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OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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.

г	enart	ment of	the Treasury	▶ Do not enter social security numbers on this form as it ma	y be π	nade publi	C.	Open to			
Î	itema	d Revenu	ie Service	▶ Information about Form 990 and its instructions is at www	v.irs.go	<u>v/form9</u> 9	0	Inspec	tion		
7	F	or the	2015 cale	endar year, or tax year beginning MAY 1 , 2015, and er			PRIL	, 20 16			
Ē				C Name of organization LOYAL ORDER OF MOOSE			D Employer identification number				
Ī	_	ddress		Doing business as BENNINGTON MOOSE LODGE 1233				03-0175122			
ř	_	lame ch	-		n/suite		E Telepho	ne number			
ř	-	ntial retu	•	916 MAIN ST				802-442-6561			
F	_		n/terminated		· · · ·			002-772-0301			
ř	7						G Groce #	occupto \$	70705		
		mended		BENNINGTON, VT 05201			G Gross re		78765		
Ļ	ΑL	pplication	on pending	F Name and address of principal officer DAVID MONROE JR PO BOX 4345		,	-	subordinates? Yes			
-				BENNINGTON VT 05201				s included? Ves			
Ī			npt status.	☐ 501(c)(3)		a list. (see instruction	•				
<u>ا</u>		ebsite:				H(c) Group			0002		
, F		_	 	✓ Corporation Trust Association Other ▶ L Year of to	mation	1913	M State	of legal domicile.	<u> </u>		
	Pa	rt	Summ	nary							
		1	Briefly de	escribe the organization's mission or most significant activities: THI	E ORG	ANIZATIO	N UNITE	S IN THE BOND	S OF		
	8		FRATER	NITY, BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED WITH A	YEAR	ROUND S	CHEDULE	OF SOCIAL A	ND		
	E		RECREAT	TIONAL ACTIVITIES FOR THE MEMBER AND THEIR FAMILIES, ESTIMAT	rED TO	NUMBER	R (500)				
	ē	2	Check th	us box > If the organization discontinued its operations or dispose	ed of r	more than	25% of	its net assets.			
	8	3	Number (of voting members of the governing body (Part VI, line 1a)			3		9		
	a 5	4	Number (of independent voting members of the governing body (Part VI, line	1b) .		4		9		
	Activities & Governance			nber of individuals employed in calendar year 2015 (Part V, line 2a)			5		16		
	₹			nber of volunteers (estimate if necessary)			6		25		
	달 			elated business revenue from Part VIII, column (C), line 12			7a	 	0		
				lated business taxable income from Form 990-T, line 34			7b				
	+		1101 011101	adea basilioso taxable illositio illotti otti oosi 1, illo o 1	Ť	Prior Ye		Current Y			
		8	Contribut	tions and grants (Part VIII, line 1h)	-		7987				
	Revenue				-		1901		6167		
	Š	40	riogiaiii	service revenue (Part VIII, III e 2g)							
	2	10	investme	service revenue (Part VIII, line 2g)	-						
2017	- 1	• •	00101101	, onde (1 art viii, oold viii (v, iii) oo o, oo, voo, voo, and oo, oo, voo, and oo, oo, oo, and oo, oo, oo, oo, oo, oo, oo, oo, oo, oo			79531		49531		
~				enue—add lines 8 through 11 (must equal Par VIII, columb (A), line 12	}		87752		55233		
~ □	- 1	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	·						
₩	- 1	14	Benefits	paid to or for members (Part IX, column A) line 4	·						
Z	88			other compensation, employee benefits (Part X column (A), lines 5-10)	·		40898		29379		
JAN	2			onal fundraising fees (Part IX, column (A), line 11e)	·						
	Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶							
Q	.	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		29031		25472		
	Ì	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	· L_		94057		78153		
NAMED		19	Revenue	less expenses. Subtract line 18 from line 12			-6305		-22920		
	5 8				Beg	prining of Cu	errent Year	End of Ye	ear		
		20	Total ass	sets (Part X, line 16)	. [738508		740020		
⊘ ∂	200	21	Total liab	olities (Part X, line 26)	. [8633		8498		
3	2E			ts or fund balances. Subtract line 21 from line 20			729873		731522		
1	Par			ture Block				I			
•	Unde	er nenal		ry, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to t	he best of	mv knowledge and	belief, it is		
				lete. Declaration of preparer (other than officer) is based on all information of which pre				,.			
-			//	1. 1 Pm 0			1211	4/11			
9	Sigr	1	Sign	ature of officer		Da	nte	776			
	-ler		7	lavid P. Monrae Jr. Governor							
•		•	Tyrrs	a or print name and title							
-				pe preparer's name Preparer's signature	Date			PTIN			
1	Paid	d		repaid on one in the property of the property			Check celf-em				
•	Pre	pare					self-employed				
l	Js€	Only					n's EiN ▶		····		
-	45::	th : 15		address >		Pho	one no.				
-				s this return with the preparer shown above? (see instructions)	•	• • • •		□ Ye	_=		
F	or F	aperw	rork Redu	ction Act Notice, see the separate instructions.	at. No.	11282Y		Form !	990 (2015)		

