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

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

2016

OMB No 1545-1150

**Open to Public** Inspection

Department 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.

A	For the	2016 calendar year, or tax year beginning June 15 , 2016, and ending	June 1	5 , 20 17			
В	Check if ap	oplicable C Name of organization D Em	D Employer identification nur				
	Address o	change Oak Wood Lodge # 1444	7	4-0485630			
	Name cha						
닏	Initial retu	IPO BOX 7523	28	31-305-8487			
님		Triterminated City or town, state or province, country, and ZIP or foreign postal code		emption			
H	Amended Applicatio	Ni.	mber I	•			
G			<b>▶</b> [7]	if the organization is not			
	Website			tach Schedule B			
				0-EZ, or 990-PF).			
		organization: Corporation Trust Association Other Fraternity		<del></del>			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset					
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> q	<b>:</b>			
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I					
	1 1	Contributions, gifts, grants, and similar amounts received	1				
	2	Program service revenue including government fees and contracts	2	- 0			
4	3	Membership diggan rasessments 1773	3	3,691			
_	4	Investment income	4	3,031			
,	5a	Once a support from a classification at a contraction at the contraction of the contracti	ا ا	<u> </u>			
:	b	Less. cost or other basis and sales expenses	4				
	C	Com or (loop) from colo of goods other the goods (Cubtract line Eb from line Ec)	5c				
	6	Gaming and fondingsing sevents, Type A.C.	-	<u> </u>			
7 //		Gross income from gaming (attach Scheduse Cour greater than					
· · · · ·	-	Gaming and for graining saming (attach Schedule Conference than \$15,000)	n '				
ē	Ь	Gross income from fundraising events (not in 100 lg 1 \$ 2000) Tof contributions	4				
Revenue		from fundraising events reported on line 1 tattach Schedul (Glif the					
		sum of such gross income and contributional such as \$15.000).	2				
	С	Less: direct expenses from gaming and fundraising events 6c 6c	ם כ				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7				
	]	line 6c)	6d	l			
	7a	Gross sales of inventory, less returns and allowances	0				
	b	Less: cost of goods sold	5				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	l			
	8	Other revenue (describe in Schedule O) !	8	0			
	9	Total revenue. Add lines 1, 2, 8, 4, 5c, 6d (c) and 8	9	18,402			
	10	Grants and similar amounts had (list in Schedule O)	10	0			
	11	Benefits paid to or for members . Mail Corres.	11	0			
S	12	Salaries, other compensation, and employee benefits	12	0			
Expenses	13	Professional fees and other payments to independent contractors.	13	0			
9	. 14	Occupancy, rept, utilities, and maintenance	14	8,178			
ũ	15	Occupancy, rent, utilities, and maintenance	15	563			
Net Assets	16	Offier expenses (describe in Schedule O)	16	0			
	17	Total expenses. Add lines 10 through 16	17	8,741			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,662			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
	1	end-of-year figure reported on prior year's return)	19	188,972			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	198,634			
Fo	r Paper	work Reduction Act Notice, see the separate instructions. Cat No 10642		Form <b>990-EZ</b> (2016)			

orm	990-	EZ (	(201	6)
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Page 2

