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Form **990** 

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

▶ Do not enter social security numbers

s on this form as it may be made public.	O
nstructions is at www.irs.gov/forms90/ 09	•

Cat. No 11282Y

		f the Treasury ue Service	► Information about Form 990 and its instructions is at www	.irs.aov/forms	90/04	Inspection						
A			ndar year, or tax year beginning June 1 , 2016, and en		y 31	, 20 "						
В		applicable	C Name of organization Loyal Order of Moose 2016 ALAM		D Employ	er identification number						
ň	Address		Doing business as Loyal Order of Moose 2016 23	7138570	<b>t</b> ~	23713876						
$\exists$	Name ch			/suite		ne number <sup>\\\</sup> \						
$\exists$	Initial reti	J	PO Box 35			575-434-3618						
H		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		<del>                                     </del>							
H	Amende		Alamogordo NM 88310		G Gross re	eceipts \$						
Η		on pending	F Name and address of principal officer:	H(a) Is this a		subordinates? Yes, No						
	Applicati	on pending	Than all all all all all all all all all a	1		s included? Yes No						
_	Tay-ayer	npt status	□ 501(c)(3) □ 501(c) ( 8  ) ◀ (insert no.) □ 4947(a)(1) or □ 527			list. (see instructions)						
<u>-</u>	Website:				p exemption							
ĸ		organization	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for		<del>`</del> -	of legal domicile.						
	art i	Summ				or rogal dormond						
-			escribe the organization's mission or most significant activities: Cor	strubte to Moo	se Heart w	th over 300						
<u>`</u> •	1 '											
Z U I	childern lives, Moose Heaven Retirement Community for Moose Members an various other community serices  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)											
L i	2	Chack th	is box ▶ ☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	ite net accets .						
[, 8	1		of voting members of the governing body (Part VI, line 1a)	a or more are	. 3	8						
8	1		of independent voting members of the governing body (Part VI, line 1	ы.		294						
Activities &			nber of individuals employed in calendar year 2016 (Part V, line 2a)	<i>D</i> )	. 5	6						
<b>7</b> 7₹	,				. 6	40						
_ <u>₹</u>	1		nber of volunteers (estimate if necessary)		. 7a	70						
:17	3		ated business taxable income from Form 990-T, line 34		7b	0.00						
<del>( )</del>		ivet unier	ated business taxable income from Form 990-1, line 34	· //D	Current Year							
Revenue (1)		المالية	ions and grants (Part VIII, line Th) FCEIVED		<u> </u>							
E S	8	Contribut	ions and grants (Part VIII, line 1n)	<b></b>	6840	9789						
₹.₹			service revenue (Part VIII, line 2g)		760	315						
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0						
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124087	132048						
. —			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		131687	142152						
•	1		nd similar amounts paid (Part IX, column!(A), lines 1-3)		0							
	1		paid to or for members (Part IX, column (A), line 4)	ļ	0	<del></del>						
es			other compensation, employee benefits (Part IX, column (A), lines 5-10)		31949	53584 87						
ens			nal fundraising fees (Part IX, column (A), line 11e)		0	0						
Expenses			draising expenses (Part IX, column (D), line 25)	, - 3 4.	* * * * * * * * * * * * * * * * * * * *							
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		340	364						
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		121922	141787						
_		Revenue	less expenses. Subtract line 18 from line 12	<u> </u>	9765	3127						
Net Assets or Fund Balances	]			Beginning of C		End of Year						
sset 3alar	20		ets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·	000909	887838						
nd E	21		lities (Part X, line 26)	1	000909	887838						
	_		s or fund balances. Subtract line 21 from line 20									
Pa	art II	Signat	ure Block									
			y, I declare that I have examined this return, including accompanying schedules and sta			ny knowledge and belief, it is						
Trui	e, correct,	, and comple	ete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knov	vleage 							
۸.		<b>—</b>				<u> </u>						
Sig		Signa	ture of officer	D	ate							
He	re	· · · · · · · · · · · · · · · · · · ·	ve Murray Adainastretor		8-30-1	1						
_		<u> </u>	or print name and titlé									
Pa	id	Print/Typ	e preparer's name Preparer's signature	Date	Check	of PTIN						
	 eparer	r			self-emp	loyed						
	e Only		ıme ► .	Fır	m's EIN ▶							
_		Firm's ac		Ph	one no.							
May	the IR	S discuss	this return with the preparer shown above? (see instructions)			Yes No						

