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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493199007247 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

2016

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.

Open to Public

nterna	l Reve	nue Service	P Information above	ac romi 990 and its matractions is at we	vw ins gov	<u> </u>		Inspection
A Fo	or the	e 2016 c		nning 04-01-2016 , and ending 03-	31-2017			
		pplicable	C Name of organization Springfield Lodge No 51			D Employ	er identif	ication number
	dress o me ch	change ange				31-021	4080	
	tial ret	-	Doing business as BPOE LODGE 51					
Fin Detur		nınated				E Telephor	ne number	
		return	Number and street (or P O box if n 1536 VILLA ROAD	nail is not delivered to street address) Room/s	suite			
□ Арі	plicatio	on pending	City or town, state or province, cou	Intry, and ZIP or foreign postal code		(937) 3	25-4848	
			SPRINGFIELD, OH 45503	,, and <u>an</u> or recognification		G Gross re	ceipts \$ 1	.427.260
			F Name and address of principa	al officer	H(a) Is	s this a group re	•	,
			SHAWN SPRINKLE 1536 VILLA ROAD			ubordinates?		□Yes ☑No
			SPRINGFIELD, OH 45503			re all subordinat ncluded?	tes	✓ Yes □No
Tax	k-exen	npt status	☐ 501(c)(3) ☑ 501(c)(8) ◄	(insert no) 4947(a)(1) or 527		f "No," attach a	list (see	
W	ebsit	e:▶ N/A				roup exemption		
							1	
(Forn	n of or	ganızatıon	☐ Corporation ☐ Trust ☑ Asso	ociation Other	L Year of	formation 1886	M State OH	of legal domicile
Вa	rt I	Sum	mary					
Fa		_	scribe the organization's mission o	or most significant activities				
	т	TO INCUL	CATE THE PRINCIPLES OF CHARIT	TY, JUSTIČE, BROTHERLY LOVE AND FID	ELITY, TO	RECOGNIZE A B	ELIEF IN	GOD, TO PROMOTE
<u>2</u>	<u> </u>	IHE WELF	ARE OF ITS MEMBERS, PROMOTE	: AMERICAN PATRIOTISM				
Ē	_							
	-							
5				scontinued its operations or disposed of ng body (Part VI, line 1a)			ssets 3	J 5
ರ ^	l			f the governing body (Part VI, line 1b)			4	5
anı	l		•	alendar year 2016 (Part V, line 2a)			5	82
ACUVIUES & GOVERNANCE	6	Total nun	nber of volunteers (estimate if ne	cessary)			6	25
₹	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12			7a	0
	ь	Net unrel	ated business taxable income fro	m Form 990-T, line 34			7b	0
						Prior Year		Current Year
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line 1h	1)		166,	454	165,009
Ravenue	9	Program	service revenue (Part VIII, line 2	g)		385,	008	388,524
Ryv	10	Investme	ent income (Part VIII, column (A),	, lines 3, 4, and 7d)			0	C
	l		/enue (Part VIII, column (A), lines			248,		423,951
				ust equal Part VIII, column (A), line 12)		800,		977,484
	l		• • • •	column (A), lines 1–3)		<u> </u>	439	1.00
	l		•	column (A), line 4)........ enefits (Part IX, column (A), lines 5–10)		251,	746	1,607 413,354
Ses	l	•	onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,		231,	0	413,354
Expenses	l .		raising expenses (Part IX, column (D),					
찚	l		penses (Part IX, column (A), lines	· ————————————————————————————————————		594,	140	592,010
	l		enses Add lines 13–17 (must eq	, , , ,		848,		1,006,971
	19	Revenue	less expenses Subtract line 18 fr	rom line 12		-48,	363	-29,487
S S					Begin	ning of Current Y	'ear	End of Year
Net Assets of Fund Balances			. (5 .) (1.024	036	066.240
ASS A Ba	l		ets (Part X, line 16)			1,034,		966,249
E E	l		ulities (Part X, line 26)			868,: 165,		821,988 144,261
	22		ature Block	21 110111 11111 20		105,	190	144,201
Jnder	pena	alties of p	erjury, I declare that I have exam	nined this return, including accompanyin				
	edge nowle		f, it is true, correct, and complete	 Declaration of preparer (other than of 	ficer) is bas	ed on all inform	ation of v	which preparer has
,		l.						
		*******	* ure of officer			2017-06-29 Date		
Sign Here		, -				2010		
1616	•		CURTIS TREASURER r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paic	4		latthew Shroyer	Matthew Shroyer	2017-06-29		P0073798	5
	a pare	er F	irm's name	CKETT & CO		Firm's EIN ► 31-	-0800053	
	On	10	irm's address 🕨 14 East Main Street Su	uite 500		Phone no (937)	399-2000	
		- 9	Springfield, OH 45502	2				
1av t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓ \	res 🗆 No

