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For Paperwork Reduction Act Notice, see the separate instructions.

F?rm **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Inter	nal Rever	nue Service	► Information about Form 990 and its instructions is at www.irs.go	v/form990	D	Inspection
<u>A</u>	For the	2015 cale	ndar year, or tax year beginning MAY 1 , 2015, and ending	APR	IL 30	<u>, 2</u> 0 16
В	Check if	applicable :	C Name of organization LOYAL ORDER OF MOOSE #836		D Employ	er identification number
	Address	change	Doing business as GOSHEN MOOSE LODGE #836			35-0818898
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number
$\overline{}$	Initial ret	•	PO BOX 476			(574) 534-2461
Ē.		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			(0.1) (0.1 - 10.1
Ī.	Amende		GOSHEN, IN 46527		G Gross re	eceipts \$
$\overline{\sqcap}$				H(a) is this a ni		subordinates? Yes No
_	· (ppilout	1				s included? Yes No
,	Tay aya	mpt status	□ 501(c)(3)			list (see instructions)
	Website	•		H(c) Group		
_			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			
	art I	Summ	······································	1947	IVI State	of legal domicile IN
	_		— 	ANUZATIO	NAL LIBERT	C ITC MEMDEDS IN THE
•	1	•	scribe the organization's mission or most significant activities: OUR ORG			
Activities & Governance			F FRATERNITY, BENEVOLENCE, AND CHARITY. THIS IS ACCOMPLISHED TH	ROUGH A	YEAR-R	OUND SCHEDULE OF
Ë	_		ND RECREATIONAL ACTIVITES FOR THE MEMBERS AND THEIR FAMILIES.			
Š	2		s box $\blacktriangleright \square$ if the organization discontinued its operations or disposed of m	nore than		
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	9
ళ	4		of independent voting members of the governing body (Part VI, line 1b)		4	8
ij.	5	Total nun	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	9
ξ	6		nber of volunteers (estimate if necessary)		6	50
Ą	7a	Total unre	elated business revenue from Part VIII, corumn (G), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990 F, line 34		7b	0
				Prior Ye	ar	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h) SEP 1.9.2016.		5814	4214
Ž	9		service revenue (Part VIII, line 2g)		498368	433197
Revenue	10	_	nt income (Part VIII, column (A) lines 3, 4 and 7d)		9	9
ď	11		enue (Part VIII, column (A), lines 5, 6d 8c 9c 10c and 11e)		0	0
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		498377	437420
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		36810	15876
	14		paid to or for members (Part IX, column (A), line 4)		000.0	0
	15	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		108850	73174
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	73174
ĕ	b		draising expenses (Part IX, column (D), line 25) ▶			
Ä	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		202017	205000
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		302917	305690
	1	•	· · · · · · · · · · · · · · · · · · ·		448577	404288
	19	nevenue	less expenses. Subtract line 18 from line 12	inning of Cu	49800	33132 End of Year
Net Assets or Fund Balances		T-4-1	<u> </u>	aning or ou		
SSe	20		ets (Part X, line 16)		764321	759774
\$ E	21		ulities (Part X, line 26)		-47341	-56680
			s or fund balances Subtract line 21 from line 20		716980	703094
	art II		ure Block			
			ry, I declare that I have examined this return, including accompanying schedules and statemen ete Declaration of preparer (other than officer) is based on all information of which preparer has			ny knowledge and belief, it is
	e, correc	i, and compi	ele Declaration of preparer (other trial officer) is based on an information of which preparer has	any known		
٠.			en a heron			13-16
Sig	-	Sign	ature of officer	Da	te	
He	re	<u> </u>	COTT E. NELSON ADMINASTRATOR			
_			or print name and title		_	
Pa	id -	Print/Ty	pe preparer's name Preparer's signature Date		Check	ıf PTIN
	epare	er 📖			self-em	oloyed
	se On	I	ame ▶	Firn	n's ElN ▶	
J	,5 011		ddress ▶	Pho	ne no	
Ma	y the I		s this return with the preparer shown above? (see instructions)			· · Yes No



Cat No 11282Y

Form **990** (2015)