25 Total assets	(A) Beginning of year   (B) End of year   (B)	Pa	Check if the organization used Schedule		ny guartian in this	Dort II		
22 Cash, savings, and investments 38,872 22 41,53 23 Land and buildings 150,000 (23 150,000 (24 150,00	22   Cash, savings, and investments   38,972   22   44		Check if the organization used Schedule	e o to respond to a	ny question in this			
150,000   23   150,000   24   24   24   24   24   24   25   25	150,000   23   15	22	Cash savings and investments				-	<u> </u>
24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe in Schedule O) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets or fund balances (line 27 of column (B) must agree with line 21) 20 Total assets or fund balances (line 27 of column (B) must agree with line 21) 21 Total assets or fund balances (line 27 of column (B) must agree with line 21) 22 Total assets (line 27 of column (B) must agree with line 21) 23 Total assets or fund balances (line 27 of column (B) must agree with line 21) 24 Total assets or fund balances (line 27 of column (B) must agree with line 21) 25 Total assets or fund balances (line 27 of column (B) must agree with line 21) 26 Total assets or fund balances (line 27 of column (B) must agree with line 21) 27 Total assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total program services (line 27 of conspicion of column (B) must agree with line 21) 29 Total program services (describe and concise manner, describe the instructions for Part IV) 29 Total program services (line 27 of column tincludes foreign grants, check here  20 Total program services (describe in Schedule O) 20 (Grants \$ ) If this amount includes foreign grants, check here  21 Total program services (describe in Schedule O) 20 (Grants \$ ) If this amount includes foreign grants, check here  21 Total program services (describe in Schedule O) 22 (Grants \$ ) If this amount includes foreign grants, check here  22 Total program services (describe in Schedule O) 23 (Grants \$ ) If this amount includes foreign grants, check here  24 (Grants \$ ) If this amount includes foreign	24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets of fund balances (line 27 of column (B) must agree with line 21) 28 Check if the organization used Schedule O to respond to any question in this Part III 29 Check if the organization used Schedule O to respond to any question in this Part III 29 Check if the organization sprimary exempt purpose? 29 Check if the organization is primary exempt purpose? 29 (Grants \$ ) If this amount includes foreign grants, check here		_					
18,972   25   191,35   26   191,35   26   27   191,35   28   28   28   28   28   28   28   2	25   19   188,972   25   19   26   19   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   18,972   27   19   18,972   27   19   19   19   19   19   19   19   1	24	<u> </u>					130,000
Total liabilities (describe in Schedule O)	Total liabilities (describe in Schedule O)	25						191,354
Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III	Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III	26	Total liabilities (describe in Schedule O)					0
Check if the organization used Schedule O to respond to any question in this Part III   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  (Grants \$ ) If this amount includes foreign grants, check here	Check if the organization used Schedule O to respond to any question in this Part III    What is the organization's prmary 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  (Grants \$ ) If this amount includes foreign grants, check here    29  (Grants \$ ) If this amount includes foreign grants, check here    29  (Grants \$ ) If this amount includes foreign grants, check here    29  (Grants \$ ) If this amount includes foreign grants, check here    29  29  29  20  (Grants \$ ) If this amount includes foreign grants, check here    29  29  20  (Grants \$ ) If this amount includes foreign grants, check here    29  29  20  (Grants \$ ) If this amount includes foreign grants, check here    29  29  20  20  21  20  21  21  22  22  23  24  25  26  27  28  28  29  29  20  20  20  20  20  20  20  20	27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	h line 21)	188,972	27	198,634
What is the organization's primary exempt purpose?  Describe 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  (Grants \$ ) If this amount includes foreign grants, check here	What is the organization's primary exempt purpose?  Describe 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  Grants \$ ) If this amount includes foreign grants, check here	Par		•		,		
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  Grants \$ ) If this amount includes foreign grants, check here	Commonstrate   Comm			e O to respond to a	ny question in this	Part III []	(Bog	•
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Grants \$ ) If this amount includes foreign grants, check here ▶ □ 28a  29  Grants \$ ) If this amount includes foreign grants, check here ▶ □ 29a  30  Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a  31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 28a  29  (Grants \$ ) If this amount includes foreign grants, check here ▶ □ 29a  30  (Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a  31 Other program services (describe in Schedule O)	as n	neasured by expenses. In a clear and concise m	nanner, describe the	f its three largest pe services provided	rogram services, d, the number of		
Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 29a  30  Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a  31 Other program services (describe in Schedule O)	Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 29a  30  Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a  31 Other program services (describe in Schedule O)	28					}	
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Grants \$ ) If this amount includes foreign grants, check here	Grants \$   If this amount includes foreign grants, check here   ≥9a	29		<del> </del>			204	<del> </del>
Grants \$   If this amount includes foreign grants, check here	Grants \$   If this amount includes foreign grants, check here   Page   Page			***************************************			1	
Grants \$   If this amount includes foreign grants, check here	Grants \$   If this amount includes foreign grants, check here   Page   Page							
Grants \$   If this amount includes foreign grants, check here   30a	Grants \$   If this amount includes foreign grants, check here   30a			t includes foreign gra	ants, check here .	▶ □	29a	<u> </u>
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31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here							
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Grants \$   If this amount includes foreign grants, check here     31a     32       32         32	Carants   State   St						30a	-
Total program service expenses (add lines 28a through 31a)	Total program service expenses (add lines 28a through 31a)	31					240	
List of Officers, Directors, Trustees, and Key Employees (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  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  Russell Henderson  Worshipful Master  2  Dan Barnes  Senior Warden  2  Kevin Bayer  Junior Warden  2  George Lopez  2  George Lopez	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Par Check if the organization used Schedule O to respond to any question in this Part IV	32					-	+
Check if the organization used Schedule O to respond to any question in this Part IV	Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (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 other compensation of the compensation o				•			tions for Part IV)
(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 (forms W-2/1099-MISC) (if not paid, enter -0-)  (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-)  (forms W-2/1099-MISC) (if not paid, enter -0-) (forms W-2/1099-MISC) (for	(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-)  Russell Henderson  Worshipful Master  2  Dan Barnes  Senior Warden  2  Kevin Bayer  Junior Warden  2  George Lopez  (c) Reportable compensation (contributions to employee benefit plans, and deferred compensation other compensation other compensation deferred compensation of the com							
Worshipful Master         2           Dan Barnes         2           Senior Warden         2           Kevin Bayer         Junior Warden           Jom Lucas         2           Secretary         2           George Lopez         2	Worshipful Master         2           Dan Barnes         2           Senior Warden         2           Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez         2		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	0	
Worshipful Master         2           Dan Barnes         2           Senior Warden         2           Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez         2	Worshipful Master         2           Dan Barnes         2           Senior Warden         2           Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez         2	Russ	ell Henderson				$\top$	
Senior Warden         2           Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez         2	Senior Warden         2           Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez         2	Wors						
Kevin Bayer         2           Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez	Kevin Bayer  Junior Warden 2  Tom Lucas  Secretary 2  George Lopez	Dan	Barnes					
Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez	Junior Warden         2           Tom Lucas         2           Secretary         2           George Lopez	Seni	or Warden	2				
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rart \	V Yes	No
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	162	NO ✓
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		<b>√</b>
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		1
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		1
С	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		<b>√</b>
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 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		-
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		✓
С	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.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		1
41	List the states with which a copy of this return is filed ► Texas			
42a	1110 01 941 11 0 0 0 11 0 41 0 41 0 41 0	281-46		<u>1</u>
	Located at ► 71 Oak Grove Lane Conroe, TX  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	773		
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country:	j		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<b>1</b> .
С	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:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	45		Yes	No
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		1
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	-	<b>1</b>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
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	<u> </u>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	<b>✓</b>
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)	45h		- ,