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2016)

Part	90 (2016)		<del> </del>		Page 2
		ment of Program Service		111	
1		ribe the organization's mission	esponse or note to any line in this P	art III	<u> L</u>
•			nd go to school, Moose Heaven Retirement community	for retired Moose Members and various other com	munity services
2			ficant program services during the ye		Yes ☑No
3	Did the org		g, or make significant changes in h		
	services? .	cribe these changes on Sch			Yes ☑ No
4	Describe the expenses. S	e organization's program ser section 501(c)(3) and 501(c)(4	vice accomplishments for each of its  its organizations are required to reported.  or each program service reported.		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	1				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	, )
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
- <b>4</b> c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
- <b>4</b> c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
 4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ►

) (Revenue \$

Rart	Checklist of Required Schedules		Yes	No
			res	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		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? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ì	,
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		v
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1. 5 4 4 6	1	1 ; 1 ; 1 ; 1 ; 1 ; 1 ; 1 ; 1 ; 1 ; 1 ;
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
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		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
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		V
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ž.	~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		V
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		<b>V</b>
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	~	
		Form	990	(2016)

rart	Checklist of nequired Schedules (continued)		Yes	No
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ies	<u></u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~
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		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>/</b>
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		~
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	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	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		~
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 disgualified persons? If "Yes," complete Schedule L, Part II	26	**	,
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		~
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):		1. Jan. 1. Jan	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a 28b		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	29		V
~4	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		<u> </u>
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		<u></u>
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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	;	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		<u> </u>
		Form	n <b>990</b>	(2016)

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	_ <del></del>	Yes	. D
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	B 5. 1	F 103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	مراجع مسمون مراجع	1	1904 ( )
_	reportable gaming (gambling) winnings to prize winners?	1c	V	ì
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	300	\$ 11s	‡ <sup>1</sup> 11 .
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		15	de .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	8 12 1	في أن أريا أنامة رسم	F. 5.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	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: ▶	, 'y	ا أ	13/13
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	7		3000
_	(FBAR).	12.5	200	1. 15
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		V
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	60		1
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b		6b		1
7	gifts were not tax deductible?	7 to ga 5 \$	17.	3.35
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	10.14	White I	المرازعة
-	and services provided to the payor?	7a	المعتقد	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·		
-	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	3 39-	%).::	11. 192
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	**	, ;
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?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	× ~ (4	300	5, 1
	sponsoring organization have excess business holdings at any time during the year?	8	, L	V
9	Sponsoring organizations maintaining donor advised funds.	2,781	ا إداع عا	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	,	V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:	1 4 4 C	13	بَ جُرِ
а	Initiation fees and capital contributions included on Part VIII, line 12	15 200	, E. P.	11 4
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:	7.73		100 M
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	2 mg 4 mg	38 12	1, c. 3
	against amounts due or received from them.)	3 1 5	14 Pai 15 .	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 7.5	"",	ي سر د کو د د کاروا
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	332	·*, **,	4 /
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	Note. See the instructions for additional information the organization must report on Schedule O.	\$ 1 m		15 Val.
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.5		17, 178 200 At 15
_	the organization is licensed to issue qualified health plans	3		4
C	Enter the amount of reserves on hand	1 - 7	regu <sub>e</sub> ?	2
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>~</u>
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		~