-01111 99	0 (2015)				1 age 2								
Part		ment of Program Service		→ III									
1		ribe the organization's missic	esponse or note to any line in this Pa	<u> </u>	<u> L</u>								
•			RS IN THE BONDS OF FRATERNITY, BEN	NEVOLENCE, AND CHARIEY THIS	is								
			OF SOCIAL AND RECREATIONAL ACTIV										
	ACCOMIN EIG												
2	Did the orga	anızatıon undertake any signi	ficant program services during the yea	r which were not listed on the									
	prior Form 9	90 or 990-EZ?			🗌 Yes 🛭 🗹 No								
		If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services? .				🗌 Yes 🕝 No								
		scribe these changes on Sch											
4			vice accomplishments for each of its t										
			l) organizations are required to report	the amount of grants and alloca	ations to others,								
	the total exp	enses, and revenue, if any, f	or each program service reported.										
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)								
4h	(Code.) (Expenses \$	including grants of \$) (Revenue \$)								
	(0000.) (_N,ponese +		, (,								
			landa a sanata at A	\/Dayanya ft									
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$,								
				6									
		ı											
4d	Other progr	ram services (Describe in Sch											
	(Expenses)									
4e	Total progr	am service expenses ▶											

Part	Checklist of Required Schedules			
_	In the exercise to described in eaction 504(2)(0) or 4047(2)(4) (atheres there are removed foundation (0.15 "Vec."	·	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		V
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		V
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		,
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	·	,
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
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		v
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	7	
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		,
_	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		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<i>v</i>
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		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		_
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		~
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		-
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	V	
			- 000	$\overline{}$

Part	Checklist of Required Schedules (continued)			
00	Did the average team and average has not been to facilities? If "Yes " complete School de H	20a	Yes	No V
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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		v
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		v
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		V
	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		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
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		V
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		v
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
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		,
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		,
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		,
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		~
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
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,			
38	Part VI	37		~
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
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 e-file (see instructions)	_		
За	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			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		V
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		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	aifts were not tax deductible?	6b		V
7	Organizations that may receive deductible contributions under section 170(c).			
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	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		~
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
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:			
a	Gross income from members or shareholders	-		
р	Gross income from other sources (Do not net amounts due or paid to other sources			1
	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	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	}	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	V
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		+
b	ii res, has it lied a form 120 to report these payments: ii rvo, provide an explanation in schedule O.	עדי⊥		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	-						
	Check if Schedule O contains a response or note to any line in this Part VI							
Section	on A. Governing Body and Management	<u> </u>	• •	•	<u> </u>			
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
h	Enter the number of voting members included in line 1a, above, who are independent . 1b	8						
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?		2	-	v			
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?	direct	3	_	,			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		~			
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?.	5 6	~	~			
6 7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or persons other than the governing body?	bers,	7a 7b	<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken of the year by the following.							
а	The governing body?		8a	~				
b	Each committee with authority to act on behalf of the governing body?		8b	~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		<u>, </u>			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue C					
10-	Did the expenses on have level charters bronches or effiliates?	1	10a	Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?		10a					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fi		11a	~				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	flicts?	12a 12b		•			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'describe in Schedule O how this was done	Yes,"	12c		ı			
13	Did the organization have a written whistleblower policy?		13		~			
14 15	Did the organization have a written document retention and destruction policy?		14		~			
-	The organization's CEO, Executive Director, or top management official		15a	V				
a b	Other officers or key employees of the organization		15b	-	·			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange							
b	with a taxable entity during the year?		16a		~			
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua organization's exempt status with respect to such arrangements?	rd the	16b					
Secti	ion C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► INDIANA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T available for public inspection. Indicate how you made these available. Check all that apply.	Section	501(c)(3)s	only)			
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, confliction in the statements available to the public during the tax year.	ot of into	erest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books	and re	cords	: ▶				

	•		
Form	990	(2015)	١

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

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.

compensated employees; and former such pers					,			,	,,	,, 5
☐ Check this box if neither the organization no		d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0					·	·
(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
Nume and The	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익束	2	Õ	Š	g 포	7	from the	related organizations	other compensation
	related	함	stitu	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	cto	tion	1	nplo	yee cc	٦	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	altn		уее	mp				organizations
		tee	Institutional trustee			Highest compensated employee				
			đ			ted				
(1) MARK BENTON	50									
ADMINISTRATOR	30	İ			~		1	14600		
(2) LARRY HARVEY	50				Ť					
ADMINISTRATOR	"				~			5116		
(3) SCOTT NELSON	20									*
GOVERNOR				~	İ					
(4) TONY HARVEY	20									
JR. GOVERNOR				~						
(5) DALE DUBBS	20			_						
PRELATE				~			<u> </u>			
(6) MARVIN WILSEY	20									
TREASURER		ļ		~	ļ_					
(7) TOMAS FRAGA	20			١.				ļ		
I YR TRUSTEE	 			~			-			
(8) WILLIAM TAYLOR	20	ł		١,						
2 YR TRUSTEE	ļ <u>.</u>			~	 —	-	\vdash	 		
(9) MARTIN BUTLER	20			1	1					
3 YR TRUSTEE	20	 	├-	-			\vdash			
(10)WADE SOWERS PAST GOVERNOR	20		1	<u>, </u>		1				
	 	-		 	 		╁	 		_
(11)										
(12)										
(13)	<u> </u>			ľ						
(14)	 									_
	ل	1	ľ		ل	<u> </u>		<u> </u>	<u></u>	

