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## · Form **990**

## **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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calendar year, or tax year beginning MAY , 2013, and en	ding APK	30	,20 /4
В	Check if	applicable C Name of organization LOYAL ORDER OF MOOSE			er identification number
	Address		2	23	-7176492
	Name cl		/suite	E Telepho	ne number
	Initial re			903)8	332-6265
	Termina	ted City or town, state or province, country, and ZIP or foreign postal code			
	Amende	d return TEXARKANA, TX 75501		<b>G</b> Gross re	eceipts \$
	Applicat	ion pending F Name and address of principal officer: GARY WILCOX	H(a) is this a g	roup return for	subordinates? Yes No
		3403 LAVACA TEXARKANA, TX 75	H(b) Are all		s included? Yes No
	Tax-exe	mpt status: ☐ 501(c)(3) 🛮 501(c) ( 8 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	If "N	o," attach a	list (see instructions)
J	Website	;▶	H(c) Group	exemption	number ▶
K	Form of	organization: ☐ Corporation ☐ Trust ☐ Association 🛭 Other ► NON-PROF L Year of for	mation /975	M State	of legal domicile: TEXAS
P	art l	Summary		,	
	1	Briefly describe the organization's mission or most significant activities:			
8	1	BERS IN BONDS OF FRATERNALISM + CHARITY T.	YRU SOC	IAL	ACTIVITIES
Governance		AND FUNDRAISERS FOR AVERAGE OF I			
Ver	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more than	25% of	its net assets.
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	147
	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	147
ţį	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	//
Activities &	6	Total number of volunteers (estimate if necessary)		6	
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0
<u>e</u>			Prior Ye		Current Year
	8	Contributions and grants (Part VIII, line 1h)	29,48	3.90	23,316.38
ē	9	Program service revenue (Part VIII, line 2g) - RFCFIVED			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 76)		83	2.45
_	11	Other revenue (Part VIII, column (A), lines 500d, 8c, 9c, 10c, and 11e)	103,26		140,523.29
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, food in (A) june 12)			163,842.12
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,10	0.00	20,388.24
	14	Benefits paid to or for members (Part IX, column (A) fine 2)	1005		77 0/7 //
ë	15	Salaries, other compensation, employee beriefits. (Pairtix, column (A), lines 5-10)	68,95	2,62	70,012.16
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Š	b	Total fundraising expenses (Part IX, column (D), line 25)			7500217
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,93		75,983.67 166,384.07
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	148 98		
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Co		(2,541.95) End of Year
80		Total spects (Dart V. line 16)			25111111110
Asse	20 21	Total assets (Part X, line 16)	254,93 3,007		<u>251,447,40</u> 3,377.33
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3.77	248,070.07
	art II	Signature Block	1001,10	2000	210,070.07
		lities of perjury, I declare that I have examined this return, including accompanying schedules and si	atements and to t	he hest of r	ny knowledge and helief it is
tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	edge	ny kilowicogo and belief, it is
		I The Carlon			2-14
Sig	an	Signature of Officer	Da	<u></u> -	
He	_	GARY A. WILCOX - ADMINISTRATO	R		
		Type or print name and title		· <del>·</del>	
_		Proparer's name Proparer's signature	Date	Chast I	PTIN
Pa		DANA MASSEY	9-12-14	Check   self-emp	
	epare		<del></del>	n's EIN ▶	
US	se On	Firm's address \$500 ST. MICHAEL DR. TEXARKANO, TX		ne ng. 92	23/949-4101
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

