Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Open to Public

_		ue Service		DV/FOITH990 TOT INSURCE			Officación.	11-	/ IIISpect	1011				
<u>A</u>		-	ndar year, or tax year beginning		, 2017, ar	nd ending	Арі	ril 30	, 20					
В	Check If	applicable	C Name of organization Loyal Order	Of Moose 2081		·		D Employ	er identification nu	ımber				
	Address	change	Doing business as Loyal Order C	Of Moose 2081				23-7158037						
	Name ch	nange	Number and street (or P.O. box if ma	all is not delivered to street ad	dress)	Room/surte		E Telephor	ne number					
	Initial ret	um	514 N Main Street						575-524-1088					
	Final retu	m/terminated	City or town, state or province, coun											
	Amende	d return	Las Cruces, New Mexico 88001					G Gross re	ceipts \$	822,206				
	Applicat	on pending	F Name and address of principal office	Paul Herrera		_	H(a) Is this a gi	roup return for :	subordinates? Tyes	✓ No				
			514 N Main Street, Las Cruces, I	New Mexico 88001	F		H(b) Are all	subordinates	s included? 🗌 Yes	✓ No				
<u> </u>	Tax-exe	mpt status	501(c)(3) 501(c) () ∢ (insert no) ☐ 494	47 <u>(a)(1)</u> or	J b27)	If "N	lo," attach a	list. (see instructio	ns)				
J	Website	: ▶					H(c) Group	exemption	number ▶					
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ►														
Р	art I	Summ												
	1	Briefly de	escribe the organization's missi	ion or most significant a	activities:	The Orga	enization u	nıtes it mı	embers in the bo	onds of				
9	İ		, benevolence & charity. This accomplished through a year-round schedule of social & recreational activities for the											
Activities & Governance			ers & their families, estimated at 350											
era	2		s box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3		of voting members of the gover	•		-				9				
æ	4		of independent voting member	• • •	•					8				
ies	5		nber of individuals employed in			•		5	 	29				
Ž	6		nber of volunteers (estimate if r	- '	•	,		6		48				
Act	7a		elated business revenue from F					7a		0				
	b		ated business taxable income					7b		0				
					<u></u>		Pnor Ye		Current Ye					
Revenue	8	Contribut	tions and grants (Part VIII, line		1639		1457							
	9		service revenue (Part VIII, line			 				1457				
Ve	10	_	nt income (Part VIII, column (A)	- :		· · }-		734,601		820,749				
æ	11		renue (Part VIII, column (A), line	•		· ·		0		0				
	12		enue—add lines 8 through 11 (m		•	_		700.040		0				
_	13	Grante a	od cimilar amounte paid (Part I)	V column (A) lines 1 3	\ \			736,240		822,206				
	14	Donofito	paid to or for members (Part IX	A, Column (A), lines_L=3	SECEL	VED-		87,291		70,597				
	15	Colorias	paid to or for members (Part IX	., Column (A), line 4)	(0)=:=====		10 	0		0				
Expenses	1		other compensation, employee b			· -	080	169,924		189,215				
ĕ	16a		nal fundraising fees (Part IX, co	المشا	APR 2 3	\$ ~ 9 1 4		0		0				
Ä	b		draising expenses (Part IX, colu	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			38							
	17		penses (Part IX, column (A), line		~~. ~~.	NIT		485,012		450,368				
	18		enses. Add lines 13-17 (must e		7; (me 22)	<u> </u>		742,227		710,180				
	19	Hevenue	less expenses. Subtract line 18	B from line 12	<u>· · · · </u>		ginning of Cu	-5955.00	End of Vo.	<u>-112,026</u>				
ts or	00	T-4-1	ata (Dant V. I a 40)			De:	ginning or Cu		End of Yea					
Net Assets Fund Balar	20		ets (Part X, line 16)		• • •	· ·	····	594,785		594,210				
age a	21		ilities (Part X, line 26)			· ·		2,933		8,427				
			s or fund balances. Subtract li	ne 21 from line 20 .	• • •	• •		591,852		585,783				
	art II		ure Block											
Un	der penal	ities of perjui	by Hogolare that I have examined this re	eturn, including accompanying	g schedules a	and stateme	ents, and to the	he best of m	ny knowledge and	belief, it is				
	o, correct	1 1	ele. Declaration di preparei (ottrei triai)			i hiehmei iii	as any known	euge.	1/1					
o:.		N =4						4/19	<u> </u>					
Sig		Sign	ature of officer				Da	te /						
He	re /		THE HOURS HO	MINISTEATOR										
	{	17/	or print name and title	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————			Ta					
Pa	id '	Print/fy	pe preparer's name	Preparer's signature		Date		Check [
	epare	r					······································	self-emp	loyed					
	e Onl		ame ►				Firm	n's EIN ▶						
		Fırm's a	ddress ►				Pho	ne no.						
Ma	y the IF	RS discuss	this return with the preparer s	hown above? (see insti	ructions)		<u> </u>		∐Yes					
For	Paperv	vork Redu	ction Act Notice, see the separat	e instructions.		Cat. No.	11282Y		Form 9	90 (2017)				