Form	990 (2016)				Page 2
Par	t IIII Stater	nent of Program Service Acc	omplishments		
	Check if	f Schedule O contains a response or	note to any line in this Part III		🗆
1		e the organization's mission	·		
TO II	NCULCATE THE F FARE OF ITS MEN	PRINCIPLES OF CHARITY, JUSTICE, E MBERS, PROMOTE AMERICAN PATRI	BROTHERLY LOVE AND FIDELIT DTISM	Y, TO RECOGNIZE A BELIEF IN GOD	TO PROMOTE THE
2	Did the organiz	zation undertake any significant prog	ram services during the year w	hich were not listed on	
	the prior Form	990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," descri	be these new services on Schedule ()		
3	Did the organiz	zation cease conducting, or make sig	nificant changes in how it cond	ucts, any program	
	services? .				🗌 Yes 🗹 No
	If "Yes," descri	be these changes on Schedule O			
4	Section 501(c)		required to report the amount o	largest program services, as measui of grants and allocations to others, th	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TO INCULACATE 2043 MEMBERS,	THE PRINCIPLES OF CHARITY, JUSTICE, B TO PROMOTE AMERICAN PATRIOTISM AN	ROTHERLY LOVE AND FIDELITY, TO SUPPORT CHARITABLE INSTITUTION	RECOGNIZE A BELIEF IN GOD, TO PROMO DNS	TE THE WELFARE OF ITS
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule O)			_
	(Expenses \$	including g	rants of \$) (Revenue \$)
4e	Total progran	n service expenses ▶			
					Form 990 (2016)

or X as applicable

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Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

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Yes

Form **990** (2016)

Yes

Yes

Page 3

No No

No No

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Nο

No

Nο

No

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No

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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?		

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

29

b If "Yes" to line 20a, did the organization attach a copy of its audited 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 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c 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? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

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24b

24c

24d

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25b

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Yes

Form 990 (2016)

Page 4

No

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Νo

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No

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Nο

Nο

Nο

Nο

orm	990 (2016)			Page !
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	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		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	, ···· ·- ·, ···- · g ······· · · · · · · · ·	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2016)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Base, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	o" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year la	5	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T ($501(c)(3)$ s only available for public inspection. Indicate how you made these available. Check all that apply)		
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, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LINDA THOMPSON 1536 VILLA ROAD SPRINGFIELD, OH 45503 (937) 325-4848			
		г	orm CO	n (2016)

organization and any related organizations

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- 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
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the from related compensation any hours organization organizations director/trustee) from the for related (W- 2/1099-(W-2/1099organization and Individual to or director Highest compensated employee Former organizations MISC) MISC) related nstitutional below dotted organizations employ line) trustee P Trustee 20.00 (1) DENNIS DYER X Ω 0 Ω TRUSTEE 20 00 (2) JOE FREEMAN 0 Х TRUSTEE 20.00 (3) aLICE FENT O 0 Ω Χ TRUSTEE 20 00 (4) CHARLIE HAYDEN 0 TRUSTEE 20 00 (5) SHAWN SPRINKLE 0 0 TRUSTEE 30 00 (6) LINDA THOMPSON Χ 10,218 0 SECRETARY 20 00 (7) ROBERT RUDE Х 0 **EXALTED RULER** 20 00 (8) JOHN CURTIS 5,109 TREASURER