rait	Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Briefly describe the organization's mission:	<u></u>
	ORCANITATION OF APPROXIMATELY 149 MEMBERS	
	UNITING IN FRATERNALISM, BENEVOLENCE AND CHARITY THROUGH ACTIVITIES AND FUNDRAISERS	
	CHARITY THROUGH ACTIVITIES AND FUNDRAISERS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
~	prior Form 990 or 990-EZ?	<b>⊽</b> INo
	If "Yes," describe these new services on Schedule O.	A140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ including grants of \$ ージー) (Revenue \$	1
+a	(Code) (Expenses \$ including grants of \$) (nevenue \$)	,
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	<u> </u>	
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	<u></u>	<del></del>
4b	(Code: ) (Expenses \$ including grants of \$o) (Revenue \$	)
	<u> </u>	
	<u></u>	<del>-</del>
	······································	
	X	
	<u></u>	
		<del></del>
4c	(Code:) (Expenses \$including grants of \$o) (Revenue \$	)
	<u></u>	
	······································	
	<u> </u>	
		- <b></b>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part I	V Checklist of Required Schedules			
_ <b></b>	•		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		X
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		X_
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		X
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,			X
	Part III	5		1
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			lχ
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
	complete Schedule D, Part III	8		
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	_		X
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_
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.			د
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		X	
	complete Schedule D, Part VI	11a	/\	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<del>                                     </del>
С	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		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		<del>                                     </del>
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
		11e	-	X
e	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	116	<b></b>	<del>                                     </del>
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
10 0	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -	<del> </del>	<del>  `</del>
12 a	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			<b>E</b> \
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ţ	X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14 a	and the state of t	14a	<b></b>	X
ı4a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del></del>		
D	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	·		1.
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Ì
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		i -	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
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	X	
20 a	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		<u></u>
		For	m <b>99</b> 0	(2013)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
c	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		X
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) and 501(c)(4) 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		X
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 so, 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):	eden Fil		ř
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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		X
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 conservation contributions? If "Yes," complete Schedule M	29 30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 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
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	(2013)
		ror	III JJ.	(۱۵۱ تاع) م

rait				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>3</u>	] .		ļ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	$\mathbf{X}_{-}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return   2a   //			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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	1		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ŷ
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>10</b>		
	required to file Form 8282?	7c		X
-4	If "Yes," indicate the number of Forms 8282 filed during the year	10		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>ښ</u>
f	-	7f		X
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	4/	<del>/</del>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h	10	7
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>/"</del>	101	<i></i>
U	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	11	10
9	Sponsoring organizations maintaining donor advised funds.		/4/	
	Did the organization make any taxable distributions under section 4966?	9a	11/	4
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	A	10
10	Section 501(c)(7) organizations. Enter:	130	1//	//-
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1	' I	!
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	122		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		ļ	
b	and the state of t			
_		}		
C	Enter the amount of reserves on hand			<b>.</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ons.
Secti	on A. Governing Body and Management	<del></del> :		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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.			,
ь 2	Enter the number of voting members included in line 1a, above, who are independent  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		×
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
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 undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	$\times$	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>X</b> _
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<del></del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	<b>~</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	l —	$\overline{x}$
14 15	Did the organization have a written document retention and destruction policy?	14	×	
_	The organization's CEO, Executive Director, or top management official	15a		<b>~</b> .
a	Other officers or key employees of the organization	15b	<del>                                     </del>	$\overline{\diamondsuit}$
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	130		<u>X</u> _
-	with a taxable entity during the year?	16a		×
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		L	<del></del>
17 18	List the states with which a copy of this Form 990 is required to be filed ►	n 501/	(c)(3)s	only)
- •	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain in Schedule O)	· (	,,-,-	97
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: FARY WILCOX % MOOSE LODGE 415 S. ROBISON RD. TEX	of the	ANA	スカプ