,	- (, ,												
Part		of Program Service A		David III									
		he organization's mission	sponse or note to any line in this	Part III	· · · · · <u>U</u>								
'	-	_		earity. This accomplished through a	vear-round								
	The Organization unites its members in the bonds of faternity, benevolence & charity. This accomplished through a year-round schedule of social & recreational activities for the members & their families, estimated at 350												
	3011000010												
2			cant program services during the										
		prior Form 990 or 990-EZ?											
2		e these new services on S		have it conducts any program									
3			or make significant changes in										
		these changes on Sche			_ res @ NO								
4		_	rice accomplishments for each of	its three largest program services	. as measured by								
			organizations are required to rop										
	the total expense	es, and revenue, if any, fo	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 \$)								
			·····										
4d	Other program s	ervices (Describe in Sche	edule O.)										
	(Expenses \$	including gra		re\$)									
4e	Total program se	ervice expenses >											

Form 99	0 (2017)		ı	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ſ	Yes	No
	complete Schedule A	1		1
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2		√
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		V
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		√
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.			
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	✓	
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		√
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		√
	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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		✓
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		▼
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
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		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>·</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
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		<u>▼</u>
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		<u>*</u> ./
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Part	Checklist of Required Schedules (continued)			
	Diddle and one of the second o		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b 21		✓ ✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		√
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		
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? <i>If</i> "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		√
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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
32	Part I	31		√
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	32		√
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	33	√	•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	√
b b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	-

Form **990** (2017)

-				. 494 -
⊃art	V Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a	3.	. B	3.7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			12.5
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			7, 7
	reportable gaming (gambling) winnings to prize winners?	1c	✓	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		3.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a] `		11.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		· .	1 1 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	· Sa		\$ 12.50 2000
	(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		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		Ì.
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		l	١.
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).	1 m		47.70
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1 3		1
_	and services provided to the payor?	7a		✓
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	İ	
	required to file Form 8282?	7c	l	V
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		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V .
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	3, 7, 1	√
•	·	0		
9	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
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:	2, 103	`, '	Wind.
а	Initiation fees and capital contributions included on Part VIII, line 12	67.	2.3	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	3.5	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
11	Section 501(c)(12) organizations. Enter:	- 14 - 4 - 12 - 12 - 12 - 12 - 12 - 12 -		1
а	Gross income from members or shareholders	2	1,000	
b	Gross income from other sources (Do not net amounts due or paid to other sources	, /b, /a,	1. 3	
	against amounts due or received from them.)	37.1	٠.,٠	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1-5.		3 T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
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.	7.75	,	÷ - ~
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.2	1.1	1.5%
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			3.55
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
h	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	-	

