

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>~</u>			lendar year, or tax year beginning 5/1/2016 , and en										
ᆷ		applicable	C Name of organization LOYAL ORDER OF MOOSE LODGE NO 167	D Employer Id	entification number								
$\Box$	Address	change	Doing business as										
	Name ch	nange	Number and street (or PO box if mail is not delivered to street address)  Room/suite	35-0480380									
$\exists$		-	111 SOUTH 8TH STREET	E Telephone nu	imber								
	Initial ret	urn	City or town State ZIP code	765-962-2997	•								
	Final return	n/terminated	RICHMOND IN 47374										
$\equiv$			Foreign country name Foreign province/state/county Foreign postal of		0.445.400								
ш	Amende	d return		G Gross receipt	s \$ 2,445,123								
	Application	on pending	F Name and address of principal officer	H(a) Is this a group return for s	subordinates? Yes X No								
			WILLIAM MILLS 260 SOUTH 46TH STREET, RICHMOND, IN 47374	H(b) Are all subordinates in	ncluded? Yes No								
$\overline{}$	Tay ayam	nt status		If "No," attach a list (									
		npt status		) '	·								
<u>J</u>	Website	e: ► N/A		H(c) Group exemption nun	nber ▶ 0002								
K	Form of a	rganization	X Corporation Trust Association Other ► L Year	of formation 1987	M State of legal domicile  N								
	art I	Su	mmary										
	1			GE UNITES MEMBER	RS IN BONDS OF								
ø	1 '	•	· · · · · · · · · · · · · · · · · · ·		<del></del>								
ä			FRATERNITY, BENEVOLENCE AND CHARITY ACCOMPLISHED THROUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES, AND GUESTS										
Governance													
ð	2	Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.											
g	3		of voting members of the governing body (Part VI, line 1a)		3 8								
Š	4		of independent voting members of the governing body (Part VI, line 1b)	<u>_</u>	4 8								
iţi	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)	:	5 8								
Activities &	6	Total nu	mber of volunteers (estimate if necessary)		6 10								
ĕ	7a	Total uni	related business revenue from Part VIII, column (C), line 12	. 7	'a								
	b	Net unre	elated business taxable income from Form 990-T, line 38	7	ďb								
				Prior Year	Current Year								
<u>o</u>	8	Contribu	itions and grants (Part VIII, line 1h)	1,7	27 1,118								
Revenue	9	Program	n service revenue (Part VIII, line 2g)	7,1									
e e	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)	5.0									
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	273,9									
	12		enueadd lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,8									
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	10,5									
	14		paid to or for members (Part IX, column (A), line 4)	10,0	17,900								
"	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	01.0	12 92.749								
Expenses	16a			91,8	13 83,748								
e			onal fundraising fees (Part IX, column (A), line 11e)	<del></del>	•								
쏬	l b		draising expenses (Part IX, column (D), line 25)										
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,3									
	18	lotal exp	penses Add lines 13–17 (must equal Part IX, column (A) (line 25)	223,7	·								
	19	Revenue	e less expenses. Subtract line 18 from:line 12	64,1	73 79,536								
Net Assets or Fund Balances			THE NO	Beginning of Current Yea	<del></del>								
Sse	20		sets (Part X, line 16)	1,173,1	74 1,252,669								
et A	21		1011	2,19	93 2,151								
Ž	22	Net asse	ets or fund balances Subtract line 24 from line 20	1,170,9	81 1,250,518								
	ırt II		nature Block										
Und	er penaltı	es of perjury	, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my knowl	edge								
and	belief, it i	s true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which i	preparer has any knowledg	<del></del>								
Sig	เก		(1) illiam Mills	6	1/2/2019								
He			Signature of officer	Date	•								
110			WILLIAM MILLS ADMIR	NISTRATOR									
		_   / _	Type or print name and title										
		Print	Type preparer's name Preparer's signature, MA	Date On	PTIN								
Pa	id		1/ 1001 /// 1001	Chec									
Pre	parer	, Julan	na M Edwards, CPA A Mark / / Authorities	6/3/2019 self-e	employed   P00229937								
	e Only		s name ► Webb & Associates	Firm's EIN ► 35	5-1838992								
_			s address > 66 South 12th Street, Richmond, IN 47374	WP Phone no (7)									
Mar	the IR		s this return with the preparer shown above? (see instructions)	600									
				4 /	X Yes No								
For HTA	Paperv	vork Redu	action Act Notice, see the separate instructions. $\mathcal{Q}$		Form 990 (2018)								