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See						
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	_ <u></u>	. 🛮			
Sect	on A. Governing Body and Management						
	,	F-1 "	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		100	Part !			
	If there are material differences in voting rights among members of the governing body, or	30.00	the land	73.5			
	if the governing body delegated broad authority to an executive committee or similar	12.3					
	committee, explain in Schedule O.			1 114			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	F 19		$\{\hat{x}_i,\hat{y}_i\}$			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1000		14			
_	any other officer, director, trustee, or key employee?	2	. J S				
3	Did the organization delegate control over management duties customarily performed by or under the direct		┼	+			
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	1		1			
		3	<del> </del>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del>├</del>	V			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	+	<u></u>			
6	Did the organization have members or stockholders?	6	1				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- 1					
	one or more members of the governing body?	7a	~				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	-					
	stockholders, or persons other than the governing body?	7b	V				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		J. 1999	1 22 5			
	the year by the following:	10000000000000000000000000000000000000					
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	1				
9	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		V			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>                                     </del>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		<del>                                     </del>	<del> </del>			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<del></del>	1			
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		) [ ]	1.75			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		, 5 ~			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	1			
			<del> </del>	<del>-</del>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						
40		12c		<u> </u>			
13	Did the organization have a written whistleblower policy?	13		~			
14	Did the organization have a written document retention and destruction policy?	14		V			
15	Did the process for determining compensation of the following persons include a review and approval by		3 86	7 (SA)			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		10 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
а	The organization's CEO, Executive Director, or top management official	15a		1			
b	Other officers or key employees of the organization	15b		~			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10 mg 19	126.5	11.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	, , , , , , , , , , , , , , , , , , ,	門灣	10 mg			
	with a taxable entity during the year?	16a	- 52- 2-64	V			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1,500	10. 12./**	\$5. 3h			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	38.9%	18.1	100			
	organization's exempt status with respect to such arrangements?	16b	CTE	₹°			
Section	on C. Disclosure	100		<u> </u>			
17	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	C)(3/c	Only			
-	available for public inspection. Indicate how you made these available. Check all that apply.	11 2016	J)(U)S	Orny)			
19			1? -				
ı	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest p	olicy	, and			
00			_				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords:	, <b>&gt;</b>				

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Page 7

Form 990 (2016)

Rart VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	<b>Highest Comp</b>	ensated Employee	es, and
	Independent Contractors					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
				(	C)					
(A)	(B)	(40.0			ition	than o		(D)	(E)	(F)
Name and Title	Average					ınan e ıs both		Reportable	Reportable	Estimated
	hours per week (list any		ficer and a direc					compensation from	compensation from related	amount of other
	hours for	유표	İns	Officer	<u></u>	9.₹	Former	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	ê	Key employee	bloy	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ğ	ona	ł	팅	8 8	1	(W-2/1099-MISC)		organization and related
	line)	ust	쿹	1	/ee	n n n n n n n	ľ			organizátions
		8	stee			Highest compensated employee				
			_	$\vdash$		<u> </u>	├			
(1) Charie Harıs	<u> </u>									
Governor				~	L.				·	
(2) John Mattison										
Past Governor			L .	~						
(3) Norman Smiley										
JR Governor				~						
(4) Craig Murray										
Administartor				1	~			6150		
(5) Charles Edwards										
Treasure				~			L			
(6) Marty Kamperrdjk										
trustee			~							
(7) Bill whitly								]		
Trustee			~					L		
(8) Rick Labell										
Bartender					~			8479		
(9) Marie Herrera			i							
Assit bar Manger					~			11924		
(10) Walitta Murray				, [						
Janıtirial					~			3206		
(11) Carol Nygarrd	<u>                                     </u>		Į			į				
Gaming Acountant	ļ				~			5400		<u> </u>
(12) Paul Wing		i	ł							
Gaming Manager				_	~			5400		
(13)									İ	
(14)		ł	Į	1		}				
	<u> </u>							<u></u>		

<b>ਦ</b> ਕ!	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch unles er and	Pos neck ss pe d a d	c) more rson lirect	than of the than of the than the than the than the than the the than the than the the the the the the the the the the	one n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related		(F Estim amou oth	ated nt of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Kèy employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS)	C)	comper from organi and re organiz	the zation lated
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(16)								-			-	<del></del>	
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1b	Sub-total			Ш					53585				_
c	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>^</b>					
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) wl	ho received mo	ore than \$100,	,000 o	f	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compens	ated	3	res No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	
	on B. Independent Contractors									·····			
1	Complete this table for your five highest of compensation from the organization. Rep year.												's tax
	(A) Name and business addr	ess							(B) Description of se	rvices	Co	(C) mpensati	on
						_	-						<del></del>
						_							
2	Total number of independent contractor received more than \$100,000 of compensation							tho	ose listed abo	146.25			A STATE OF THE
												Form \$	990 (2016)