# 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 employees."
- 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.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average					than o		Reportable	Reportable	Estimated
namo ana ma	hours per	e pox, amoso porcorrio boti					compensation	compensation from	amount of	
	week (list any hours for	요크	5	Q	~	욕표	77	from the	related organizations	other compensation
	related	흑	Stite	Officer	e Ve	콩	Former	organization	(W-2/1099-MISC)	from the
	organizations	dua	항	٦	클	st c	¥	(W-2/1099-MISC)		organization
	below dotted line)	7 2	iai t		Key employee	릙	1			and related organizations
		Individual trustee or director	Institutional trustee		0	eng				Organizzations
			8	<b> </b>		Highest compensated employee	ŀ			
GARY WILCOX										
(1) ADMINISTRATOR	30	Χ		Ì			1	16,900.00	0	0
ADMINISTRATOR							L.	10, 100.00		
(2) AMANDA RKHARDSON	38					X		14,829.01	0	0
CLUB BARTENDER			<b>—</b>	<u> </u>			<u> </u>	77,041.01		
(3) DANA V. MASSEY BOOKKEEPER	20				X			7,200,00	0	0
(4) JESS L. NICOLA	28	<del>                                     </del>	<b>-</b>		<u> </u>	· · · · · ·				
CLUB MANAGER	<u></u>	1			X			2,550.00	, 0	0
(5) VIRGINIA SMITH	15									<u> </u>
JANITOR IAL		<b> </b>			X		L	5,850.00	0	0
(6) CLYDE V. CANNON	28				\ <u>\</u>			4.850.38	0	0
CLUB MANAGER		<u> </u>	_				L.	7,000.00		<del></del>
(7) ANN KELLEY	20				X			2,400.00	0	0
TANITORIAL					<b>/</b> \		<u> </u>	2,700.00		
(8) TERESA NICOLA	4	}			X			149.25	0	0
TEMP. BARTENDER (9) DEE BOATNER	4		-	-	<u> </u>	-	<del> </del>			0
TEMP. BARTENDER	<del>-</del>	l			X			152.00	0	O
(10) TERRY SEORSE	38		-					101000		_
BARTENDER		1			X			13,655.50	0	0
(11) SHERYL SMITH	38			Ţ-	V			1,476.02	0	0
BARTENDER					<u> </u>		<u>L</u> .	1,776,02		
(12) CARL YONKEY	10			X				0	0	0
GOVERNOR HOLLERON LOTHOM	100	<del>                                     </del>		-	-		-			
(13) JERRY LATHAM TREASURER	10	1		X	1	]	]	0	0	0
(14)	<del> </del>	<u> </u>		<u> </u>	<del>                                     </del>			<u> </u>		
		Ĺ <u>.</u>					L			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual or director	unles er and	Pos neck is pe	rson	than of trush Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	n from ons	ame comp fro orga and	(F) imatecount oo other pensation the inization	f Ion Ion Ion
(15)				•			ē.			·	$- \downarrow$	•		<del></del>
(16)			<u> </u>								_	·		
(17)			<b>.</b>							<del></del>	+			
												·		
													· <u></u>	
(19)														
(20)										!				
(21)											+		_	
(22)														
(23)												<del>-</del>		
(24)														
(25)														
1b c d	Sub-total		n A					<b>&gt; &gt; &gt;</b>	70,012.16					
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w		ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	-				-	mp	loyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	com	per	nsatio	n a	nd other comp complete Sch	ensation from	om the	9		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	lividua	4   5	<u> </u>	
Section	on B. Independent Contractors												l	
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	Iress							(B) Description of se	ervices		(C) Compens	ation	
			1/	1										
			/	<u>'</u> _										
											<del></del>			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII							
		Fel En miles of Street		ponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
ons, Gifts, Grants Similar Amounts	1a	Federated campaigns	6 <b>1a</b>		2 2 2 2 3	revenue		512-514
عَ ق	b	Membership dues	<del></del>	4,651.00	The state of the s		是一种一个一个	
Gifts, Ilar An	C	Fundraising events .						医线索加引 分子
E	đ	Related organizations		<del> </del>	or g i annight of company	The second of th	Secondary March	Long or the state of
Sin	e f	Government grants (con All other contributions, gi		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4647	A. C.
is in	•	and similar amounts not inc		18,665.38				
耳り	g	Noncash contributions includ	<u> </u>	1 / 2 / 2 / 2		. A.	6.3	
Contributions, and Other Sim	h	Total. Add lines 1a-1			23,3/638			2
		Total / Noo Ta	<del> </del>	Business Code	De Connector The	Later of Amaden	. 14.1-2	30 1 5 15 X
Program Service Revenue	2a				Tienen vienit u Flim A Fr	مستنده مستشف الم	don't o sumber	التسبب فينته
Rev	b							
<u>8</u>	С					····	7	
erv	d							
E S	е				<u> </u>		7	
gra	f	All other program ser	vice revenue .	******				<u> </u>
P.	g	Total. Add lines 2a-2	f	<u>, , , , , </u>		5 Hang 8 , 20 "		
	3	Investment income and other similar amo		dends, interest,	2.45			
			•		2,73			
i	4	Income from investmen	it of tax-exempt t	ona proceeas >	<u> </u>			<u> </u>
	5	Royalties	(i) Real	(ii) Personal				ļ.,
		Cross rents	(7.102)	+ (1,7 ) (1,50)	<b>新疆</b>			~~
	6a	Gross rents		<del>                                     </del>	即感歌公司		A CONTRACT	
	b	Less: rental expenses Rental income or (loss)		+	一, 多一,	7.24	7 t t t	
	d	Net rental income or (loss)			من سنده المسالة المساحد	- indiana	district.	<del> </del>
	7a	Gross amount from sales of	(i) Securities	(ii) Other	- 3 (a) + 4 1 //-	ર્ક્સ કે		
	'"	assets other than inventory	.,,	1	图 智。看到			1
	ь	Less: cost or other basis			3 - 12 - 3		and the second	
		and sales expenses .				3 " "		
	C	Gain or (loss)				A Section of the sect	ا ا	ē.
	d	Net gain or (loss)		▶	Salan Janes Marine War			· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , ,					1.165	
Ē	8a	Gross income from fu	undraising		* 100 300			,
Ver		events (not including \$			新 美 澳 两			
æ		of contributions report	ed on line 1c).			The state of the s	24-3	,£
Đ		See Part IV, line 18 .		a .				
Other Revenue	b	Less: direct expense	s	b			2500	
•	С	Net income or (loss) to		events . 🕨				
	9a	Gross income from g	<b>—</b>		19 化多项性	c ·		,
	Ì	See Part IV, line 19		80,049.81			7	.*
	b	Less: direct expense		10,994.05	والمستقدية	1	<u> </u>	<u> </u>
	C	Net income or (loss)			69,055.76			1
	10a	Gross sales of it	nventory, less	11/ AUGO IE	The state of the state of	an.	"	
		returns and allowand		126,048.15			\$77	
	þ	Less: cost of goods		54,580.62		Julait Live Ema	Lien Manis	I de la
	C	Net income or (loss)		Business Code	71,467-53	7) \$00273 5 5 5 7	FE 17.3	
	44-	Miscellaneous	- TOTOLIG	20000000000	1 52 ST 3 11 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF THE S	LUFA'S AND SERVICE	philipped the state
	11a				<del> </del>	<u> </u>	<del>                                     </del>	
	b				<del> </del>	<del> </del>	<del> </del>	
	4	All other revenue			+			
	d	Total. Add lines 11a	 –11d		†	51.	د ج	
	12	Total revenue. See			163.842.10	,	1	
	1							