Form 9	990 (2018)	LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	Page 2
∾Pa	ert III 🕸	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	LODGE	escribe the organization's mission UNITES MEMBERS IN BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY ACCOMPLIS ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES S		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program?	Yes	X No
4	Describ expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.		,
4a		) (Expenses \$ 212,297 including grants of \$ ) (Revenue AND RECREATIONAL ACTIVITIES FOR MEMBERS, FAMILIES AND GUESTS APPROXIMATELY	Y 750 PEOPLE	
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	ue \$	)
			·	
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue		
70	(0000	/ (Nevertee)	μο Ψ	/
	••••			
		•••••••••••••••••••••••••••••••••••••••		
4d		ogram services (Describe in Schedule O )	<del></del> _	
	(Expens			
4e	lotal bro	gram service expenses   212.297		



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Part <sup>®</sup> IV	Chackliet	of Required	CONDAILING
	Uniconiisi	oi ixeuuiieu	Julieuules

			Tes	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  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	5		X
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
'''	VII, VIII, IX, or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		-
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1115		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		<u> </u>
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>X</u>
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		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		_ <u>X</u> _
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		<u> </u>
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		Х
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)		×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	<del>-^</del> -	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ī	
	If "Yes," complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	
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		Х
	Tomosto goronimon on activi, column try, into 1 in 100, complete conedule i, i alta i and ii	141		

Par	Checklist of Required Schedules (continued)			
			Yes	No
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>  ^</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	├^
240	\$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	1	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^</del>
		240	<b>-</b>	├─
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c 24d	-	├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	<del></del> -	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
L.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<del> </del>
D	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	054		
00	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			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		_X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   4			<del>                                     </del>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
Ü	gaming (gambling) winnings to prize winners?	1c	Х	
	garding (gardening) minings to prize minister.	<u> </u>		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		·	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
La	Statements, filed for the calendar year ending with or within the year covered by this return  2a 8			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<del>  ^</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	05		$\vdash$
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	1,0		<u> </u>
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		l	ĺ
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			1
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			1
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources			l
b	against amounts due or received from them )		_	ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	٠٠	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
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			$\overline{}$
b	Enter the amount of reserves the organization is required to maintain by the states in which		,	١.
-	the organization is licensed to issue qualified health plans	٠		ŀ
С	Enter the amount of reserves on hand		1	ł
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			<del></del>
10		4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^
_	If "Yes," complete Form 4720, Schedule O		;	

35-0480380

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI

500	ion A. Governing Rody and Management	<del></del>		<del>-</del>	_نِتِ				
Sec	ion A. Governing Body and Management			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8		103					
	If there are material differences in voting rights among members of the governing body, or	<del></del>	Ť	1					
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		1						
	any other officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under t	he direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X				
6	Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			-				
	one or more members of the governing body?	•	7a	Х					
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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaker	during	1						
	the year by the following		ļ						
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9	Ļ	_X_				
Sect	ion B. Policies (This Section B requests information about policies not required by the	nternal Revenue	Jode.		N				
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hantore	10a						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put	•	10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	e ming the form:	1114	_^_					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ve rise to conflicts?	12b		X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	describe in Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?	i	13		Х				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and approx	al by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	and decision?							
а	The organization's CEO, Executive Director, or top management official .	•	15a		_X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	'						
	with a taxable entity during the year?		16a		_X				
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uard							
	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b						
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed N				<b></b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,		01(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	•							
40		olain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest pol	icy, an	đ					
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's bit	saka and recert-							
2.0	WILLIAM MILLS	765-962-2997	•						
	111 SOUTH 8TH ST , RICHMOND, IN 47374	103-302-2331							