	90 (2015)				Page
Part		ment of Program Service	Accomplishments esponse or note to any line in this Pa	net (II)	_
1		cribe the organization's mission		will	<u> </u>
•	_	=	S OF FRATERNITY, BENEVOLENCE AN	ID CHARITY. THIS IS ACCOMPLISH	IED WITH A
			RECREATIONAL ACTIVITIES FOR THE		
	TO NUMBER	R (500)			
_	Did the eve				
2			ficant program services during the ye		☐ Yes ☑ No
	•	scribe these new services on			
3			, or make significant changes in h	ow it conducts, any program	
	services? .				☐Yes ☑No
		scribe these changes on Scho			
4	expenses.	Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its) organizations are required to report or each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	***************************************	***************************************			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		***************************************			+

		******************	******************************		***************************************

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	ſ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>,</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		_	n 990	(2015)

Form 99	30 (2015)			Page
Part	Checklist of Required Schedules (continued)			
20 -	Did the experiention experts one or more beenitel facilities? If The Property Cabadula 11		Yes	No
zu a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	1
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		1
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	21		∀
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		✓
33	complete Schedule N, Part II	32		1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
	or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			

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.

orm 99	0 (2015)		1	Page :
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	√	
Za				
h		AL	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	22		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SU		
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			•
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶	702		<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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
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		✓
ь	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		V
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	-		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			·
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			į
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C	Enter the amount of reserves on hand			L.,

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	iee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
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	1	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
O 4°	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Did the agreeinstice beautiful to the boundary beautiful to 0		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l la	✓	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	- 1	./
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	-	<u>/</u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		_
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		7
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a]	1
b	Other officers or key employees of the organization	15b		√
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	-	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	- 1	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ VT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest :	ooliev	, and
-	financial statements available to the public during the tax year.		 y	,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
-	James Wolch DO Roy 212 Remineton VT 05201		-	

Dana	-
raue	- 4

Form		

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box is nettler the organization flor			<u></u>		C)	<u>p.</u>				,
(A) Name and Title	(B) Average hours per week (list any	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) James Welch Jr, administrator	32			1						,
(2) Tobey Parker, administrator	32						1	1600		
(3) Michael Jordan, governor	10						1			
(4) David Monroe Jr., governor	15			1						
(5) Chad Vince, Jr Governor	8						1			
(6) Richard Coyne, treasurer	10			1						•
(7) Mark Bushee, Treasurer	6						1			
(8) Arthur Prentiss, Jr	6						1		1. T. T.	
(9) Andrew Crawford, governor	10						1			
(10) Robert Reynolds, Trustee	6			1			Ť			
(11) Nicholas Van Ness, Trustee	6			Ė			/			
(12) Peter Sweet, Trustee	6			/						
(13) Gerald Bolgos, Trustee	6	<u> </u>		1						
(14) Preston Hayes, Trustee	6			Ť			/			