Part					Page 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	VI other organizatio	ons must complete c	olumn (A).
00.00	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	se or note to any li	ne in this Part IX		[
8b, 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 governments and organizations in the United States. See Part IV, line 21	18,800,00			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	18,800,00 1,588,24			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	70,012.16			
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits	5,390.94			
a b c	Management				
d e f	Lobbying				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12 13	Advertising and promotion	3,628.82			
14 15	Information technology				
16	Occupancy	18,505.76			
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest	8,625.92			
21 22	Payments to affiliates	1.866.95			
23	Insurance	5,010.65			
24	Other expenses. Itemize expenses not covered 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.)				
а	KITCHEN & BAR SUPPLIES	4,309.52			
b	PRINTING	278.07			
c d	LICENSES + TAXES DUES + SUBSCRIPTIONS	26,434.64			
e	All other expenses	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
25	Total functional expenses. Add lines 1 through 24e	166, 384.07			
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)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	12913.72	1	11,289.16
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	50.00
	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	
ts	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	
¥	8	Inventories for sale or use	4,618.41	8	4.636.15
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 284,364.00			
	b	Less: accumulated depreciation 10b 48,891.92	237,339.03	10c	235,472.08
	11	Investments—publicly traded securities		11	
	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)	254,931.16	16	251,447,40
	17	Accounts payable and accrued expenses	3,007.39	17	3,377.33
	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 .	The state of the s	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
iā		•		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	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		2-4	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,007.39	26	3,377.33
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ĭ	27	Unrestricted net assets		27	
æ	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		<del>-</del>	
8	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
det	33	Total net assets or fund balances	251, 923.77		248,070.07
_	34	Total liabilities and net assets/fund balances	254,931,16	34	251,447.40
			<del>-</del>		Form <b>990</b> (2013)