Form 990 (2018)	LOYAL ORDER OF MOOSE LOD	GE NO 167								35-04803	880 Page <b>7</b>
Parť'VII!	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	En	npl	oyee	s, I	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		te to	an	y lir	ne i	n this	s Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	Employees		
•	this table for all persons required to be									with or within the	
organization's	tax year										
	of the organization's current officers, di						duals	or c	organizations), re	gardless of amo	unt
•	ion Enter -0- in columns (D), (E), and ( of the organization's current key emplo						defin	ition	of "key employe	ae "	
	organization's five current highest con										vee)
who received	reportable compensation (Box 5 of For										, ,
-	and any related organizations										
	of the organization's <b>former</b> officers, ke							ed e	employees who r	eceived more th	an
	eportable compensation from the organ of the organization's former directors or	•			-			nits.	as a former direc	etor or trustee of	the
	more than \$10,000 of reportable compe										uie
•	the following order individual trustees		_					•	•		
compensated	employees, and former such persons										
Check thi	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
					(	C)					
	(A)	(B)	(40.	not cl		sition	e than o	nne	(D)	(E)	(F)
	Name and Title	Average	box,	unle	ss pe	erson	is both	an	Reportable	Reportable	Estimated
		hours per week (list any			7		or/trust	7 '	compensation from	compensation from related	amount of other
		hours for related	r divid	Institutional	Officer	Key e	mg ig	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	ctor lual t	l bg		employee	yee yee	-	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization and related
		line)	Individual trustee or director	į		yee	mpe				organizations
			6	trustee			Highest compensated employee				
(1) GEORG	SE HINES	1 00	<del>                                     </del>			t	† <u> </u>		-	ļ	<del></del>
GOVERNOR					Х						
-3-4	SHULL	1 00									
TREASURER			I		X		1	1			

	nours per officer and a director/trustee		ee)	compensation	compensation	amount of				
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GEORGE HINES	1 00									
GOVERNOR			L	<u>X</u>			<u>ا</u>			
(2) JASON SHULL	1 00									
TREASURER				Х			ļ			
(3) RODNEY LAMBERSON PRELATE	1 00			Х						
(4) JAMES RETTER	1 00									
3 YR TRUSTEE				Х						
(5) RALPH BRAUGHTON	1 00									
2 YR TRUSTEE				Х						
(6) ZACHARY SULLIVAN	1 00									
1 YR TRUSTEE			$\Box$	Х						
(7) EARL PETERS	1 00									
JR GOVERNOR				X						
(8) WILLIAM MILLS	40 00									
ADMINISTRATOR/SEC				Х	Х			25,420		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	35-048 (contin		Р	age 8
(E) Reports ompens rom rel rganiza 2/1099	able sation ated	con 1 org ar	(F) stimate mount other npensa rom the ganizate d relat anizate	of tion e ion ed
				_
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			<del>.</del>	
	<del></del>			
			_	
of	_,		<del></del>	
			Yes	No
		11	, 4	7
	.	3		X
		1- 16-	* 7	1,3
		وبرے		5
		4		X
ıl		5		語。 X
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,000 Janiza	of ition's f	tax		
		(C	1	-
		Comper		
	ļ			_

€ P	art VII	Section A. Office	cers, Directors, Tru	stees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated En	ployees (co	ontinued	)	
		(A) Name and title		(B) Average			Pos neck		than		(D) Reportable	(E) Reportable compensation		(F) Estima	
				hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensati from relate organizatioi (W-2/1099-MI	d ns c SC)	amoun othe ompens from ti organiza and rela organiza	er sation he ation ated
(15)															
(16)							1								
(17)															
(18)						-									
(19)															
(20)						-		-							
(21)								-							
(22)								<del> -</del>							
(23)								-						<u> </u>	
(24)															
(25)										_					
1b c d		n continuation sh	eets to Part VII, Se	ection A		<b>I</b>			<u> </u>	<b>▶ ▶</b>	25,420 25,420				
2	Total numb	ber of individuals	(including but not line) om the organization	nited to those lis	ted a	bov	e) w	vho	recei	<u> </u>		,000 of			
3	Did the org	ganızatıon list any	former officer, dire		-	•	oye	e, o	r hıgl	hest	compensated .		. 3	Yes	s No X
4			ine 1a, is the sum of organizations grea									<b>ከ</b>	5.7.5 9.7.4		X
5			e 1a receive or accriorganization? If "Ye	•			•			_		ridual	5	3 113	X X
Sec		ependent Contra		o, complete ce	77000	70 0	70,	540	ii pei	00//	•	·			<del></del>
1	Complete	this table for your	five highest compe inization Report co	•											
			(A) Name and business addr	ess							(B) Description of ser	vices		(C) ensatio	n
						_									
2			it contractors (included pensation from the contraction)		ed to ►	tho	se i	ste	d abo	ve)	who received				