Part	(A) Name and title	(B) Average hours per	(do n box, office	ot ch unles	Pos neck ss pe d a d	tion more rson rect	e than one the than the the than the the than the the than the than the the the the than the the the the the the the the the the	one an tee)	(D) Reportable compensation from	(E) Reportable compensation related	ble Esti on from amo		(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	ensation the inization related in inization	n H
(15)														
(16)						-								
(17)														
(18)						_	<u>-</u>							
(19)														
(20)						_								
(21)						-								
(22)														
(23)		i						_						
(24)														
(25)														
1b c d	Sub-total			· ·	· ·	 	· •	> > >						
2	Total number of individuals (including bur reportable compensation from the organ	t not limited					above	e) w	rho received m	ore than \$10	0,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	-	est comper		3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npei)? <i>I</i> : 	nsatio f "Ye	on a s,"	nd other comp complete Sch	ensation from the second secon	m the such	4		V
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe comp	nsa lete	tion Sch	froi nedi	m any	un for s	nrelated organiz Such person	ation or indi				V
Section	on B. Independent Contractors	,	•											<u> </u>
1	Complete this table for your five highest compensation from the organization Reyear.													tax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compen		
	100.00													
	- ;												,	
	1													
2	Total number of independent contractor	-	_					o th	nose listed ab	ove) who			1	

Part	VIII	Statement of Revenu	ıe						
		Check if Schedule O co	ontains a	res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns .	[1a					
ig ig	b	Membership dues	[1b	4214 00				
Am (s	С	Fundraising events		1c					
를 를	d	Related organizations .	⊢ -	<u>1d</u>					
ş <u>i</u>	е	Government grants (contrib		<u>1e</u>					
e ë	f	All other contributions, gifts,							
년 돌		and similar amounts not include	L_	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included				4214			
<u>0 6</u>	<u>h</u>	Total. Add lines 1a-1f.	• • •	•	Business Code	4214	+		
Ĕ.	2a	SOCIAL QUARTERS			- Business Code		212976		-
Program Service Revenue	za b	CAMPGROUND				79069	212770		
8	C	KITCHEN				7,007	23061		
Z S	d	VENDING				207			-
SE	e	GAMING				100436			-
gra	f	All other program service	e revenue			13234			
윤	g	Total. Add lines 2a-2f .			▶	192946			
	3	Investment income (inc	cluding d	ivid	ends, interest,				
		and other similar amoun	ts)		▶				
	4	Income from investment of							
	5	Royalties			▶				
			(i) Real		(II) Personal				
	6a	Gross rents				ĺ			
	b	Less rental expenses							
	C	Rental income or (loss) Net rental income or (los))		•			-	
	d 7a	Gross amount from sales of	(i) Securitie						
	, a	assets other than inventory	(,, -,	-	(4)	1		ļ	
	b	Less: cost or other basis					•		
	_	and sales expenses .							
	С	Gain or (loss)		-	 				
	d	Net gain or (loss)			•	j	l	-	-
e	8a	Gross income from fund	Iraising						
evenue		events (not including \$	_						
Other Rev		of contributions reported See Part IV, line 18		а					
5		Less: direct expenses .			L				
		Net income or (loss) from Gross income from gami			events . ►				
	ya	See Part IV, line 19							
	h	Less. direct expenses .							
	C	Net income or (loss) from							
	_	Gross sales of inve	-						
		returns and allowances	-	а		1			
	Ь	Less: cost of goods sold	d	b					
	С	Net income or (loss) from			entory >		-		
		Miscellaneous Reve			Business Code				
	11a								
	b								
	С			•					<u> </u>
	d	All other revenue				<u> </u>			
	e	Total. Add lines 11a-11					****		
	12	Total revenue. See inst	tructions.			433197	236037	1	i