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	ee ıns	tructi	ons.					
Section	on A. Governing Body and Management								
	<u> </u>		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.	•							
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		1					
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the pnor 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 7a	Did the organization have members or stockholders?	6 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	<u>√</u>						
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C							
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	/						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	l					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1					
13	Did the organization have a written whistleblower policy?	13		1					
14 15	Did the organization have a written document retention and destruction policy?	14		✓					
_		15-							
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1					
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	100							
L	with a taxable entity during the year?	16a	<u> </u>	√					
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 organization's exempt status with respect to such arrangements?	 16b	.`						
Secti	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ none 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)					
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 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, address, and telephone number of the person who possesses the organization's books and re Loyal Order Of Moose #2081, 514 N Main Street, Las Cruces, NM 88001 575-524-1088	cords	: ▶						

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Page	•

Form 990 (2017)

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Hig	ghest Compensated Employees, a	nd
	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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((C)					
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	Average	I (do not check more						Reportable	Reportable	Estimated
rans and ray	hours per					or/trusi		compensation	compensation from	
	week (list any				_	_		from	related	other
	hours for related	함	Stit	Officer	ey e	릴	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	eg la	₹	4	Key employee	oyer c	e	(W-2/1099-MISC)	(** 2. 1000 100)	organization
	below dotted	목글	nali	İ	loye	Ë				and related
	line)	Individual trustee or director	Institutional truster		ă) eg			•	organizations
			8			Highest compensated employee				
										-
(1) Edward Callahan										
Govenor			ļ	✓		ļ				
(2) Danny Ortega	ļ					,				
Jr. Govenor			<u> </u>	✓	_	L				
(3) Juan Manuel Martinez										
Jr. Past Govenor			L	✓			_			
(4) Billy Lucero									'	
Treasurer				✓						
(5) Enrique Maestas										
Prelate				✓						
(6) Alfredo Ruiz										
Trustee			✓	L_						
(7) Jose Garcia	<u> </u>						İ			
Trustee			✓							
(8) Javier Torres							1			
Trustee			✓				L			
(9) Paul Herrera		!					ļ			
1/2/2017 to Present					✓	✓	L_	16,999		
(10)										
(11)				-			 			
<u></u>										
(12)										
	ļ		<u> </u>				L_			
(13)		:								
(14)					-		 			
·····	t		i	ı		ŀ	l			İ

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per	ge box, unless person is bot officer and a director/trus						(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	C)	composition from the composition of the composition from the composition	ther ensation in the nization related sization	n I
(15)														
(16)										-				
(17)											-			,
(18)											+			
(19)														
(20)											-			
(21)										'	1			
(22)											+			
(23)							-					··		
(24)														
(25)									-			<u>-</u> -		
1b c d	Sub-total				•		•	> > >	16,999		+			
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w			,000 (of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compens	ated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual											4	3.6	1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indivi	dual	5	,	1
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
						-		-						
							-	_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	i i	1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a de la companya de l	- (P. P.)