Par	ťVIII	Statement of Revenue											
		Check if Schedule O contains	s a response o	r note to any line ii	n this Part VIII								
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514					
ints nts	1a b	Federated campaigns Membership dues	<b></b> -	a b	-			372 374					
ts, Gra Amou	C	Fundraising events	1	С									
ıs, Glfi Imllar	e d	Related organizations Government grants (contribution	s) 1	<del></del>				1,					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grar similar amounts not included about	nts, and	f 1,118									
Con	g h	Noncash contributions included in I <b>Total.</b> Add lines 1a–1f	ines 1a–1f:       \$ 	<u>.</u> ▶	1,118	, , , ,							
ne				Business Code			1, 4, 4, 5						
ever	2a	MEMBERSHIP DUES AND FEE	<u>S</u>	900099	6,118								
Ice R	b												
Se Z	d			<u> </u>		<del>                                     </del>							
Program Service Revenue	е												
Prog	f g	All other program service revenu <b>Total.</b> Add lines 2a-2f	e 	<b></b>	6,118		S <sub>1</sub>	`					
	3	Investment income (including divother similar amounts)	idends, interes	st, and	6,342			6,342					
	4	Income from investment of tax-ex	cempt bond pro	oceeds -	0,342			0,342					
	5	Royalties		<b></b>									
	_	_	(ı) Real	(ii) Personal	`	, à							
	6a	Gross rents .			- ,,	•	. , ,	· · · · · · · · · · · · · · · · · · ·					
	b	Less rental expenses Rental income or (loss)		<del> </del>		,		•					
	d	Net rental income or (loss)		<b></b>			-						
	7a	Gross amount from sales of	(i) Securities	(II) Other	r	, / ;							
		assets other than inventory			* 1.1	<b>.</b>	ه اسروا د	2. 1. 2					
	b	Less cost or other basis				, , ,							
		and sales expenses			, ,								
	d	Gain or (loss)  Net gain or (loss)	<u></u>	<u> </u>	,		- `	, ' ,					
	_							7 (75) g 7					
an	8a	Gross income from fundraising			5 4,0175								
Ver		events (not including \$		Į :	1 72			Same of the same					
Other Revenue		of contributions reported on line 1 See Part IV, line 18	•	7 007		, 4, 5							
her	b	Less. direct expenses .	a . b	<u> </u>		, , , , , , , , , , , , , , , , , , ,							
ნ	c	Net income or (loss) from fundrai		10,031	-11,004		- 3	5.20					
	9a	Gross income from gaming activi				1. P	7.4	Marie Sal					
		See Part IV, line 19	а		* * * * * * * * * * * * * * * * * * *								
	b	Less' direct expenses .	b	2,074,386	044.500	Signal Control	A 15 15 15 1	1 47 6 6					
	с 10а	Net income or (loss) from gaming Gross sales of inventory, less	activities	·	244,583	Barrior Grigg	1 P (1) 1 1 2	Mar Carlant					
		returns and allowances	. а	104,889									
	b	Less cost of goods sold	. <b>b</b>			The state of the s							
	С	Net income or (loss) from sales o	f inventory	•	44,676								
- }	11-	Miscellaneous Revenue	·	Business Code		A Commence of the Commence of	Marine Commence	, , , , , , , , , , , , , , , , , , , ,					
	11a b							<del></del>					
	C				·		-						
	ď	All other revenue											
İ	е	Total. Add lines 11a-11d .		<b>&gt;</b>		[ ]	a a seguina ja ja	(A) (美)					
	12	Total revenue. See instructions.	<u> </u>	▶	291,833			6,342					