Pari	Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:			lighe	st C	compensated E	mployees ((contin	ued)		
	(A) Name and title	(B) Average	box,	untes	Pos neck	rson	e than o	n an	(D) Reportable	(E) Reportable		(F) Estimated		
		hours per week (list any hours for related organizations below dotted line)	individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	ons	comp fro orga and	ount of other pensation om the unization related nization	,
(15) E	dward Galinus, Trustee													
(16) C	ody Gates, Trustee	6			-			✓						
(17)		6		-		-		1				·- ·· · · · · ·		
(18)								-				-		
(19)								-						<u> </u>
(20)								<u> </u>		- .		· · · · · · · · · · · · · · · · · · ·	v	
(21)														
(22)														
(23)												<u> </u>		
(24)										<u></u>	1			
(25)								ļ				 ==		
1b	Sub-total	VII Contin		•	•			<u> </u>	1600			· · · · · · · · · · · · · · · · · · ·		
C d	Total (add lines 1b and 1c)	•		•	•		•	>	1600			 .		
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$1	00,000	O of	<u></u>	
		····		_									Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	indi	ividu	ıal					3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual													✓
Section	for services rendered to the organization on B. Independent Contractors	r II "Yes," C	отр	ete .	Scr	eou	ile J T	or s	ucn person	<u> </u>	• •	5		✓
1	Complete this table for your five highest of compensation from the organization. Replyear.													æx
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
								\vdash						··
-	Total number of independent particular	ro (in al. al.	a bo	• -	ا نو	باحدا	od 4-	لـِـَـ	and Data d al-					
2	Total number of independent contracto							, un	USE IISTED AD	אר (BAC				

Form **990** (2015)

		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O	contains a	rest	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
8 8	1a	Federated campaigns		1a			1000.00		0,2017		
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b	1080						
عَ ق	c	Fundraising events .) —	1c	2510	†			}		
Contributions, Gifts, and Other Similar An	ď	Related organizations		1d	2310						
2 =	e	Government grants (contr		1e							
Sir	f	All other contributions, gift		-		Į		[
ž ř		and similar amounts not inclu		1f	2577				1		
문항	_	Noncash contributions include	L		2577			į			
e P	9							İ			
	h	Total. Add lines 1a-1f	• • • •	·	Business Code	6167	· · · · · · · · · · · · · · · · · · ·	···			
2				ŀ	Business Code			ł			
976	2a			}							
e R	b			}					ļ		
<u>2</u>	C	**************************************							ļ		
Sel	d	***************************************		}							
Program Service Revenue	е										
ogu	1	All other program servi							<u> </u>		
4	g	Total. Add lines 2a-2f	· · · · ·	<u>.</u>	🕨						
	3	Investment income (II	-					ļ			
		and other similar amou	ınts)	•	▶ {			<u> </u>			
	4	Income from investment	of tax-exemp	ot bo	nd proceeds ► [
	5	Royalties	<u> </u>		▶						
			(i) Real		(ii) Personal						
	6a	Gross rents									
	ь	Less: rental expenses						1			
	С	Rental income or (loss)				-					
	d	Net rental income or (Id	oss)		▶	}					
	7a	Gross amount from sales of	(i) Securities		(ii) Other				†		
		assets other than inventory		_		1					
	ь	Less: cost or other basis				j		•			
		and sales expenses .]			
	С	Gain or (loss)									
	d	Net gain or (loss) .				İ			İ		
		ret gain or (loss) .		٠,					 		
Other Revenue	8a	Gross income from funevents (not including \$									
er Re		of contributions reported See Part IV, line 18 .	d on line 1c). 		834						
됐	b	Less: direct expenses		b	40			ł			
•	С	Net income or (loss) fro	om fundraisi	ing e	events . >	794					
	9a	Gross income from gan	nıng activitie	s. [
		See Part IV, line 19 .		a	12586			-	1		
	ь	Less: direct expenses		ь	1271			į			
		Net income or (loss) fro				11315)		
		Gross sales of inv					· · · · · · · · · · · · · · · · · · ·	 	† · · · · · · · · · · · · · · · · · · ·		
		returns and allowances		- 1	56136			ļ			
	ь	Less: cost of goods so		ь	25221				ì		
	c	ALA:				30915					
	٠	Miscellaneous Re			Business Code	30915			 		
	14-	WINDOWN ICOUS THE						1			
	11a			}				ļ	 		
	b							 	 		
	ء ا	A 11 - 41		}				ļ	 		
	a	All other revenue .		Į		3042	· · · · · · · · · · · · · · · · · · ·		 		
	е	Total. Add lines 11a-1				3042		ļ	 		
	12	Total revenue. See ins	structions.		🕨 1	52233		l .	i		