Part	VIII	Statement of Reve										
		Check if Schedule O	contains	a res	oonse or note to				<u> L</u>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
\$ 8	1a	Federated campaigns	STATE SERVICES	1a	U 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		SEAST SEASON					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	. 1,457							
9 E	C	Fundraising events .	•	1c	1,102							
ifts ar A	d	Related organizations		1d	0							
% <u>₩</u>	e	Government grants (con		1e	. 0							
Sil	f	All other contributions, gi										
he		and similar amounts not inc		1f	ا ا							
<u> </u>	a	Noncash contributions includ	led in lines 1a	-1f. \$								
Con	h	Total. Add lines 1a-1			>	1,457						
e e					Business Code	PART OF THE	THE PERSON	10230111	建筑建筑			
/en	2a	Gaming			713,210	404,799	404,799.03	A (MCC) who they would be a second by	2 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)			
Pe	b	Social Quarters			722,410	269,701	269,701					
Program Service Revenue	С	Kitchen			722,513	12,769						
Šen	d	Pull Tabs			713290	0						
Ē	е			713290	0	0		1				
<u> </u>	f	All other program sen	vice revent	. эе			· .					
<u> </u>	g	Total. Add lines 2a-2			, , <u>, ,</u> ▶	687,269	那些种类或 似显	20分钟型100000000000000000000000000000000000	的地位的是是自己的			
	3	Investment income		divid	ends, interest,				•			
		and other similar amo	•		•	32	32					
	4	Income from investment	t of tax-exe	mpt b	ond proceeds ►	0	0					
	5	Royalties		<u></u>		0	0		1 and Title W			
	ļ		(i) Real		(ii) Personal							
	6a	Gross rents										
•	Ь	Less: rental expenses	ļ									
	C	Rental income or (loss)	<u></u>		<u> </u>			电影的情味病				
	_d	Net rental income or (<u> </u>		and the comment of the	silling net of the single and	Para Lan and remarks where	way was trucke him the same is not in			
	7a	Gross amount from sales of	(i) Securit		(ii) Other							
	· [assets other than inventory		•					6			
	b	Less: cost or other basis and sales expenses .										
	_	•		_	<u> </u>							
	ر د	Gain or (loss)			.	1400年110日本金元		(公司) 经现代证				
	ď	Net gain or (loss) .				Backbake a temperation	2001-2412-24200-200	Wasasa Laberta 23	That were to all a strategies			
ne	8a.	Gross income from fu	ındraisınd									
	00.	events (not including \$	indiaising		Ì							
<u>§</u>		of contributions reporte	ed on line 1	c)								
7				·, а	Ì.							
Other Reven	ь	Less: direct expenses	s	. ′b								
U	С	Net income or (loss) f		using	events . ►	managed to the area and the		the west of the state of the st	146838 4-45000000 4-80800000			
	9a	Gross income from ga	aming activ	ities.	4	公司等等等						
	ļ	See Part IV, line 19 .		. а								
	b	Less: direct expenses	s	. b								
	С	Net income or (loss) f	rom gamin	g act	vities >	,						
	10a			less			252.200					
		returns and allowance	es	· a	-							
	` b	Less: cost of goods s		. b								
	<u> </u>	Net income or (loss) f		of inv		I a way to be to b	the three days of the same of the	Colorena a meste ta area	cultible entertal at the S.C. S.H.			
	<u></u>	Miscellaneous P	Revenue		Business Code		BELLEVIEW.		经通过的现在分词			
	11a			<u> </u>	-							
	b			· .	<u> </u>				· ·			
	C	All alban sansana				ļ	 	<u>`</u>				
	d	All other revenue . Total. Add lines 11a-	114	• ;	L		ANGERT SECTION SECTION	Property and April 1984 and	Berthamin dans alica			
	12	Total revenue. See II					N. Parkette San Markette		174 开始55 X 2000 2000 1000 1000 1000 1000 1000 10			
	12	I VIGI I EVERIUE. DEE II	130000000		· · · · ·	688,726	687,269	1	L			

	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Section 2											
	Check if Schedule O contains a respon										
	t include amounts reported on lines 6b, 7b, , 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	71085	71085								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0									
-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	16,999	0								
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 salanes and wages	169,775	169,775								
9	Other employee benefits			<u> </u>							
10	Payroll taxes	19,439	19,439								
11	Fees for services (non-employees):										
а	Management	l	o								
b	Legal	0	0		,						
C	Accounting	0	. 0								
d	Lobbying	0	0		•						
е	Professional fundraising services. See Part IV, fine 17		2000年1000年1000年	学生的一种主义的							
f	Investment management fees	0	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	o	•							
12	Advertising and promotion	0	0								
13	Office expenses	21,103	21,103	ı							
14	Information technology	986	986								
15	Royalties	0	0								
16	Occupancy	30,502	30,502								
17	Travel	100	100								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0			<u> </u>						
19	Conferences, conventions, and meetings .	11,199									
20	Interest	128			· -						
21	Payments to affiliates	0	0								
22	Depreciation, depletion, and amortization .		,								
23	Insurance	9,923	9,923	and the same of the same and addition	ish and the fine and the construction of the c						
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 (A.)										
_	• • • • • • • • • • • • • • • • • • • •		WANTED THE PROPERTY OF THE	\$1.00 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg 10 mg	Contrate Children Children						
a h	Cost Of Goods Sold	169,152									
0	Membership Promotion .	130,447									
d	Social Quarter Supplies	38,235									
e	All other expenses 18710	11,819	11,819								
25	Total functional expenses. Add lines 1 through 24e	. 719,603	719,603		,						
26	Joint costs. Complete this line only if the	715,603	113,003								
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				·						