Parf IX		
D CT 3 H N CT	Statement of Function	21 EVNANCAC
	Statement of Function	ai Expelises

0000	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments. See Part IV, line 21	17,980	17,980	Full and The Ball Continue	the but and all all one
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22.			* A - E 19 Fo . 20 * 9	<i>国</i> 的人生的
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			The state of the s	The state of the s
	individuals See Part IV, lines 15 and 16			J. 100 (100 130 130 130 130 130 130 130 130 130	<b>机类用的工程</b> 。
4	Benefits paid to or for members			心病,其他是不能	विषेत्री विकास स्थापित विषय
5	Compensation of current officers, directors,				
	trustees, and key employees .	25,420	25,420	_ ,	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	51,961	51,961		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,367	6,367		<u> </u>
11	Fees for services (non-employees)				
а	Management .				
b	Legal				
С	Accounting	8,075	8,075		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		San Sanday	the state of the	
f	Investment management fees .				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .	436	436		
13	Office expenses	1,786	1,786		
14	Information technology				
15	Royalties .				
16	Occupancy .	33,685	33,685		
17	Travel .	3,425	3,425		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .	7,801	7,801		
22	Depreciation, depletion, and amortization			•	
23	Insurance	12,288	12,288		
24	Other expenses Itemize expenses not covered	G 2 7 70 33	原源語院公司	以自己的11年2月 1	<b>逐渐增加证据</b>
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				<b>第25 第25章</b>
	(A) amount, list line 24e expenses on Schedule O)			<b>设施设施设施</b>	是包括自己的
а	Endowment Expense	1,033	1,033		
b	Repairs and Maintenance	30,626	30,626		
С	Supplies	10,360	10,360		
d	LICENSE AND PERMITS	1,054	1,054		
e.	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24e	212,297	212,297		
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)				

Pa	rt X	Balance Sheet		··		<del></del>
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
···I	1	Cash—non-interest-bearing .	······································	272,971	1	325,610
	2	Savings and temporary cash investments		68,529	2	70,221
	3	Pledges and grants receivable, net .			3	<del></del>
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors.			
	-	trustees, key employees, and highest compens. Complete Part II of Schedule L.			5	
1	6	Loans and other receivables from other disqualified person	ons (as defined under section			
- 1		4958(f)(1)), persons described in section 4958(c)(3)(B), a	•			,
1		sponsoring organizations of section 501(c)(9) voluntary e	- · · · · · · · · · · · · · · · · · · ·	,		(
ន		organizations (see instructions) Complete Part II of Sche		į	6	
Assets	7	Notes and loans receivable, net			7	
۲ کھ	8	Inventories for sale or use		16,540	8	16,540
1	9	Prepaid expenses and deferred charges		ì	9	
- 1	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 840,298			
	b	Less accumulated depreciation	10b	815,134	10c	840,298
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line	11		12	
- 1	13	Investments—program-related See Part IV, line			13	
ı	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34) .	1,173,174	16	1,252,669
1	17	Accounts payable and accrued expenses		2,193	17	2,151
- 1	18	Grants payable			18	
]	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
ļ	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
١	22	Loans and other payables to current and forme		•		
		trustees, key employees, highest compensated				
Idplilles		disqualified persons Complete Part II of Sched			22	
֡֡֞֞֡֞֞֞֞֞֡֞֞֓֞֡֞֞֓֞֓֞֡֞֞֓֓֡֞֡֞	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	ayables to related third			
ı		parties, and other liabilities not included on line	s 17–24) Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,193	26	2,151
S		Organizations that follow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 33 a	· —			
ຊັ	07	-			27	
<u>a</u>	27	Unrestricted net assets	•		28	
ň	28	Temporarily restricted net assets .			29	
	29	Permanently restricted net assets			25	-, -, -,
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ► X and			415 ( · · · · ·
ફ 	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or e	quipment fund .		31	
ا ک	32	Retained earnings, endowment, accumulated in		1,170,981	32	1,250,518
ا <u>چ</u>	33	Total net assets or fund balances		1,170,981	33	1,250,518
	34	Total liabilities and net assets/fund balances		1,173,174	34	1,252,669