	(2013)

Page 12

Part	Reconciliation of Net Assets	
	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)	163,842,12
2	Total expenses (must equal Part IX, column (A), line 25)	166,384.07
3	Revenue less expenses. Subtract line 2 from line 1	(2,541.95)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	251.923.77
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	(1,311.75)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	248,070.07
_	33, column (B))	248,070.07
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
	A	Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other," explain	
	Schedule O.	In a second
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ×
Z.a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	
	reviewed on a separate basis, consolidated basis, or both:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
ь	Were the organization's financial statements audited by an independent accountant?	2b ×
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a Alexander
	separate basis, consolidated basis, or both:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	1- <del></del>
	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	1 1 X
	the Single Audit Act and OMB Circular A-133?	38
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	ne
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	
		Form <b>990</b> (2013)

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Schedule D (Form 990) 2013

Department of the Treasury Internal Revenue Service Name of the organization

	the organization		Employer identification number
10	YAL ORDER OF MOOSE-TO	EXARKANA LODGE 2282	23-7176492
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu ered "Yes" to Form 990, Part IV, line 6	nds or Accounts.
	Complete it the organization answ	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-,,,,,,,,,,	
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gra	
	only for charitable purposes and not for the	•	
	conferring impermissible private benefit? .		· · · · · · · · · · · · · · · · · · ·
Par	II Conservation Easements.		
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., I	recreation or education)   Preservation	
	□ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	
	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 eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements includ- historic structure listed in the National Regist		l t
3	Number of conservation easements modified		rminated by the organization during the
3	tax year ►	, transierred, released, extinguished, or te	initiated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written poli		nspection, handling of
	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
_	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements during the year
•	<b>&gt;</b> \$	No O(-1)	
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		
_	In Part XIII, describe how the organization re		
9	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		manda statements that good boo the
Part		ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		<del></del>
	works of art, historical treasures, or other	similar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIII, the text of	of the footnote to its financial statements th	nat describes these items.
b	If the organization elected, as permitted ur		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount		
	<ul><li>(i) Revenues included in Form 990, Part VIII.</li><li>(ii) Assets included in Form 990, Part X</li></ul>	, line 1	<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		· · · · • <b>\$</b>
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets for financial gain, provide the
	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	e1	
D	Assets included in Form 990. Part X		<b>- 5</b>