	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											
	t include amounts reported on lines 6b, 7b, , 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 and domestic governments. See Part IV, line 21	0	0								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	0								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	19717	19717		'						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages	53457	53457								
9	Other employee benefits										
10	Payroll taxes	25424	25424								
11	Fees for services (non-employees)										
а	Management										
b	Legal										
С	Accounting										
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.)										
12	Advertising and promotion	1697	1697								
13	Office expenses	5949	5949								
14	Information technology			<u> </u>							
15	Royalties										
16	Occupancy	83101	83101	-							
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	4145	4145								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	7004	7001								
23	Insurance	7981	7981								
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.)										
_	SPECIAL PROJECTS	9553	9553								
a b	COST OF GOODS SOLD	130532									
C	KITCHEN COST OF GOODS SOLD	19113									
d	SUPPLIES & MISC EXPENSE	21024		-	 						
e	All other expenses	22595		-	 						
25	Total functional expenses. Add lines 1 through 24e	404288	· · · · · · · · · · · · · · · · · · ·								
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 following SOP 98-2 (ASC 958-720)			,							

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	15960	1	9439
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	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			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 750335			
	b	Less: accumulated depreciation 10b	748362	10c	750335
	11	Investments – publicly traded securities	_	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	764321	16	759774
	17	Accounts payable and accrued expenses	-66553	17	-66191
	18	Grants payable	0	18	0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	_
S	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	42010	23	35842
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	-22798		-26331
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	-47341	26	-56680
(A)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			
ö		complete lines 27 through 29, and lines 33 and 34.			÷=
<u>a</u>	27	Unrestricted net assets	811662	 	840571
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		1 1	
Net Assets or Fund Balances		complete lines 30 through 34.	-		
sts	30	Capital stock or trust principal, or current funds		30	18
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť Š	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	811662		840571
	34	Total liabilities and net assets/fund balances	764321	34	763611

	0 (2015)			Pa	ige 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		4	33197
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	04288
3	Revenue less expenses Subtract line 2 from line 1	3			28909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	11662
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		8	40571
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			'
	reviewed on a separate basis, consolidated basis, or both:				,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			۱ ۱
	separate basis, consolidated basis, or both:				,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		~
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.				_]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f				
	the Single Audit Act and OMB Circular A-133?		3a		~
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 au	ıdıts.	3b]	1
			Fori	ո 99 0	(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.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury, Internal Revenue Service Name of the organization

LOYAL	ORDER OF MOOSE #836		35-0818898
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"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)	_	
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	· · · · · · · □ Yes □ No
Part	Conservation Easements.		_
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ten	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	• • • •	f section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		· · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	•	nancial statements that describes the
	organization's accounting for conservation easem		
Par		•	
	Complete if the organization answered		·
1a	If the organization elected, as permitted under Si		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under s		
	works of art, historical treasures, or other simila		ducation, or research in furtherance of
	public service, provide the following amounts rela	· ·	
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		• \$
h	Assets included in Form 990, Part X	•	b c

Par	ne.	2

Part	Organizations Maintaining	Collection	ns of A	Art, Hist	orical T	reasures,	or Oth	ner Similar As	sets (continued)
3 、	Using the organization's acquisition, collection items (check all that apply):								
а	☐ Public exhibition			a٦	∃ Loan.	or exchange	nroar	ame '	
b	☐ Scholarly research			e l	☐ Other	_	progr	arris	
C	Preservation for future generations	}			_ 0				
4	and the contract of the contra								
	XIII.			•		•	ŭ		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
	assets to be sold to raise funds rather			ined as p	art of the	organizatio	n's col	llection?	_ ☐ Yes ☐ No
Part									
	Complete if the organization	answered	d "Yes"	on Forr	n 990, F	Part IV, line	9, or r	reported an am	ount on Form
	990, Part X, line 21.		طاهم سم		1' £-				1
1a	Is the organization an agent, trustee, included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Pa						• •		
D	ii res, explain the arrangement in Fa	art Alli ariu	comple	ite the for	lowing ta	ible.		Ar	mount
С	Beginning balance						1c	 	
d							1d		
e							1e		
f	Ending balance						1f		
2a	Did the organization include an amoun	nt on Form	990, Pa	art X, line	21, for e	scrow or cus	stodial	account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Ch	eck here	if the ex	planation	n has been p	rovide	ed on Part XIII .	<u>, , , </u>
Par				_					
	Complete if the organization								
	D. C.	(a) Curren	t year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b c	Contributions								
·	losses		}				1		
d	Grants or scholarships								
e	Other expenditures for facilities and								-
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t		year en	d balanc	e (line 1g	, column (a))	held a	as:	
а	Board designated or quasi-endowme			%					
þ	Permanent endowment ►	%							
С	Temporarily restricted endowment	011-	%	000/					
За	The percentages on lines 2a, 2b, and Are there endowment funds not in the				zation the	at are held a	nd ad	ministored for th	
Sa	organization by:	e possessi	on or un	ie organiz	zation tin	at are rielu a	iiu au	ministered for th	Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(II), are the related of								3b
4	Describe in Part XIII the intended use		ganizatio	on's endo	wment f	unds.			
Part									
	Complete if the organization								
	Description of property	(a)	Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book value
	Land					521500	1		
b	Buildings					188362			
С	Leasehold improvements					473		1	
d	Equipment					40000			
e	Other								
Total.	Add lines 1a through 1e. (Column (d)	nust equal	Form 9	90, Part)	K, columi	n (B), line 10d	c.) .	.	750335