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Form 99	00-EZ (2016)						P	age 4	
46	Did the organization engage, directly or it to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political c	ampaign activities on	behalf of or in	oppositio	n 23	Yes	No	
Part			, raiti	<del></del>	<u> </u>	46			
	All section 501(c)(3) organization 50 and 51.		stions 47-49b and	52, and comp	plete the	tables fo	or line	es	
	Check if the organization used Sc	hedule O to respond	I to any question in the	nis Part VI .				П	
		<del></del>					Yes	No	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		ring the ta	X 47		<b>√</b>	
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E .		48		<b>√</b>	
49a	Did the organization make any transfers t		_	ation?		49a		✓	
b	If "Yes," was the related organization a se					49b		<u> </u>	
50	Complete this table for the organization's employees) who each received more than							d key	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, and compensa	nefits, employee ( d deferred	e) Estimate	Estimated amount of other compensation		
						-			
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo	ensated independent	contractors w	/ho each i	received	more	than	
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice	(c) C	ompensation	on		
			-						
			-		<del> =</del>				
d	Total number of other independent contr	actors each receiving	over \$100,000	<u> </u>					
52	Did the organization complete Sched completed Schedule A	_		nizations mus		a ►∐ Yes	<b>7</b> I	No	
Under p	penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other tha	return, including accompar in officer) is based on all infe	nying schedules and statement formation of which preparer t	ents, and to the be nas any knowledge	est of my kno	wledge and	belief,	ıt ıs	
	1 thin			11	119/0	7			
Sign Here	Signature of officer  Brian Billingsley - Secretary			Date	· — <del>                                      </del>				
	Type or print name and title								

Preparer's signature

Print/Type preparer's name

Firm's address 

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

Firm's name

**Paid** 

Preparer Use Only

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date