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B)

Name and Title	Average hours per week (list any hours for related organizations	than o	ne bo oth a direct	ox, u n off or/t	inles ficer rust	and a ee)	on	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former			organizations

			ll			
1b Sub-Total						

											_
											-
											-
1b Sub-Total						▶∟					_
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶					
d Total (add lines 1b and 1c)						▶		15,327	0	(ī
2 Total number of individuals (including	but not limited	to those	e liste	ed al	bove	e) who	rece	eived more than	\$100.000		•

1b Sub-Total											
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶□					
d Total (add lines 1b and 1c)						- ▶ □		15 327	0	n	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes." complete Schedule J for such individual

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

Name and business address

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

1b Sub-Total				▶			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶□			
d Total (add lines 1b and 1c)				▶	15,327	0	0

Yes

3

4

5

(B)

Description of services

No

Nο

Nο

No

(C)

Compensation

Form 990 (2016)

Part \	<u> </u>	I Statement of	Revenue									rage J
				a respo	onse or note to any	line in t	hıs Part VIII					🗆
							(A) revenue	e fu	(B) lated or xempt inction	(C) Unrelated business revenue	ta	(D) Revenue excluded from ax under sections
	12	Federated campaigr	ns	1a				re	evenue			512-514
nts nts		b Membership dues .		1b	165,009							
irai 10 u		Fundraising events		1c	100,000							
8. G		d Related organization		1d								
Sift lar		Government grants (co										
ons, Gifts, Grants Similar Amounts		All other contributions,		1e								
ion	'	and similar amounts no above		1f								
Contributions, Gifts, Grants and Other Similar Amounts	١.	Noncash contributio	ne included									
들을	3		moraded									
<u>a</u>	h	Total.Add lines 1a-1	f		•		165,009					
<u>ı</u>					Business	Code	<u> </u>					
1 P	2a	Golf & Swimming Fees				713910	38	38,524	388	524		
Program Service Revenue	ь											
٥٤	c											
₹	d			_								
٤	е											
ogr	f	All other program ser	vice revenue			388,524						
\$	g	Total. Add lines 2a-2f			•							
		Investment income (in			nterest, and other							
		Income from investme			ond proceeds							
				-		-						
		[(ı) Rea		(II) Personal							
	6a	Gross rents										
	b	Less rental expenses										
	_	· l										
	C	Rental income or (loss)										
	d	ا Net rental income or	(loss)									
			(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of										
		assets other than inventory										
		·										
	D	other basis and										
	c	sales expenses Gain or (loss)										
		Net gain or (loss) .			>	_						
	8a	Gross income from fu										
Other Revenue		(not including \$ contributions reporte		of								
₹ -		See Part IV, line 18		а								
å		Less direct expenses		b	L							
her		Net income or (loss)			ents 🕨	1					_	
ŏ	эа	Gross income from ga See Part IV, line 19		es								
				а	271,025							
		Less direct expenses		b	187,923	3	02.10		02.402			
		: Net income or (loss) Gross sales of invent		activit	ies	1	83,102	1	83,102			
	100	returns and allowance	es									
				а	,	_						
		Less cost of goods s		b		3	291,655		291,655			
	C	Net income or (loss) Miscellaneous		invent	Business Code		291,655	<u>'</u>	291,055			
	11	aMiscellaneous Incom			90009	19	33,906	5	33,906			
		Miscellaneous Incom	ie				·		,			
	b	ENTERTAINMENT INC	COME		90009	19	10,863	 	10,863		_	
	_	ENTERTAINMENT INC	COME				,		,			
	,	NEWSLETTER			90009	19	4,425	<u> </u> 	4,425			
	C	NEWSLETTEK			30009				7,723			
	لي	All other revenue .									-	
		: Total. Add lines 11a-			•							
		Total revenue. See		•	•		49,194	<u> </u>				
		. otal revenue. 5ee	ansu ucuons	<u> </u>	• • • •		977,484		812,475		0	0 Form 990 (2016)
												1 Ullii 990 (2016)