P	art X_	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this P		<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
			<u> </u>			
	1			111,220		119,646
	2	Savings and temporary cash investments		0		0
	3	Pledges and grants receivable, net		0	3	0
,	4			O State of the Sta	4	O assistant See Language and Table To Street and Assistance and As
-	5 -	Loans and other receivables from current and f trustees, key employees, and highest co Complete Part II of Schedule L		0	5	0
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	d contributing employers and tary employees' beneficiary	0	i _	0
Assets	7	Notes and loans receivable, net		0	7	0
As	8	Inventories for sale or use		41,049	8	41,049
	9			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 401,85	0		
	b	Less: accumulated depreciation	10b	0 401,169	10c	401,850
	11			0	11	0
	12	Investments-other securities. See Part IV, line 1	11	0	12	0
	13	Investments-program-related. See Part IV, line	11	0	13	0
٠	14	Intangible assets		0	_	. 0
	15	Other assets. See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equa		594,795		594,210
	17	Accounts payable and accrued expenses		2818		4315
	18	Grants payable		115		280
	19	Deferred revenue		O		0
	20	Tax-exempt bond liabilities		O		0
	21	Escrow or custodial account liability. Complete I		the state of the s	21	O Samuel and Service and American and
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu	sated employees, and			
ja					_	0
-	23	Secured mortgages and notes payable to unrela				0
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,		0	24	0
	25	parties, and other liabilities not included on lines of Schedule D	s 17-24). Complete Part X	0	25	0
	26			2933		4595
		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and), check here 🕨 📝 🛮 and			
ž	27	Unrestricted net assets		591,853	27	594,210
ala	28	Temporarily restricted net assets		. 391,833		394,210
.00	29	Permanently restricted net assets				0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.				
ts c	30	Capital stock or trust principal, or current funds		المال ودور المالي المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	30	0
Se	31	Paid-in or capital surplus, or land, building, or ed		0	31	0
Ą	32	Retained earnings, endowment, accumulated in		C	32	. 0
Ref	33	Total net assets or fund balances		591,853	33	594,210
_	34	Total liabilities and net assets/fund balances .		594,786	34	598,805
						Form 990 (2017)

_	4	
Page	1	4

:

	90 (2017)			Pa	age 12
Par	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		82	22,206
2	Total expenses (must equal Part IX, column (A), line 25)	2		7:	19,602
3	Revenue less expenses. Subtract line 2 from line 1	3		-11	12,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		59	91,852
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	79,826
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛮
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other		.,]	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	- +	٠,	7.7
	Schedule O.			3	^.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or	:	- 1	1
	reviewed on a separate basis, consolidated basis, or both:		;		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				· .
þ	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 audite	d on a	- 4	, ,	١,٠
	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 ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, expected by the second of the	olaın in	."	, 5 ° ° °	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in			٠.
Ju	the Single Audit Act and OMB Circular A-133?		3a]	1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an the	Ja		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		/
	, and the state of			000	(2017)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Open to Public