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

Cat No 52283D

Schedul	e D (Form 990) 2013							Pag	je <b>2</b>
Part	Organizations Maintaining	<b>Collections of</b>	Art, His	torical 1	reasures	, or O	ther Similar /	Assets (continued	d)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follo	wing that are a	significant use of	its
а	Public exhibition		d	Loan	or exchang	ge prog	ırams		
b	☐ Scholarly research								
C	Preservation for future generations	5							
4	Provide a description of the organizat XIII.		and expla	ain how t	hey further	the or	ganization's ex	empt purpose in P	'art
5	During the year, did the organization assets to be sold to raise funds rather								No
Part		_							
	Complete if the organization 990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes 1	No.
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:				
	-							Amount	
C	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					11	F		
2a	Did the organization include an amour							. 🗌 Yes 🗌 N	Vo
<u>b</u>	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	kplanatio	n has been	provid	ed in Part XIII	<u> </u>	
Par									
	Complete if the organization		" to Forr	n 990, P					
		(a) Current year	<b>(b)</b> Pn	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four years bac	:k
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses						]		
d	Grants or scholarships								
е	Other expenditures for facilities and programs						·		
f	Administrative expenses								_
g	End of year balance								_
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a	i)) held	as:		
а	Board designated or quasi-endowmen	nt 🕨	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e possession of the	he organi	zation th	at are held	and ac	Iministered for		
	organization by:							Yes N	<u>lo_</u>
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment fo	unas.				
Part				000 5			0 5 000		
	Complete if the organization								
<del></del>	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value	
1a	Land							200,000,0	
b	Buildings	65,00	00,00	L		44	250,00	23,750.0	0
С	Leasehold improvements			<u> </u>					
d e	Equipment	. 19,36	4.00		<del>-</del>	7	641.92	11,722.0	8 (
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	X, columr	n (B), line 10	O(c).)		235,472.01	8

	Complete if the organization an	swered "Yes" to For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)	ory	(b) Book value	1 ''	hod of valuation: -of-year market value
1) Financial	derivatives				
	neld equity interests				· · · · · · · · · · · · · · · · · · ·
0\ 041	· · ·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		
Part VIII	Investments — Program Relate Complete if the organization an		m 990, Part IV, line	11c. See Form	990, Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>	<u></u>		
Part IX	Other Assets.		000 D11/ I'	444 0 5	000 D-st V 15 45
	Complete if the organization an	(a) Description	m 990, Part IV, line	110. See Form	(b) Book value
		(a) Description	<del></del>		(b) BOOK VAIUE
(1)	<del></del>				
(2)	<del></del>				
(3)					
(4)					
(5)		<u> </u>			
(6) (7)			<u>-</u>		······································
(8)	<del></del>				
(9)					<del></del>
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	<del> </del>		
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	Complete if the organization an line 25.	swered "Yes" to For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
<u>.                                    </u>	(a) Description of liability	(b) Book value			
• •			<del></del>		
	icome taxes				
(1) Federal in	icome taxes				
(1) Federal in (2)	come taxes				
(1) Federal in (2) (3)	come taxes				
(1) Federal in (2) (3) (4)	come taxes				
(1) Federal in (2) (3) (4) (5)	come taxes				
(1) Federal in (2) (3) (4) (5) (6)	come taxes				
(1) Federal in (2) (3) (4) (5) (6) (7)	come taxes				
(1) Federal in (2) (3) (4) (5) (6)	come taxes				
(1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>			

Part			Return.
	Complete if the organization answered "Yes" to Form 990, I		121
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	4 1
b	Donated services and use of facilities	2b	4
C	Recoveries of prior year grants		-}
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)		4 .
_	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		T 4 T
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2	•	1001	
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
C	Other losses	2c	-{
d	Other (Describe in Part XIII.)	<del></del>	1 22
e	Add lines 2a through 2d		2e   3
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	- 1
b	•		140
С 5	Add lines <b>4a</b> and <b>4b</b>		4c   5
	XIII Supplemental Information.		9
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h and 2h	o: Part V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_,			
	***************************************		
	***************************************		