Form 990 (2016) Page **10** 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) \square Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 1,607 Compensation of current officers, directors, trustees, and key employees . 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 Other salaries and wages 374,154 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 566 **9** Other employee benefits . 38,634 10 Payroll taxes . . 11 Fees for services (non-employees) a Management . . . **b** Legal . 3,500 c Accounting

6,237

91,699

1,797

42,314

36,943

54,417

12,907

49.122

47,004

46,720

36,683

162,667 1,006,971

Form 990 (2016)

d Lobbying

f Investment management fees .

12 Advertising and promotion .

13 Office expenses . .14 Information technology

20 Interest . . .

23 Insurance .

15 Royalties

16 Occupancy17 Travel .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials

 .

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)
a EQUIPMENT RENTAL

b Golf course maintenance

d Club operating expenses

e All other expenses

c Property taxes

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Check if Schedule O contains a response or note to any line in this Part IX

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

		Beginning of year		End of year
1	Cash-non-interest-bearing	163,565	1	159,8
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		5	
6				

1,228,784

491.923

contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Page **11**

45,842

23,705

736.861

966,249

24,948

161,657

634.983

821,988

49.379

94.882

144,261

966.249

Form **990** (2016)

400

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10c

11 12

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31

32

33

34

45.523

35.545

789.134

269 15

1.034.036

30,322

174,272

664.244

868,838

78.865

86.333

165,198

1.034.036

0 25

ste	6 7	trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (oluntary employees' beneficiary organizations (Part II of Schedule L Notes and loans receivable, net	ied į n 49 tions
Assets	8	Inventories for sale or use	
⋖	9	Prepaid expenses and deferred charges	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10
	b	Less accumulated depreciation	10
	11	Investments—publicly traded securities .	
	12	Investments—other securities See Part IV, line	11
	13	Investments—program-related See Part IV, line	11

14

15

16

17

18

19

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21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			977,484
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,006,971
3	Revenue less expenses Subtract line 2 from line 1	3			-29,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			165,198
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			8,550
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10			144,261
Par	t 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	d on a			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both	te basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tay year, explain in Sc	hadula O			

3a

3b

No

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Form 990 (2016)

Software ID:

Software Version:

EIN: 31-0214080

Name: Springfield Lodge No 51

SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

DLN: 93493199007247 OMB No 1545-0047

(Form 990)

1

2

3

5

2

3

5

6

2

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization Springfield Lodge No 51 31-0214080 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2016

Page 2

3	Using the organization's acquisition, accession items (check all that apply)	, and other records,	check a	any of t	he following	that are a	significant i	use of its coll	ection	
а	Public exhibition		d		Loan or excl	hange prog	grams			
b	Scholarly research		e		Other					
С	Preservation for future generations									
4	Provide a description of the organization's coll Part XIII	ections and explain h	now the	y furth	er the organ	ization's e	xempt purpo	se in		
5	During the year, did the organization solicit or						nılar			
	assets to be sold to raise funds rather than to	<u> </u>	rt of the	e orgar	nization's col	lection		☐ Yes	<u></u> □ N	<u>o</u>
Pa	rt IV Escrow and Custodial Arranger Complete if the organization answ X, line 21.	ments. vered "Yes" on Fori	n 990,	, Part	IV, line 9, (or reporte	ed an amou	ınt on Form	990,	Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermedi	ary for	contrib	utions or oth	ner assets	not	☐ Yes	□ N	o
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	Iowina	table			A	mount		_
c	Beginning balance					1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2 a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for e	escrow	or custodial	account li	ability?	☐ Yes	\square N	О
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	on has	been provid	ed in Part	XIII			
Pa	rt V Endowment Funds. Complete if									
	· .	(a)Current year		ıor year			(d)Three yea		our yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	(line 1a	ı, colun	nn (a)) held	as	1	I		
а	Board designated or quasi-endowment >	•	`	•	· //					
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%								
3a	Are there endowment funds not in the possess	sion of the organizati	on that	are he	ld and admi	nistered fo	r the			
	organization by (i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations							3a(ii)		
b	If "Yes" on 3a(II), are the related organization	s listed as required o	n Sche	dule R	·			3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment f	unds						
Pa	rt VI Land, Buildings, and Equipmen		000			c -	000 0			
	Complete if the organization answ Description of property (a) Cost or oth					. See For cumulated o		•	ok valu	
	(investme				, (5)			(=,=-		
1 a	Land			9	0,706					90,706
b	Buildings			61	6,803		134,335			482,468
c	Leasehold improvements									
d	Equipment			52	1,275		357,588			163,687
	Other									
Tota	al. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part)	(, colun	nn (B),	line 10(c))		>			736,861

