



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



AMENDED

NO SIATUTE ISSUE

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ header section including: A For the 2007 calendar year, or tax year beginning May 1, 2007, and ending April 30, 2008; B Check if applicable; C Name of organization THUNDERBIRD MOOSE LEAGION 213; D Employer identification number 86-0542249; E Telephone number (281) 692-7828; F Group Exemption Number 0002; G Accounting method: Accrual; H Check if the organization is not required to attach Schedule B; I Website; J Organization type: 501(c)(8); K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with 21 rows and 2 columns. Revenue: 1 Contributions, gifts, grants, and similar amounts received (2088.00); 2 Program service revenue including government fees and contracts (1675.00); 3 Membership dues and assessments (3564.33); 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Special events and activities; 6a Gross revenue (not including \$ of contributions reported on line 1); 6b Less: direct expenses other than fundraising expenses; 6c Net income or (loss) from special events and activities; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (7327.33); Expenses: 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses (7402.19); Net Assets: 18 Excess or (deficit) for the year (-74.86); 19 Net assets or fund balances at beginning of year (20360.12); 20 Other changes in net assets or fund balances (933.60); 21 Net assets or fund balances at end of year (19426.52).

Part II Balance Sheets. Table with 7 rows and 2 columns. (A) Beginning of year, (B) End of year. 22 Cash, savings, and investments (15268.60); 23 Land and buildings; 24 Other assets (describe FURNITURE Fixtures) (4157.22); 25 Total assets (19426.52); 26 Total liabilities; 27 Net assets or fund balances (19426.52).

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Cal. No. 106421

Form 990-EZ (2007)

SCANNED OCT 04 2011

STATUTE RECEIVED

RECEIVED SEP 15 2011 IRS-OSC OGDEN, UT

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	The organization unites its members in the bonds of fraternity, benevolence and charity. This is accomplished through a year-round schedule of social and recreational activities for the member and their families estimated to number (508).	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a <input type="checkbox"/> 32		

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Robert Murphy 4791 N Kelly Lane Kingman AZ 86409	4	0	0	0
John Nell 7903 Meadowlark Mohave Valley AZ 86440	0	0	0	0
Edwin Lusk 4875 N Spring Dr Prescott Valley AZ 86314	0	0	0	0
Richard Ruzar P.O. Box 25011 Tampa AZ 85367-0011	0	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

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

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b	N/A	A
40c		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ N/A

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ GA

42a The books are in care of ▶ _____ Telephone no. ▶ (____) _____
 Located at ▶ _____ ZIP + 4 ▶ _____

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here
 Signature of officer: Robert L. Murphy
 Type or print name and title: Robert L. Murphy Secretary
 Date: 9-14-08

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____
 Phone no.: _____