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	

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

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No 1545-0047

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** TEXARKANA

	LOYAL ORDE	R OF MO	OSE	2000	E 2282	23-7/	76492
Par	Fundraising Activities	. Complete if t	he organiza	ation ansv	vered "Yes" to F	orm 990, Part IV,	ine 17.
. u	Form 990-EZ filers are	not required to	complete	this part.			
1	Indicate whether the organizat	ion raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [	] Solicitati	ion of non-govern	ment grants	
b	☐ Internet and email solicitati	ons	f [	] Solicitati	on of government	t grants	
C	☐ Phone solicitations		g [	] Special t	fundraising events	3	
d	☐ In-person solicitations			•	· ·		
2a	Did the organization have a w	ritten or oral agre	eement with	any individ	dual (including off	icers, directors, trus	tees
	or key employees listed in For						
b	If "Yes," list the ten highest pa	id individuals or	entities (fund	draisers) pi	ursuant to agreen	nents under which th	
	compensated at least \$5,000 l				ŭ		
	•						
			T			(v) Amount paid to	1
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	contrib	outions?	from activity	fundraiser listed in col (i)	organization
			Yes	No	<del> </del>		<del></del>
1					1		
•			1				
2			+		<del>                                     </del>		<del> </del>
-			}				
3		<del></del>	<del>-  </del>			<del>_</del>	<del></del>
•					!		
4		<del></del>	1				
•			Į				
5		<del>                                     </del>	-				<del></del>
3			1				
6			+	<del> </del>	<del> </del>	·	<del> </del>
·							
7			+		<del>   </del>		<del> </del>
•			1				
8		<del></del>	<del></del>	<del></del>		<u></u>	<del> </del>
U							
9		<del></del>	<del></del>	<del>                                     </del>			<del>                                     </del>
•			-				
10		<del></del>	+				<del>                                     </del>
			1		1		ľ
				I	<del>                                     </del>		<del> </del>
Total				•	!		
3	List all states in which the org	anization is regi	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
_	registration or licensing.	,					
	3						
			·				
			·				

Par	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
ا تت	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Ì	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	ld lines 4 through 9 in c act line 10 from line 3, c	olumn (d) olumn (d)		
Par	t III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe	red "Yes" to Form 99	0, Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Re	1	Gross revenue	80,049.81			80,049.81
ses	2	Cash prizes	10,994.05			10,994.05
Direct Expenses	3	Noncash prizes				
Sirect	4	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
_	5	Other direct expenses .				
	6	Volunteer labor	Yes /00 % □ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		10,994.05
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)	<u> </u>	69,055.76
9	En	nter the state(s) in which the or	ganization conducts ga	ming activities:	TEXAS	
ŧ	a Ist	the organization licensed to co	onduct gaming activities	s in each of these states		
10a		ere any of the organization's g	<u>-</u>			
t	) If " 	"Yes," explain:				

- Cou	10 G (1 0111 030 G 030 EE) 2014		Г.	aye 🗸
11 12	Does the organization conduct gaming activities with nonmembers?	tity	Yes ☐ Yes ☑	
13	Indicate the percentage of gaming activity conducted in:			
а		3a	100	%
b		3b	· · · · · ·	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:			
	Name ► DANA MASSEY			
	Address \$ 4/5 5. ROBISON RD. TEXARRANA, TX 75501			· <del>-</del>
15a	Does the organization have a contract with a third party from whom the organization receives gamerevenue?		Yes ⊠	No
	If "Yes," enter the amount of gaming revenue received by the organization \( \bigs \) and the amount of gaming revenue retained by the third party \( \bigs \) \( \bigs \)	J	.00 (2)	
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name► GARY WYLCOX			
	Gaming manager compensation ▶ \$			
	Description of services provided ► INSURE OPERATIONS DONE CORN	REC	724	<b></b>
	☑Director/officer ☐Employee ☐Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?	· 🛭	Yes 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$/8,800,00	or		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in instructions).			ı
	INE 17B NON-PROFIT CHARITABLE DRGANIZATIONS -	18,8	00.00	0

#### **SCHEDULE 0** (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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