Part VII	Investments—Other Securities.				
•	Complete if the organization answe	red "Yes" on For		line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation of-year market value
(1) Financial					·
_	neld equity interests				·
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Tatal (Caluman (blacket and Famo 000 Part V and (Plane 10)				·
Part VIII	b) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related.				
Part VIII	Complete if the organization answe	red "Ves" on For	m 000 Part IV	line 11c See Form	000 Part V line 13
	(a) Description of investment	red 1es offi of	(b) Book value	1	thod of valuation
	(a) Description of investment		(b) Dook value		-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		·			
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answe		m 990, Part IV,	line 11d. See Form	
 	(a) D	escription			(b) Book value
(1)					
(2)					
(3)					
(4)	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·				
(5)					
(6)					-
<u>(7)</u>					
(8) (9)					•
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)	· · · · · ·		
Part X	Other Liabilities.				<u>.</u>
	Complete if the organization answer	ered "Yes" on Fo	rm 990, Part IV	, line 11e or 11f. Se	e Form 990, Part X,
	line 25.				,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes				
(2)					
(3)					
(4)					
(3) (4) (5) (6) (7) (8)					
(6)					
(7)					
(8)					
(9)	A)		1		
	(b) must equal Form 990, Part X, col. (B) line 25.) ►	The Land Edit C C	-4-4-4	Lauren Control	
2. Liability fo	or uncertain tax positions. In Part XIII, provide	une text of the footr	iote to the organiz	ation s financial statem	ents 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

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn.
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	<u> </u>	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3_	
4	Amounts included on Form 990, Part 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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Re	turn.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Re	turn.
Part 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Re	eturn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Re	eturn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Re	eturn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	eturn.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	eturn.
1 2 a b c d e 3 4 a .	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	eturn.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental 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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Total

▶ 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 #836** 35-0818898 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. e Solicitation of non-government grants ☐ Solicitation of government grants ☐ Internet and email solicitations g

Special fundraising events c Phone solicitations **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 ☐ No b If "Yes," list the 10 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 (vi) Amount paid to (or retained by) organization (III) Did fundraiser have (i) Name and address of individual (IV) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity or entity (fundraiser) col. (i) Yes No 1 2 3 6 R 10

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

!

		than \$15,000 of fundraising gross receipts greater that		and gross income on I	Form 990-EZ, lines 1 a	na 66. 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))
Revenue	1	Gross receipts				
ш	2 3	Less Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
EXP	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	.	
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer	ed "Yes" on Form 99	0, Part IV, line 19, or	reported more
enue		than \$15,000 on Form 5	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	13884	166270	2948	183102
ses	2	Cash prizes	6664	128585	1328	136577
çpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .		1		
	6	Volunteer labor	✓ Yes 100 %☐ No	✓ Yes 100 %☐ No	✓ Yes 100 %☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
,	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:				🗹 Yes 🗌 No

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

Schedu	rle G (Form 990 or 990-EZ) 2016	, 3
11 12	Does the organization conduct gaming activities with nonmembers?	0
12	formed to administer charitable gaming?	0
13	Indicate the percentage of gaming activity conducted in.	
a	The organization's facility	
b 14	An outside facility	<u>o</u>
17	records:	
	Name ► SCOTT NELSON, ADMINSTRATOR	
	Address ► 388 JOHNSTON ST. GOSHEN, IN 46528	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	lo
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address►	
16	Gaming manager information:	
	Name ► SCOTT NELSON	
	Gaming manager compensation ► \$	
	Description of services provided ► OVERSEES GAMING OPERATIONS	
	□ Director/officer □ Independent contractor	
17	Mandatory distributions:	
а		
b	retain the state gaming license?	.0
Part		_
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

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.