Form	990 (2018) LOYAL ORDER OF MOOSE LODGE NO 167	3	35-0480380	Pa	ge <b>12</b>
Par	Reconciliation of Net Assets				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	29	1,833
2	Total expenses (must equal Part IX, column (A), line 25)	2		212	2,297
3	Revenue less expenses Subtract line 2 from line 1	3		79	9,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,170	0,981
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		1,250	<u>0,517</u>
Pari	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 X Cash Accrual Other		·, ]	٠,٠٠	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				-
	Schedule O		:		٠.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		-	•	
	Separate basis Consolidated basis Both consolidated and separate basis			1 (2.40 -	ĺ `
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		,	•	
	separate basis, consolidated basis, or both			•	_ ^
	Separate basis Consolidated basis Both consolidated and separate basis		•  ,		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			, -	:
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	•	
	If the organization changed either its oversight process or selection process during the tax year, explain in				, ,
	Schedule O.		] [,		·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2018)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

LOYA	L ORDER OF MOOSE LODGE NO 167		35-0480380
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	[ <del></del> ]
	conferring impermissible private benefit?		Yes No
Part	II Conservation Easements.		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	· =	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer		2b
С	Number of conservation easements on a certif	ied historic structure included in (a)	2c
d	Number of conservation easements included in		1
	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or teri	minated by the organization during
_	the tax year		
4	Number of states where property subject to co		handling of
5	Does the organization have a written policy reg		Yes No
c	violations, and enforcement of the conservation Staff and volunteer hours devoted to monitoring, in:		,
6	Starr and volunteer hours devoted to monitoring, in	specifig, flanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing con-	servation easements during the year
•	\$	ting, flanding of violations, and emorning con-	servation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	· Lagrand Lagrand
•	balance sheet, and include, if applicable, the te	_	
	organization's accounting for conservation eas	_	
Part	Organizations Maintaining Collect	ions of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educate	tion, or research in furtherance of
	public service, provide, in Part XIII, the text of	the footnote to its financial statements tha	t describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other simil		
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, I	ine 1 .	. • \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar	t, historical treasures, or other similar ass	ets for financial gain, provide the
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2018 LOYAL ORDER OF MO	OOSE LODGE	NO 167				35-048	0380	Page 2
Par	Organizations Maintaining Col	lections of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (continue	
3	Using the organization's acquisition, access								
	collection items (check all that apply)			_					
а	Public exhibition		d	Loan or	r exchange pr	rograms			
b	Scholarly research		е 🗀	Other					
С	Preservation for future generations								
4	Provide a description of the organization's	collections and	d explain h	now they fo	urther the org	anizatio	n's exempt purp	ose in Part	
	XIII			•	_				
5	During the year, did the organization solici assets to be sold to raise funds rather than							Yes	No
Par	IV Escrow and Custodial Arrange	ments.	<del></del>				· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization ansv 990, Part X, line 21.	wered "Yes" o	on Form 9	990, Part	t IV, line 9, c	or repor	ted an amoun	t on Form	
1a	Is the organization an agent, trustee, custo	odian or other in	ntermediai	ry for cont	ributions or o	ther ass	ets not		
	included on Form 990, Part X?							Yes _	No
b	If "Yes," explain the arrangement in Part X	III and complete	e the follo	wing table	)		<del></del>		
•	Pograping holongo					1c	<del>-  </del>	Amount	
c d	Beginning balance Additions during the year					1d	<del></del>		
e	Distributions during the year					1e			
f	Ending balance				•	1f			
2a	Did the organization include an amount on	Form 990 Par	t X line 2	1 for each	row or custod	ننسا اعامددانا	int liability?	Yes [	X No
b	If "Yes," explain the arrangement in Part X						•		≒ ''`
Part		THE OTHER METER	THE CAPI		do been provi	1404 011	GIVAIII	<u> </u>	
Lett	Complete if the organization answ	wered "Yes" o	n Form 9	990 Part	: IV line 10				
		a) Current year		or year	(c) Two years	back	(d) Three years bac	k (e) Four yea	ars back
1a	Beginning of year balance	,	,-,	,	(2,, ,		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>_</u>
b	Contributions					-			
С	Net investment earnings, gains,								
	and losses .								
d	Grants or scholarships .								
е	Other expenditures for facilities								
	and programs .								
f	Administrative expenses	<del></del>						ļ <u>.</u>	
g	End of year balance		<u> </u>					<u></u>	
2	Provide the estimated percentage of the co	urrent year end		line 1g, co	olumn (a)) he	id as			
a L	Board designated or quasi-endowment  Permanent endowment	0/	<u>%</u>						
b	Temporarily restricted endowment	<u>%</u> %							
С	The percentages on lines 2a, 2b, and 2c si		-						
3a	Are there endowment funds not in the post			on that are	held and ad	minister	ed for the		
	organization by		, ga,	),, (,,o,, o,, o,, o,, o,, o,, o,, o,, o,			54 151 1115	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	ızatıons listed a	as required	d on Sche	dule R? .			3b	
4	Describe in Part XIII the intended uses of t	he organizatior	n's endowr	ment fund	S.				
Part	VI Land, Buildings, and Equipmer	nt						· <del></del>	
	Complete if the organization answ	vered "Yes" o	n Form 9	990, Part	IV, line 11a	See F	orm 990, Parl	X, line 10.	
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book va	ilue
		(investm	nent)		other)	ļ	epreciation		
1a	Land .				<u> </u>	- " ; `	2. M. J.		
b	Buildings			-	627,381				<u> 327,381</u>
C	Leasehold improvements .	<u> </u>		1	400.005		<del></del>		166.005
d	Equipment				166,985			·	166,985
<u>e</u> Total	Other  Add lines 1a through 1e. (Column (d) must	equal Form 00	n Part Y	column (	45,932 B) line 10c.)	L			45,932 840,298
. 5 (4)		- 5 quai , 01111 00	e, i wit N,	JOIGHINI (	-,, mio 100 )				<del>- 10,200</del>