Schedule D (Form 990) 2017

Cat No. 52283D

Name of the organization				Employer identification numb				
Loyal (Order (Of Moose 2081					23-7158037	
Par		Organizations Maintaining Donor Adv	ised Funds or Other Similar I	Funds	s or A	Acco	unts.	
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line	e 6.				
-			(a) Donor advised funds			(b) Fur	nds and other accounts	s
1	Total	number at end of year						
2	Aggre	egate value of contributions to (during year)						
3	Aggre	egate value of grants from (during year) .						
4	Aggr	egate value at end of year						
5		he organization inform all donors and donor are the organization's property, subject to the						□ No
6		he organization inform all grantees, donors, a	-					
•	only	for charitable purposes and not for the bene	fit of the donor or donor advisor.	or for	anv o	other i	ourbose	
							_	□ No
Par		Conservation Easements.						
		Complete if the organization answered	'Yes" on Form 990. Part IV. line	e 7.				
1	Pum	ose(s) of conservation easements held by the						
•		reservation of land for public use (e.g., recrea			histo	rically	important land a	rea
		rotection of natural habitat					storic structure	
	_	reservation of open space),, O, u				
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contrib	oution	in the	e form	of a conservation	1
_		ment on the last day of the tax year.			Γ		Held at the End of the	
а					}	2a		
b		acreage restricted by conservation easement				2b		
C		ber of conservation easements on a certified				2c		
ď		ber of conservation easements included in	, ,		-			
•		ric structure listed in the National Register .				2d		
3		ber of conservation easements modified, tran		termi	nated		e organization du	ring the
_		ear ►	, , ,			•	•	•
4	-	ber of states where property subject to conse	rvation easement is located ▶					
5		the organization have a written policy re		ınspe	ection	, han	dling of	
		tions, and enforcement of the conservation ea						☐ No
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforc	oing co	nserva	ation e	asements during the	e year
	•							
7	Amoi	unt of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforce	cing co	nser	ation	easements during	the year
	▶\$							
8	Does	each conservation easement reported on line	2(d) above satisfy the requirement	ts of s	ection	ı 170(l	1)(4)(B)(i)	
	and s	section 170(h)(4)(B)(ii)?					· · 🗌 Yes	☐ No
9		rt XIII, describe how the organization reports				•	•	
		nce sheet, and include, if applicable, the text of		's finar	ncial s	statem	ents that describe	es the
	orga	nization's accounting for conservation easeme						
Par		Organizations Maintaining Collection			Other	Simi	lar Assets.	
		Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 8.				
1a		e organization elected, as permitted under SF	• • • • • • • • • • • • • • • • • • • •					
		s of art, historical treasures, or other similar						rance of
	publi	c service, provide, in Part XIII, the text of the	ootnote to its financial statements	that o	descri	bes th	iese items.	
b		e organization elected, as permitted under S						
		s of art, historical treasures, or other similar	•	n, edu	cation	n, or r	esearch in furthe	rance of
	-	c service, provide the following amounts relat	-					
	(i) R	evenue included on Form 990, Part VIII, line 1				. ▶	· \$	
	(ii) A	ssets included in Form 990, Part X				. >	> \$,
2	If the	e organization received or held works of art	, historical treasures, or other sır	mılar a	assets	for f	ınancial gaın, pro	vide the
		wing amounts required to be reported under S						
а	Reve	nue included on Form 990, Part VIII, line 1				. ▶	· \$	
b	Asse	ts included in Form 990, Part X				. >	· \$	