90-EZ or to provide any additional information.

➤ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LOYAL ORDER OF MOOSE #836

Employer identification number 35-0818898

PART VI B 11B AT A REGULAR MEETING THE BOARD OF OFFICERS MET AND REVIEWED THE 990 FORM.

SCHÉDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

▶ Attach to Form 990.

2015	Open to Public	nspection

OMB No. 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Yes No 7 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 35-0818898 (f)
Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity FRATERNAL BENEVOL (b) Pnmary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization **LOYAL ORDER OF MOOSE LODGE #836** (1) MOOSE INTERNATIONAL MOOSEHEART, IL 60539 Name of the organization Partl Part II ල 3 3 9 <u>N</u> <u>@</u> **£** 3 9 E Ξ <u>N</u>

	because it had one or more related organizations treated as a partnership during the tax year	e or more related	organizations	lrealed as a	partificial	III) Guilling dii	e lax year.		-		-	-	
Name, rek	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng Pred Incomunic exclures tax tax	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	Share of end-of- Disproportionale year assets allocations?	(h) of- Disproportiona allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(20 managing (-1 partner?)		(k) Percentage ownership
									Yes	No.	Yes	2	
Ξ								:					
(2)					·								
(3)													
(4)													
(2)													
(9)									_				;
6													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organiz had one or more	ations Taxable	e as a Corpor zations treat	oration or ed as a co	Trust Com	plete if the r trust durii	organizati	on answe	ered "Yes" on	Form 990	, Part	<u>`</u>
Namé	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	/ Lega	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng Type c (C corp, S c	(C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section	(i) Section 512(b)(13) controlled entity?
												Yes	ž
Ē													
(2)													
(3)													
(4)								-					
(5)													
(9)													
E													

ions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	m 990, Part IV, line 34, 35b, or 36.
ions With Related Organizations Comple	te if the organization answered "Yes" on Fo
	tions With Related Organizations Comple

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ore related organ	zations listed in Pari	ts II–IV?		1	2
eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						i
				1 a		}
Gift. grant. or capital contribution to related organization(s)				1	-]
Gift, grant, or capital contribution from related organization(s)				10		1
cons or loan distantages to or for related organization(s)	•	•	,	7	ŀ	ı
Louis or loss grantees by related organization(s)			•	1 4		l
יום סו וסמו שלממומו וכפס בל יכומיכת כושמות המיניל י י י י י י י י י י י י י י י י י י	•	•		?	-	1
Dividends from related organization(s)				1		
Sale of assets to related organization(s)				1g	 	l
Purchase of assets from related organization(s)				4		l
Exchange of assets with related organization(s)				1i		l
Lease of facilities, equipment, or other assets to related organization(s)				÷	 	1 1
Lease of facilities, equipment, or other assets from related organization(s)				¥		
Performance of services or membership or fundraising solicitations for related organization(s)				7	_	i
Performance of services or membership or fundraising solicitations by related organization(s) .				1m		1 1
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		l
Sharing of paid employees with related organization(s)				19		
Downships and to related organization(a) for expanses				, t	<u> </u>	
Duise Ellipaid to related organization(s) for expenses				2 3	+	1
Remibursement paid by related organization(s) for expenses				<u> </u>	-	ı
Other transfer of cash or property to related organization(s)				+		
Other transfer of cash or property from related organization(s)				18	-	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ete this line, inclu	ding covered relation	nships and transacti	on threst	olds.	
(a)	(a)	(2)	(P)			1
Name of related organization	ransaction type (a–s)	Amount involved	Method of determining amount involved	ng amount ir	nvolved	
						† I
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			Schodule	Schedule R (Form 990) 2015	90) 201	

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(state or foreign function featured, section foliation foreign functions) assessible (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) foreign functions (state or foreign functions) foreign functions) functions (state or foreign functions) fun	(a) (b) (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(i) te Code V—UBI		(k) Percentage
Yes No Yes No No No No No No No N			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	÷	<u>ra</u>	allocations?	of Schedule K-1 (Form 1065)		
(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				sections 512-514)	Yes No			Yes No		Yes No	
(5) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)										
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5)	3)										-
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(9	9)								7-		
	(9										

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).