Part VII		ad "Vas" on Form 000	Dort IV line 11h See Form (	200 Dart V line 12
	Complete if the organization answer  (a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
	al derivatives			
	held equity interests			
				· <del></del>
<u>(B)</u>		<u> </u>		
(C)				
(D)				
(E)	·	<del></del>		
		<del> </del>	***************************************	
(G) (H)				
	in (b) must equal Form 990, Part X, col (B) line 12)	<del> </del>		
Part VIII		·	<del></del>	
t are vill	Complete if the organization answer	ed "Yes" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	aluation
_(1)				<del></del>
(2)				
(3)				
(4)				
(5)				
(6)			ļ	
(7)				
(8)				
(9)			<del> </del>	<del></del>
	n (b) must equal Form 990, Part X, col (B) line 13)		<u>l</u>	
Part IX	Other Assets.		Dest IV to a 44-t Oca Farm C	100 D-4 V II 46
	Complete if the organization answere		Partiv, line 11d See Form 9	
(4)	(a) U	escription	<del></del>	(b) Book value
(1)		<del> </del>		
(2)	<del></del>			
(4)				-
(5)				
(6)				
(7)	•			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) lir	ne 15)	<b>&gt;</b>	
Part X	Other Liabilities.			<del>-</del>
	Complete if the organization answere line 25.	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	T	
	income taxes		1	
	COMPANY TRANSFER		1 .	
(3)			1,	
(4)			1	
_ (5)			· ·	· .
(6)			1	
(7)			]	•
(8)			]	· ·
(9)			]	,
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25 ) 🕨			•
2. Liability for	uncertain tax positions. In Part XIII, provide the	e text of the footnote to the	organization's financial statements th	at reports the
organization's	s liability for uncertain tax positions under FiN 4	8 (ASC 740) Check here if	the text of the footnote has been pro	vided in Part XIII

Schedule D (Fo		LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380 Page	5
Part XIII	Suppleme	ntal Information (continued)		
	<del></del>			
<b></b>				
· · · · · · · · · · · · · · · · · · ·		••••••		
•••••		••••••		