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

Part	III Organizations Maintaining	Colle	ections of	Art, His	torical T	reasures	, or O	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	k any of th	e follov	wing that are a	sıgnıfıcar	it use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research			е	Other	r 				
C	☐ Preservation for future generations									_
4	Provide a description of the organizat XIII.	tion's	collections	and expla	an how t	hey further	the org	ganization's exe	mpt purp	ose in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather			ained as i	part of the	e organızat	on's co	ollection?	Y	es 🗌 No
	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	ansv	vered "Yes						_	n Form
_ 1a	Is the organization an agent, trustee included on Form 990, Part X?								_	'es □ No
b	If "Yes," explain the arrangement in P.	art XII	I and compl	ete the fo	llowing ta	able:			_	
									Amount	
C	Beginning balance						10			
d	Additions during the year						10	3		
е	Distributions during the year						16			
f	Ending balance						11		. =	
2a	Did the organization include an amoun								-	
	If "Yes," explain the arrangement in P Endowment Funds.	art XII	I. Check nei	re if the e	xplanatio	n has been	provid	ed on Part XIII	· · · ·	
rai	Complete if the organization	anev	varad "Vas	" on For	m 000 E	Part IV lin	a 10			
	Complete ii the organization		Current year		or year	(c) Two year		(d) Three years ba	ck (e) Fou	ır years back
1a	Beginning of year balance	<u>-</u>		† · · · ·				.,	117	
b	Contributions								<u> </u>	
С	Net investment earnings, gains, and losses				•					
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs	Ĺ		<u> </u>						
f	Administrative expenses			L						
g	End of year balance									
2	Provide the estimated percentage of t		-	nd balanc	e (line 1g	,, column (a	i)) held	as:		
a	Board designated or quasi-endowmer			%						
þ	Permanent endowment >	%	٠,							
С	Temporarily restricted endowment ►		%	000/						
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the				zation the	at ara bald	and as	Imministered for t	ba	
Ja	organization by:	e hos	56221011 01 (1	ne organi	ZaliUli lila	at are neiu	anu ac	irministered for i	rie	Von No
	(i) unrelated organizations								3a(i)	Yes No
	(ii) related organizations								3a(ii)	
ь	If "Yes" on line 3a(II), are the related o								3b	
4	Describe in Part XIII the intended uses	-								11
Par										
	Complete if the organization	ansv	vered "Yes	on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part X,	line 10.
	Description of property		(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Bo	ok value
1a	Land					83,800				83,800
b	Buildings	. [2147,426				217,426
C	Leasehold improvements	. [23,396				23,396
d	Equipment	. [15,481				15,481
e	Other	<u> </u>			L	61,746				.61,746
Total.	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	90, Part 2	K, column	n (B), line 10	Oc.)	▶		401,849

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
	(a) Description of security or of (including name of security)	(b) Book value	(c) Meth	nod of valuation of-year market value						
(1) Financial	denvatives				1					
	neld equity interests									
(3) Other	·									
(A)										
(B)	. <u></u>									
(C)		<u>-</u>		<u> </u>	* *					
(D) (E)										
(<u>-</u>) (F)										
(G)										
\\(\text{H}\)			,		· · · · · · · · · · · · · · · · · · ·					
Total. (Column (I	b) must equal Form 990, Part X, col (B) line	12) >								
Part VIII	Investments-Program Re									
1	Complete if the organization	n answered "Yes" on For	rm 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.					
	(a) Description of investm	nent	(b) Book value		nod of valuation of-year market value					
(1)										
(2)	,				· · · · · · · · · · · · · · · · · · ·					
(3)	•									
(4)		f.								
(5)		1								
<u>(6)</u> <u>(7)</u>										
(8)										
(9)										
	b) must equal Form 990, Part X, col (B) line	13) ▶ .			area du a facilità					
Part IX	Other Assets.									
	Complete if the organization		rm 990, Part IV, Iir	e 11d. See Form						
		(a) Description			(b) Book value i					
(1)			· · · · · · · · · · · · · · · · · · ·							
(2)										
(3)		· · · · · · · · · · · · · · · · · · ·			•					
<u>(4)</u> <u>(5)</u>										
(6)					•					
(7)										
(8)		•								
(9)		•								
	mn (b) must equal Form 990, Pai	rt X, col. (B) line 15.)								
Part X	Other Liabilities. Complete if the organization line 25.	n answered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,					
1.	(a) Description of liability	, (b) Book value	Section of the source	THE CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	Cate with annual real					
(1) Federal in	icome taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)	b) must equal Form 990, Part X, col (B) line	251								
	r uncertain tax positions. In Part XII	•	ote to the organization	n's financial statemen	nte that reports the					
	s liability for uncertain tax positions									

