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## Return of Organization Exempt From Income Tax

2016

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

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2016 calendar year, or tax year beginning</b>		May 1	, 2016, and ending		April 30	, 2017
<b>B Check if applicable:</b>		<b>C Name of organization</b> <span style="border: 1px solid black; padding: 0 2px;">?</span>		<b>D Employer identification number</b> <span style="border: 1px solid black; padding: 0 2px;">?</span>		
<input type="checkbox"/> Address change		Klamath Falls Lodge No 1106 Loyal Order of Moose		930160838		
<input type="checkbox"/> Name change		Number and street (or P O. box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 0 2px;">?</span>		E Telephone number		
<input type="checkbox"/> Initial return		1577 Oak Avenue		541-883-3762		
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F Group Exemption Number</b> ► <span style="border: 1px solid black; padding: 0 2px;">?</span> 002		
<input type="checkbox"/> Amended return		Klamath Falls OR 97601-5942				
<input type="checkbox"/> Application pending						
<b>G Accounting Method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B</b> <span style="border: 1px solid black; padding: 0 2px;">?</span> (Form 990, 990-EZ, or 990-PF).		
<b>I Website:</b> ►						
<b>J Tax-exempt status (check only one) —</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) <span style="border: 1px solid black; padding: 0 2px;">?</span> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						
<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>				► \$ 104249		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?Check if the organization used Schedule O to respond to any question in this Part I ? 

	Revenue	Revenue		Expenses	Expenses		Net Assets
		Line	Amount		Line	Amount	
1	Contributions, gifts, grants, and similar amounts received	1	2453	10	8998	18	13891
2	Program service revenue including government fees and contracts	2	95796	11		19	37683
3	Membership dues and assessments	3	2922	12		20	
4	Investment income	4		13		21	51574
5a	Gross amount from sale of assets other than inventory	5a		14	7591		
b	Less: cost or other basis and sales expenses	5b		15	522		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	73247		
6	Gaming and fundraising events	6d		17	90358		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		19			
c	Less: direct expenses from gaming and fundraising events	6c		20			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21			
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	3078				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104249				
10	Grants and similar amounts paid (list in Schedule O)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 0 2px;">?</span>	12					
13	Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 0 2px;">?</span>	13					
14	Occupancy, rent, utilities, and maintenance	14	7591				
15	Printing, publications, postage, and shipping	15	522				
16	Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 0 2px;">?</span>	16	73247				
17	<b>Total expenses.</b> Add lines 10 through 16	17	90358				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19					
20	Other changes in net assets or fund balances (explain in Schedule O)	20					
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	51574				

<b>Part II Balance Sheets</b> (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	13054	22
23	Land and buildings	87391	23
24	Other assets (describe in Schedule O)	1593	24
25	<b>Total assets</b>	102038	25
26	<b>Total liabilities</b> (describe in Schedule O)	64355	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	37683	27
			51574

<b>Part III Statement of Program Service Accomplishments</b> (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	
What is the organization's primary exempt purpose?			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			

28	This lodge unites its members in bonds of fraternity, benevolence, and charity. This is accomplished through a year round schedule of social and recreational activities for the members and their families, estimated at 200.		
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (list each one even if not compensated—see the instructions for Part IV)		Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>	

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Phil Plumondore	10	0	0	0
Governor				
Dave Morton	8	0	0	0
Past Governor				
Barry Phetteplace	5	0	0	0
Jr. Governor				
Julius Lewis JR.	2	0	0	0
Prelate				
Garry Lane	20	0	0	0
Administrator				
Jasper Strunk	8	0	0	0
Treasurer				
Willie Stevens	4	0	0	0
Trustee one year				
Tom Keen	4	0	0	0
Trustee two year				
Gary Barns	4	0	0	0
Trustee three year				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  ?

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  ?

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a  ?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  ?

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c  ?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  ?

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  ?

b Did the organization file Form 1120-POL for this year? 37b  ?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a  ?

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  ?

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  ?

b Gross receipts, included on line 9, for public use of club facilities 39b  ?

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b  ?

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c  ?

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d  ?

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e  ?

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Garry Lane Telephone no. ► 541-883-3762  
Located at ► 1577 Oak Avenue Klamath Falls OR ZIP + 4 ► 97601-5942

b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  ?

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  ?

c Did the organization receive any payments for indoor tanning services during the year? 44c  ?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  ?

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  ?

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b  ?

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35b	<input type="checkbox"/>	<input type="checkbox"/>
35c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a	<input type="checkbox"/>	<input type="checkbox"/>
37b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39a	<input type="checkbox"/>	<input type="checkbox"/>
39b	<input type="checkbox"/>	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input type="checkbox"/>
40c	<input type="checkbox"/>	<input type="checkbox"/>
40d	<input type="checkbox"/>	<input type="checkbox"/>
40e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>
44a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>
45a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**Part VI      Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

**f** Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p>			
<p><b>Sign Here</b></p>	 Signature of officer	 Date	
	 Garry Lane, Administrator		 8/28/2017

<b>Paid Preparer Use Only</b>	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
Firm's address ►			Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

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Form 990-EZ (2016)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

Klamath Falls Lodge no 1106 Loyal Order of Moose

Employer identification number

93-0160838

**Part 1****line 8 Other revenue**

Insurance reimbursement	3021
ATM commission	57
<b>Total other revenue</b>	<b>\$ 3078</b>

**Line 10 Grants & similar amounts paid**

Scholarships	\$ 3000
Breast Cancer Awareness	98
Pop Warner Cheer	840
Benefit of the Basin	100
OMA Capital Project	100
<b>Donations Expenses</b>	<b>4132</b>
Suicide prevention	728
<b>Total grants &amp; similar amounts paid</b>	<b>\$ 8998</b>

**Line 16 Other expenses**

Cost of Social quarters supplies	\$ 8409
Cost of Kitchen supplies	14633
Misc supplies	643
General Administration expense	4684
Special project & Committee expense	43052
International Convention expense	1826
<b>Total other expenses</b>	<b>\$73247</b>

Name of the organization

**Klamath Falls Lodge No. 1106, Loyal Order of Moose**

Employer identification number

**93-0160838****Part 2****Line 24 Other Assets****Inventory \$ 3106****Total Other Assets \$ 3106****Line 26 Total Liabilities****Current Liabilities \$ 380****Long term Liabilities****Tofell Scholarship \$ 44650****Total Liabilities \$ 45030**