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

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

Internal Revenue Service Inspection Employer identification number 35-0480380 LOYAL ORDER OF MOOSE LODGE NO 167 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations е Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations С Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (or retained by) (i) Name and address of individual (II) Activity custody or control of (or retained by) fundraiser listed in from activity or entity (fundraiser) contributions? organization col (i) Yes No 1 2 3 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II

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

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through **BILLARDS** 3 & SPECIAL PROJE col (c)) (total number) (event type) (event type) Revenue Gross receipts 6,998 689 7,687 Less Contributions Gross income (line 1 minus line 2) 6,998 689 7,687 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses 13,941 4,750 18,691 18,691) Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) -11,004 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1,843,248 2,318,969 475,721 Gross revenue Direct Expenses 2 Cash prizes 572,125 1,377,230 1.949.355 Noncash prizes Rent/facility costs Other direct expenses 51,796 73,235 125,031 Yes Yes % Yes % % 6 Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) 2,074,386) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 244.583 Enter the state(s) in which the organization conducts gaming activities IN Is the organization licensed to conduct gaming activities in each of these states? X Yes No If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain

Scried	ale & (Form 990 of 990-E2) 2016 LOTAL ORDER OF MOOSE LODGE NO 167	35-0480	380 Page 3
11`	Does the organization conduct gaming activities with nonmembers?	. X Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Y	es X No
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	100 00%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books a	<u> 13b</u> nd	%
	records		
	Name ► MALLORY A KIMBLER		
	Address ► PO BOX 19 BOSTON, IN 47324		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es X No
b	revenue?		es [X] 140
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ► WILLIAM MILLS		
	Gaming manager compensation > \$		
	Description of services provided ► RUN BINGO GAMES	•-•	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	П.,
h	retain the state gaming license? . Enter the amount of distributions required under state law to be distributed to other exempt organizations or		es No
D	spent in the organization's own exempt activities during the tax year  \$		
Pärt	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional part III.		
-	See instructions.	<del></del>	<del></del>
<b></b> -			

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.irs.gov/Form990 for the latest information.
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	2018	Open to Public Inspection
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Employer identification number

OMB No 1545-0047

I OYAL ORDER OF MOOSE LODGE NO 167	3E NO 167					. 35	35-0480380
Part I General Information on Grants and Assistance	on on Grants	and Assistance					
es i	ain records to suaward the grant	bstantiate the amous or assistance?	unt of the grants or assistance, the granteer the use of grant funds in the United States	istance, the grantees' in the United States	eligibility for the grants	or assistance, and	Yes No
Part III Grants and Other Assistance to Domestic Organism 990, Part IV, line 21, for any recipient that received	Assistance to	Domestic Organient that received	nizations and Dom more than \$5,000	estic Government Part II can be duplic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	ganization answered ace is needed.	d "Yes" on Form
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(9)							
(9)						i	
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and organizations lis	government organiz ted in the line 1 table	ations listed in the line	1 table		•	

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2018)

### 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.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
s on

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Open to Public Inspection
Employer identification number

LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380	
Form 990, Part VI, Section A, Line 7A MEMBERS OF THE ORGANIZATION ELECT OFFICERS	S	
Form 990, Part VI, Section B, Line 10A THE ORGANIZATION ANSWERS TO ITS PARENT AFF	FILIATE MOOSE	
HEART		
Form 990, Part VI, Section B, Line 11 THE ADMINISTRATOR TAKES THE COMPLETED 990 T	O THE BOARD	
WHERE IT IS REVIEWED AND DISCUSSED AND ACCEPTED OR REJECTED BY THE BOAR	RD.	
Form 990, Part VI, Section C, Line 19 ANY MEMBER OF THE ORGANIZATION IS GIVEN ACC	CESS TO THE	
GOVERNING DOCUMENTS, 990 AND FINANCIAL STATEMENTS UPON REQUEST		
Form 990, Part VI, Section A, Line 6 THE ORGANIZATION HAS MEMBERS		
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
LOYAL ORDER OF MOOSE LODGE NO 167	35-0480380
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