Part	•		Return.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
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 (losses) on investments	2a	
b	Donated services and use of facilities	2b]* <u>;</u> 7
C	Recoveries of prior year grants	2c	^ + - ;;;
d	Other (Describe in Part XIII.)	2d	134
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		5.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	[조립
b	Other (Describe in Part XIII.)	4b	1 '
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5
Part	XII Reconciliation of Expenses per Audited Financial Stateme		er Return.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	2 2
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d] · -, ^{>}
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional in	formation.
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Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Loyal Order Of Moose #2081	
Form 990, Part VI, Line 6, Our organization is made up 350 members.	······
Form 990, Part VI, Line 7a Our members elect the Board Of Officers.	
Form 990, Part VI, Line 7b The lodge as a whole approves the recommendations of the officers.	
Form 990, Part VI, Line 11a and b The Board of Officers were able to review the Form 990 individually.	
Form 990, Part VI, Line 19 The Form 990 is available upon request	
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
•	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Inspection player identification number

Loyal Order Of Moose #2081

23-7158037

r art t	identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33											
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
(1)			-									
_(2)	<u> </u>											
(3)												
(4)												
(5)												
(6)				_								

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (e) Public charity status (if section 501(c)(3)) (f) Direct controlling entity (g) ection 512(b)(13) controlled entity? Yes No (1)Moose International, Inc 155 S. International Drive Fraternal 501(c) Sole (2)Mooseheart, IL60539 36-1408120 Organizatio Member (3) (4) (5) .(6)

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

Cat No 50135Y

Schedule R (Form 990) 2017

because it had on	e or more related orga	s i axable nizations	treated as a pa	i nip. Complete i irtnership during	the organization the tax year.	ation answere	ed "Y	es" o	n Form 990, P	art IV	/, line	34,		
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets			-of- Disproportion		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or naging tner?	(k) Percentage ownership
							Yes	No		Yes	No			
_(1)														
(2)				•		1								
(3)														
(4)														
(5)												_		
(6)														
(7)														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domictie (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	olled
								Yes	No
_(1)									
(2)									
(3)		-							
(4)									
(5)									
(6)			_						
(7)									

Schedule R (Form 990) 2017

Schedul	R (Form 990) 2017						Page 3
Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Part	s II–iV?	المن رسي الم	44.	NO 15
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			-	1a		√
ь	Gift, grant, or capital contribution to related organization(s)				1b		1
C	Gift, grant, or capital contribution from related organization(s)				_1c		1
đ	Loans or loan guarantees to or for related organization(s)				1d		1
е	Loans or loan guarantees by related organization(s)				1e		1
f	Dividends from related organization(s)				1f	T TENE	<i>∀</i>
9	Sale of assets to related organization(s)				1g		✓
h	Purchase of assets from related organization(s)				1h		✓
i	Exchange of assets with related organization(s)				11		<u> </u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		√
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	6.24	£.
- î	Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)		•	•	11		
m	Performance of services or membership or fundraising solicitations for related organization(s	•			1m		7
'n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	,	•		1n		1
0	Sharing of paid employees with related organization(s)	, ,		. , ,	10		1
U	Sharing or paid employees with related organization(s)			•	100		<u> </u>
p	Reimbursement paid to related organization(s) for expenses				1p	Sept 23	* c)
a	Reimbursement paid by related organization(s) for expenses				1g	_	1
ч	Hombordanian paid by rolated diganization(s) for expenses					مشتور	
	Other transfer of cash or property to related organization(s)				1r	-48	" "
8	Other transfer of cash or property from related organization(s)	• • • • •			1s		┷
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line incl	uding covered relation	ships and transaction		eshol	ids.
	(a)	(b)	(c)	(d)		00.10.	
	Name of related organization	Transaction type (a - s)	Amount involved	Method of determining	g amou	nt invo	lved
(1)							
(2)							
		1			-		
(3)							
(4)							
(5)							
(6)		<u> </u>		2-1-11		- 00-	
				Schedule F	ı (rom	ռ 990	<i>j</i> 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Dispreportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentag ownership
			3000003312-314)	Yes	No			Yes	No		Yes	No													
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Schedule R (Form 990) 2017

ichedule R (i	Form 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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