Part VII		anızatıon ans	wered 'Yes' on For	m 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value
	derivatives			
(3) Other (A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the or	ganızatıon an	swered 'Yes' on Fo	orm 990, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	(b) Book value		Method of valuation end-of-year market value
(1)			Cost of	enu-or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, P	art IV, line 11d See	Form 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	ed 'Yes' on F	 orm 990, Part IV, I	ine 11e or 11f.
1.	(a) Description of liability	(b) E	Book value	
(1) Federal II	ncome taxes			
Buckeye buc	cks calendars		400	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			I	
(7) (8) (9)				
(8)	n (b) must equal Form 990, Part X, col (B) line 25)	>	400	

Explanation

Schedule D (Form 990) 2015

Return Reference

Schedule D (Fo	orm 990) 2015	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2016

Springfield Lodge No 51 31-0214080 Part I 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 Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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 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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 8 9 10 Total 3 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

As Filed Data -

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

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.

DLN: 93493199007247

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Reve					
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs				
Expenses	7 Food and beverages				
и П	8 Entertainment				
Direct	9 Other direct expenses				
	10 Direct expense summary Add lines 4 t	hrough 9 ın column (d)		•	
	11 Net income summary Subtract line 10	from line 3, column (d)		•	
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Reversie	on rollings Ez, line sa.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue		214,932	56,093	271,025
ses	2 Cash prizes		171,565	500	172,065
Expenses	3 Noncash prizes		15,858		15,858
Direct E	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	☑ No	✓ No	
	7 Direct expense summary Add lines 2 tl	hrough 5 in column (d)			187,923
	8 Net gaming income summary Subtract	: line 7 from line 1, colum	n (d)	•	83,102
9	Enter the state(s) in which the organization	on conducts gaming activ	ities OH		
а	Is the organization licensed to conduct ga	ımıng activities in each of			✓ Yes □ No
b	If "No," explain				
10a	Were any of the organization's gaming lic				
b	If "Yes," explain	· ·		, 	☐ Yes ☑ No
				Schedule C (F	Form 990 or 990-EZ) 2016
				Schedule G (1	J JJU UL JJU-LEJ ZUIU

