		45,932					5,932
Total	I. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X, c	oiumn (B)	, iine 10c.) .	<u> </u>	<u> </u>		80	6,398

Part VII			000 5 4 11/11 4/1 0 5 5 5 5 5 5 5 5 5
		answered "Yes" on Form	990, Part IV, line 11b. See Form 990, Part X, line 1
) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial		<u></u>	
	eld equity interests		
			
			
		1 =- :	
(0)			
<u>(H)</u>			
	must equal Form 990, Part X, col (B) line 12)	 _	<u> </u>
Part VIII	Investments—Program Rela		
	Complete if the organization a	inswered "Yes" on Form	990, Part IV, line 11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)		ļ <u> </u>	
	must equal Form 990, Part X, col (B) line 13)	<u>' </u>	
Part IX	Other Assets.	annuared IIVaall on Form	000 Doct IV line 11d See Form 000 Bort V line 1
	Complete if the organization a	(a) Description	990, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(1)		(a) Description	(a) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, c	col_(B) line 15)	<u> </u>
Part X	Other Liabilities.	1 IIS 7 II P* .	000 D (1)/ F - 44 445 O F 000 D ()
	, –	inswered "Yes" on Form	990, Part IV, line 11e or 11f. See Form 990, Part X
	line 25.	(I) Dealerston	
1. (1) Forderal	(a) Description of liability	(b) Book value	_
	Income taxes COMPANY TRANSFER	 	–
(3)	COMPANY TRANSPER		
(4)			-
(5)		·	-
(6)			· .
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col (B) line 25)		
2. Liability for	uncertain tax positions. In Part XIII, prov	ride the text of the footnote to t	he 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

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				
•				

Schedule D (Form 990) 20		35-0480380	Page 5
Part XIII Sur	pplemental Information (continued)		
•			
	•••••		
			.
•			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization Employer identification number LOYAL ORDER OF MOOSE LODGE NO 167 35-0480380 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants С Phone solicitations g X Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 2 7 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing INDIANA

Part II

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **OOL TOURNAMENT** NDS/ENTERTAINME (add col (a) through col (c)) (event type) (total number) (event type) Revenue 5,885 Gross receipts . . . 3.263 2.612 11,760 Less: Contributions . . . Gross income (line 1 5,885 mınus line 2) . . . 3.263 2.612 11,760 Cash prizes Noncash prizes . Expenses Rent/facility costs . . . Food and beverages. Direct Entertainment 15,350 15,350 Other direct expenses 9,426 9,426 24,776) Net income summary. Subtract line 10 from line 3, column (d) 11 -13,016 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 510,182 Gross revenue. 1,525,147 2,035,329 Direct Expenses 2 Cash prizes 590.741 1,158,712 1,749,453 Noncash prizes Rent/facility costs . . . 5 Other direct expenses 10,317 10,317 X Yes X | Yes 100.00% 100 00% Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d). 1,759,770) Net gaming income summary Subtract line 7 from line 1, column (d) 275.559 IN Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain.

Sched	ule G (Form 990 or 990-EZ) 2015 LOYAL ORDER OF MOOSE LODGE NO 167	35	-0480380	Page 3
11	Does the organization conduct gaming activities with nonmembers?		X Yes	
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in.	42-		400.000/
a b	The organization's facility	13a 13b		100 00% %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		
	Name ► MALLORY A KIMBLER			
	Address ► PO BOX 19 BOSTON, IN 47324			
15a	revenue?		Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party \$\bigs\\$			
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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
b	retain the state gaming license?	ł	X Yes	No
Part	or spent in the organization's own exempt activities during the tax year 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).	infor	and (v); and ination	and
			· • • • • • • • • • • • • • • • • • • •	

SCHEDULE 1 (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

I

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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OMB No 1545-0047	2015	Open to Public

Inispection number

35-0480380

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X Yes

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

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

OYAL ORDER OF MOOSE LODGE NO 167

Part 1

the selection criteria used to award the grants or assistance?

PartII

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(h) Purpose of grant or assistance DONATION (g) Description of non-cash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Book Enter total number of section 501(c)(3) and government organizations listed in the line 1 table........ (e) Amount of non-cash assistance 7,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 00-3121909 (b) EIN 1 (a) Name and address of organization MAIN ST RICHMOND, IN 47374 (1) RICHMOND POLICE DEPT or government <u>@</u>; ල €; 3 9 €; <u></u> 8

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

Schedule I (Form 990) (2015)

35-0480380

Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

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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. ▶ Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

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 B, Line 11: THE ADMINISTRATOR TAKES THE COMPLETED 99	00 TO THE BOARD,
WHERE IT IS REVIEWED AND DISCUSSED	······································
Form 990, Part VI, Section C, Line 19. ANY MEMBER OF THE ORGANIZATION IS GIVEN A	CCESS TO THE
GOVERNING DOCUMENTS, 990, AND FINANCIAL STATEMENTS UPON REQUEST	
Form 990, Part VI, Section A, Line 6 THE ORGANIZATION HAS MEMBERS	
Form 990, Part VI, Section A, Line 7A: MEMBERS ELECT THE OFFICERS AND BOARD ME	EMBERS

Scriedile O (Lotti aan ot aan-EZ) (5012)		Page 2	<u>2</u>
Name of the organization	Employer identification number	r	_
LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380		_

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