	IX Statement of Functional Expenses						
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	lumn (A).		
Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	24915					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages						
9	Other employee benefits						
10	Payroll taxes	4464					
11 a	Fees for services (non-employees): Management						
b	Legal						
С	Accounting						
đ	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion						
13	Office expenses	7796		-			
14	Information technology						
15	Royalties		,				
16	Occupancy	16842					
17 18	Travel						
	for any federal, state, or local public officials		:				
19	Conferences, conventions, and meetings .						
20	Interest		· · · · · · · · · · · · · · · · · · ·		 		
21 22	Payments to affiliates						
23	Depreciation, depletion, and amortization . Insurance	834					
24	Other expenses. Itemize expenses not covered	034			·		
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)				······································		
a							
b	***************************************						
G	4						
d	All other expenses						
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	24136			-		
25 26	Joint costs. Complete this line only if the	78153					
20	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)						

Ŀ	art X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in this Par	rt X		🗆			
			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing	1245	1	2868			
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net		3				
5 0	4	Accounts receivable, net		4				
	5	Loans and other receivables from current and former officers, directors,		}				
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5				
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6				
Assets	7	Notes and loans receivable, net		7				
Ag	8	Inventones for sale or use	10357	8	10246			
	9	Prepaid expenses and deferred charges		9	102-10			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 726906						
	ь	Less: accumulated depreciation 10b	726906	10c	726906			
	11	Investments—publicly traded securities	720500	11	720300			
	12	Investments—other securities. See Part IV, line 11		12				
	13	Investments-program-related. See Part IV, line 11		13				
	14	Intangible assets		14	····			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	738508	16	740020			
	17	Accounts payable and accrued expenses	8633	17	8498			
	18	Grants payable		18				
	19	Deferred revenue		19	···			
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21				
98	22	Loans and other payables to current and former officers, directors,						
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22				
뿔	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable to unrelated third parties		24				
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		a=				
	200	L. C. C. C. C. C. C. C. C. C. C. C. C. C.		25	 			
et Assets or Fund Balances	26	Total liabilities. Add lines 17 through 25	8633	26	8498			
		complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		27				
	28	Temporarily restricted net assets		28				
	29	Permanently restricted net assets		29				
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30	······································			
886	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32				
<u>•</u>	33	Total net assets or fund balances		33				

Total liabilities and net assets/fund balances

8633 34

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		٠.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				55233
2	Total expenses (must equal Part IX, column (A), line 25)					78156
3	Revenue less expenses. Subtract line 2 from line 1					22920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	8 Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	•		
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın	- 1		
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to a constitute of the statement of the year were compared to a constitute of the statement of the year were compared to the statement of the year were compared to the year were	ollea (or	- 1		
	reviewed on a separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis		١.	. 1		
b	Were the organization's financial statements audited by an independent accountant?			b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ea on	a	- 1		
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	امنصم	he			
C	of the audit, review, or compilation of its financial statements and selection of an independent account			_	l	
	If the organization changed either its oversight process or selection process during the tax year, ex			C		
	Schedule O.	piairi	"'	- 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in			
34	the Single Audit Act and OMB Circular A-133?	iortii i		a		1
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th		-		_
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь		
	The state of the s				990	(2015)

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