	dule G (Form 990 or 990-EZ)	2010					Page :
11	Does the organization condu	ict gaming	activities with nonmembe	ers?		☐Yes	☑ No
12	Is the organization a grantor formed to administer charita			a member of a partnership or other entity		□Yes	☑ No
13	Indicate the percentage of g	amıng actı	vity conducted in				
а	The organization's facility				13a		100 000 %
b	An outside facility				13b		%
14	Enter the name and address	of the per	on who prepares the org	ganization's gaming/special events books and r	ecords		
	Name ► LINDA THOMP	SON					
	Address > 1536 VILLA F)3				
L5a	Does the organization have revenue?	a contract		hom the organization receives gaming		□Yes	
b	If "Yes," enter the amount o amount of gaming revenue r		·	rganization 🕨 \$ and t	he		
c	If "Yes," enter name and add	dress of the	third party				
	Name						
	Address ►						
L6	Gaming manager information	n					
	Name ► ALICE FENT						
	Gaming manager compensal						
	Description of services provi		AKES BINGO TEAR OFF D ND APPLICABLE PAYMENT	EPOSITS, ORDERS AND PAYS FOR TICKETS, W			
	Description of services provi			PEPOSITS, ORDERS AND PAYS FOR TICKETS, W			
L 7	_		ND APPLICABLE PAYMENT	PEPOSITS, ORDERS AND PAYS FOR TICKETS, WITE TO LODGE			
	✓ Director/officer Mandatory distributions	Ander state	ND APPLICABLE PAYMENT Employee	PEPOSITS, ORDERS AND PAYS FOR TICKETS, WITE TO LODGE			
	✓ Director/officer Mandatory distributions Is the organization required retain the state gaming licer	under state	ND APPLICABLE PAYMENT Employee e law to make charitable	PEPOSITS, ORDERS AND PAYS FOR TICKETS, WE'S TO LODGE Independent contractor			
	✓ Director/officer Mandatory distributions Is the organization required retain the state gaming licer Enter the amount of distribuin the organization's own ex-	under statense? Itions requirempt activi	ND APPLICABLE PAYMENT Employee e law to make charitable red under state law distrities during the tax year	DEPOSITS, ORDERS AND PAYS FOR TICKETS, WE'S TO LODGE Independent contractor distributions from the gaming proceeds to buted to other exempt organizations or spent \$\$\$		☑ Yes	□No
a b	Mandatory distributions Is the organization required retain the state gaming licer Enter the amount of distribu in the organization's own exit IV Supplemental In	under state nse? utions requi empt activi formatio b, 15b, 1!	Employee Employee e law to make charitable red under state law distrities during the tax year in. Provide the explant 5c, 16, and 17b, as ap	DEPOSITS, ORDERS AND PAYS FOR TICKETS, WE'S TO LODGE Independent contractor distributions from the gaming proceeds to buted to other exempt organizations or spent	ns (III) a	√ Yes	□ No

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SCHEDUL	FΩ	Supplemental Information to Form 990	or 990-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the 1	r 990-	Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional inform ► Attach to Form 990 or 990-EZ.	o provide information for responses to specific questions on 190 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. bout Schedule O (Form 990 or 990-EZ) and its instructions is at	
Internal Revenue Sa Name of the org Springfield Lodge		WWWSigot/Totalises	Employer ide 31-0214080	Inspection ntification number
990 Schedul	e O, Sup	plemental Information		
Return Reference		Explanation		
Form 990, Part VI, Section A, line 6				

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. EACH MEMBER HAS ONE VOTE Part VI, Section A.

line 7a

Explanation Return Reference

Form 990. THE 990 IS PRESENTED TO THE AUDIT COMMITTEE. AND ONCE APPROVED. IS PRESENTED TO THE BOARD OF Part VI. TRUSTEES FOR APPROVAL Section B.

line 11b

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15b

Return
Reference

Explanation

LIPON REQUEST AT LODGE DURING NORMAL OPERATING HOURS

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C.

990 Schedule O, Supplemental Information Return Explanation

Reference

Form 990, Part IX, line 24e	grounds maint and repair 36,025 Equipment maintenance & repairs 27,945 Merchant Fees & Bank Charges 19,451 Miscellaneous Expenses 13,325 Fuel 12,780 ENTERTAINMENT 10,498 Poo I chemicals and maintenance 10,365 Bulletin 5,569 Supplies 5,177 Building maintenance 4,944 Charity related expense 4,503 Other Taxes & Fees 4,196 Office Expense 1,991 Emplo yee Fringe benefits 1,432 Other maintenance 1,289 KEY CARDS 1,212 Pro Shop Operating expenses 697 Dues & subscriptions 513 Officer's Expenses 480 Bad Debts 365 Exalted Ruler
	yee Fringe benefits 1,432 Other maintenance 1,289 KEY CARDS 1,212 Pro Shop Operating ex penses 697 Dues & subscriptions 513 Officer's Expenses 480 Bad Debts 265 Exalted Ruler
	expense 10

990 Schedule O, Supplemental Information Return Explanation Reference DECREASE IN RESTRICTED FUNDS 8,550

Form 990, Part XI, line