Rar	t VIII	Statement of Reve				نماه من انسم نم المان	- Dord \/III	,	
		Check if Schedule C	Contains	a res	porise or note i	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s	1a		建設開發的		17 100000000000000000000000000000000000	
s, Grants Amounts	b	Membership dues .		1b	9789				
	C	Fundraising events .		1c					
Gifts, ilar Ar	d	Related organizations	s	1d		<b>经数据的</b>			
s, G	l e	Government grants (cor		1e			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
S. S.	f	All other contributions, g							
he it	į .	and similar amounts not inc		1f	315	<b>新华州</b>		图 生活效素流	
Contributions, Giff and Other Similar	g	Noncash contributions include			L	TORK STATES	B. B. B. B. B. B. B. B. B. B. B. B. B. B		
and So	h	Total. Add lines 1a-1				اهست لا محلاء عد جائده الاستادات 10104	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The way in the
	<del>- :</del>	Totall / Ida III/O Ta T	<del></del>		Business Code	The same of the	aprication with the second	Marine 12-4	The profession of the profession of
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9					<u> </u>		<del>                                     </del>		
Š	4						<del> </del>	<del> </del>	<del></del>
Š	٦	***************************************					<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	f	All other program ser	vice reveni	16	1078		<u> </u>	<del> </del>	
č	g	Total. Add lines 2a-2			<u> </u>	1078	Milwey for the second	THE PERSON AS THE WAY	CALLERY PROCESSOR
	3	Investment income				10/0	Desta Co Assessing 6.4	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1
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	6a	Gross rents	<u> </u>	340	<del> ``</del>		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Charles II	
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	C	Rental income or (loss)	L			9905		数別では「数別	居民的特益也是 熟悉的
	d	Net rental income or (	(IOSS) .	100	(ii) Other	9905	Water Back to Nach	1. CO 1 4 5 4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	a first to the state of the
	7a	Gross amount from sales of assets other than inventory	(i) Securit	,165,	(ii) Other				
	١.		L					at New and State	
	b	Less: cost or other basis							
	1	and sales expenses .	<del></del> -					· · · · · · · · · · · · · · · · · · ·	
	C	Gain or (loss)	<u> </u>			ASTATE LATERS OF	किर्देशका स्थानित	See John See John Marie To	
	d	Net gaın or (loss)			<u> </u>			2 av = ( f , , , * .	
<u>o</u>		0			1				
Ž	l 8a	Gross income from fu	inaraising					STATE OF STATE	Palagram North
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Ě		of contributions reporte					<b>国际政策等的</b>	関係が認識	
Other Revenu		See Part IV, line 18 .		· a					
ŏ	b	Less: direct expenses		. Ь		Land and the Maria all the	1986年第1日		<b>医高级设置加强</b>
	C	Net income or (loss) fi		~ .	events . >		· · · · · · · · · · · · · · · · · · ·		
	9a	Gross income from ga	-			"我是是我们的		· · · · · · · · · · · · · · · · · · ·	
		•		٠,	148655	E MARKET	為。四個的主題的		
	b	Less: direct expenses			120495	<b>企业的企业</b>			
	С	Net income or (loss) from gaming a			vities ►	28160			
	10a	Gross sales of in		ess				<b>感染血血质</b>	
		returns and allowance	es	· a	128813				
	b	Less: cost of goods s						BECLE STATE	[28] 经产业的 [28] [28] [28] [28] [28] [28] [28] [28]
	С	Net income or (loss) fr		of inve	entory ▶	<del>7</del> 7697			
		Miscellaneous R	evenue	]	Business Code		Mark Control	ETERCH TOPAC	
	11a			7					
	b	,		[					
Ì	С								
ŀ	d	All other revenue .		.		15199			
ļ	е	Total. Add lines 11a-	11d	'	<del>.</del> >	142152	1、在其代替河南北部 1	· · · · · · · · · · · · · · · · · · ·	(म्यक्रीतिक पानेकान के देशी के है
- 1	12	Total revenue. See in	structions			142152			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a respon	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		<del> </del>	
	ot include amounts reported on lines 6b, 7b, b, 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				
2	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, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	53585		53585	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
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 ' Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31 19		31 19	
10	Payroll taxes	4660		4660	
11	Fees for services (non-employees):				
а	Management	565	•	565	
b	Legal		1		
c	Accounting	180		180	
d	Lobbying	<del> </del>	<del></del>		<del></del>
-			<b>发展性影响到操作</b>	THE PERSON AND ACCOUNTS	
e	Professional fundraising services. See Part IV, line 17	<del> </del>	學以此的此意為如於衛門	Ash consumity of the	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-			
12	Advertising and promotion	1127			<del></del>
13		2393	····	2393	<u> </u>
	Office expenses	2393	<del></del>	2393	
14	——————————————————————————————————————	ļ			
15	Royalties			<u> </u>	
16	Occupancy	39805	<del> </del>	39805	
17 18	Travel	60		60	
19	Conferences, conventions, and meetings .				
20	Interest				
	Payments to affiliates				
21	•				<del></del>
22	Depreciation, depletion, and amortization .	90		90	
23	Insurance	10074	district of many hard to the many of the state of	10074	F. 10 78 1 1 1 17 10 11 1 1 1 1 1 1 1
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.)				是他是是是是
а	bank fees	150	Sankhalland and misentalish har he	150	elin the character or har in
b	donations	12932	<del></del>	12932	
C C	licences and permits	1004		1004	<del> </del>
d	CIS taxes	7929		7929	
e	All other expenses	4114		4114	 
25	Total functional expenses. Add lines 1 through 24e	141787		-141787	
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)	,			:

ā	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19695	1	18000
	2	Savings and temporary cash investments	1394	2	5433
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		6.34	
		trustees, key employees, and highest compensated employees.			
	<b> </b>	Complete Part II of Schedule L	4 day and a company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company to the company t	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
\$	1	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	<b>经验证证明</b>	12.37	<b>高级的</b> 工具要求的方面
		other basis. Complete Part VI of Schedule D 10a		ا المحددة المائد المائد المائد	
	ь	Less: accumulated depreciation	986516	10c	864405
	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	1	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1014031	16	887838
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,	<b>发展的意思的意思</b>		
≝		trustees, key employees, highest compensated employees, and		4	是重新企图 全体外、
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
က္က		Organizations that follow SFAS 117 (ASC 958), check here ► □ and			
w 1		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	1 1/8/2 - 27 6 1/1956 1 52	29	2. The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
ᆲ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	· 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	15 7 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	
ssets or		complete lines 30 through 34.		165	江河州和新加州西至
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا ک	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1014031	33	887838
- 1	34	Total liabilities and net assets/fund balances	1014031	34	887838

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2040	90
2	Total expenses (must equal Part IX, column (A), line 25)	2		2009	63
3	Revenue less expenses. Subtract line 2 from line 1	3		31	27
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u> .			
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other		pero plan	1.34	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.			47 49 47	234 - 1 1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or	\$ 700 miles	richt.	ings #
	reviewed on a separate basis, consolidated basis, or both:		100 mg/s	10.00	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		143 m 3 m	2	Si7 172
b	Were the organization's financial statements audited by an independent accountant?		2b		V
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a		271 27 1	
	separate basis, consolidated basis, or both:		13		["J+"];
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1. 10 m	5
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	' '"	-1-	17
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in		i din	<b>露</b>
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set t	orth in	สำราใน คลิง	1978 CT 6 . ,	WILL FILL
	the Single Audit Act and OMB Circular A-133?		3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ao the	<del> </del>		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		~
			Form	990	
			. 5		,30.3)

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
Loyal Order of Moose Lodge 2016	23713876
Part V- Line 13A Organizanyion has no autority	
Part VI - Line 6 Members	
Part VI - Line 7A Only Governing Body	
Fait VI- Line /A Only doverning body	
Part VI- Line 7B All Meeting Documented	
Tall VI- Line 75 All meeting bootinened	
Part VI - Line 8A All Meeting Documented	
Part IX - Line 24 E Expenses entered on line 24E are not listed with other funftional expenses	
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1	·
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