## **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 2017

Department of the Treasury

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

Open to Public

mic	mai Revenu	e Service Go to www.irs.gov/r-orms90 for instructions and the lates	i imormation.	1001	inspection
A	For the	2017 calendar year, or tax year beginning May 1 , 2017, and end	ng Ap	ril 30	, 20 <sub>18</sub>
В	Check if a	pplicable C Name of organization Loyal Order of the Moose		D Employ	er identification number
	Address of	hange Doing business as Whitefish Moose Lodge 642		81-	-0161085
	Name cha		urte		ne number
$\overline{\Box}$	Initial retu			,	
$\Xi$		/terminated City or town, state or province, country, and ZIP or foreign postal code			
Η.	Amended			G C****	
片.				G Gross re	<del></del>
٤	Application	n pending F Name and address of principal officer	_		subordinates? Yes
					s included? Yes Vo
<u> </u>	Tax-exem		, H-N	o," aπach a	a list. (see instructions)
<u>J</u>	Website:	······································	H(c) Group	exemption	number >
	-	ganization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	ation	M State	of legal domicile:
P	art I	Summary /			
	1 1	Briefly describe the organization's mission or most significant activities: Unite	d memers in t	ne bonds	of fraternity,
8	, ,	enevolence and charity			
Activities & Governance					
<u>=</u>	2	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
é		Number of voting members of the governing body (Part VI, line 1a)		3	6
٠	4 1	Number of independent voting members of the governing body (Part VI, line 1b	)	4	140
9	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	2
₹	1	Total number of volunteers (estimate if necessary)		6	40
ğ	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	1	Net unrelated business taxable income from Form 990-T, line 34		7b	
	0	ver difference dusiness taxable income front Form 9901, line 34	Prior Ye		Gurrent Year
		Contributions and grants (Part VIII, line (Th) . RECEIVED			
9	I .	Contributions and grants (Part VIII, line (III). RECEIVED		8897	4965
Revenue		Program service revenue (Part VIII, line kg)		18801	33106
ě	10 1	nvestment income (Part VIII, column (A) lines 3, 4 அற்ற 7இ 2019 . \ 😥 .			
	11 (	Other revenue (Part VIII, column (A), lines 56d, 8c, 9c, 10c, and 11e)		59712	30239
	12	otal revenue—add lines 8 through 11 (must equal Part Vill column A), line 12)		87410	68310
	13 (	Grants and similar amounts paid (Part IX, column Application)			
	14	Benefits paid to or for members (Part IX, column (A), Tine 4)			
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5629	8505
Expenses	16a I	Professional fundraising fees (Part IX, column (A), Inne 11e)			
9	b	otal fundraising expenses (Part IX, column (D), line 25) ▶			,
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		81781	<del></del>
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		83992	70516
		Revenue less expenses. Subtract line 18 from line 12		-2211	-2206
e s			Beginning of Cu		End of Year
Net Assets o Fund Balance	20	otal assets (Part X, line 16)		239074	218095
Asa Bal	21	otal liabilities (Part X, line 26)		233074	210093
喜喜	22	Net assets or fund balances. Subtract line 21 from line 20	<del></del>	220074	
	art II	Signature Block		239074	218095
_					<del></del>
tru	oer penali <b>e∡c</b> orrect.	es of perjury, I declare that I have examined this return, including accompanying schedules and stati and complete. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to the er has anv knowl	ne pestorn adae.	ny knowledge and belief, it is
	3	COX HONDON	<del></del>	Gh	nlid
e:.		Signature of officer		<del>. JII</del>	3//0
n- oif		$\langle M'D \rangle = \langle M'D \rangle = \langle M'D \rangle$	Da	te [	1
пе	re	MIKE LANK BY GOVERNON			<del></del>
	-	Type or print name and title			Torin .
Pa	ide	Print/Type preparer's name Preparer's signature	Date	Check [	If PTIN
	eparer			self-emp	oloyed
	e Only	Firm's name ▶	Firm	ı's EIN ▶	
	<i>H</i>	Firm's address ▶	Pho	ne no.	
Ma	y the R	discuss this return with the preparer shown above? (see instructions)			Yes No
	D	Paduation Act Nation and the congrete instructions			5em 990 (2017)

Cat. No. 11282Y

Form 991		η	Page 2
Part I		Statement of Program Service Accomplishments	
	Dvi-4	Check if Schedule O contains a response or note to any line in this Part III	· · · · □
		fly describe the organization's mission:  ng members in the bonds of fraternity, benevolence and charity	
	uman	ng members in the bonds of fraternity, benevolence and charity	
			*
		the organization undertake any significant program services during the year which were not listed on the	
	•		Yes 🗹 No
		es," describe these new services on Schedule O.	
		the organization cease conducting, or make significant changes in how it conducts, any program nees?	laca Edala
		es," describe these changes on Schedule O.	Yes 🛮 No
		cribe the organization's program service accomplishments for each of its three largest program services, as	measured by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
		total expenses, and revenue, if any, for each program service reported.	•
4a	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$	)
			·
			••••
4b	(Code	de:) (Expenses \$including grants of \$) (Revenue \$	)
			·
			·
			•••••
4c	(Code	de: ) (Expenses \$ Including grants of \$ ) (Revenue \$	)
		•••••••••••••••••••••••••••••••••••••••	
4d	Other	er program services (Describe in Schedule O.)	- <del></del>
		penses \$ including grants of \$ ) (Revenue \$ )	
4e		Il program service expenses ▶	



Part	V Checklist of Required Schedules			
	1		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		<b>√</b>
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	-	<b>y</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
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		1
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		<b>✓</b>
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		<b>√</b>
đ	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		<b>&gt;</b>
	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	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<b>✓</b>
b	Schedule D, Parts XI and XII	12a		1
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	√ ✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>✓</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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
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		
			, ggn	(0017)

Part	V Checklist of Required Schedules (continued)	_		
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>-`</del>
	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	23		<del>                                     </del>
	\$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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>\</b>
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		<b>✓</b>
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	i		
	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		<b>✓</b>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>-</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<del></del> -
	complete Schedule N, Part II	32		✓
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		<b>√</b>
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		<b>√</b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del></del>
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		<u>✓</u>
36	<b>Section 501(c)(3) organizations.</b> 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,			,
38	Part VI	37		<u>✓</u>
JU	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
			990	(2017)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>··</u>		<u>. 🗅</u>
10	Entire the number reported in Day 2 of Form 1006. Fator 0 of act and analysis		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	reportable gaming (gambling) winnings to prize winners?		<del>- ,-</del> -	<del> </del>
20		1c	<b>✓</b>	┼
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	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>/</b>	↓
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del> </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	<b>✓</b>
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	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ŀ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	1
	account)?	4a		<b>/</b>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			-
	(FBAR).			<u> </u>
5a	and the second of the second o	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	į		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	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			
	required to file Form 8282?	7c		<u> </u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand	L_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L_	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

	10 (2017)			Page <b>O</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schools if Schools in Schedule O. Schools if Schools in Schools in Schools in Schools in Schools in Schools in Schools			
Coati	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	X
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	Γ	168	110
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_		
	one or more members of the governing body?	7a	<b>-</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		-
Ū	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	
	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 Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<b>√</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	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	10-		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	✓	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
Ū	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		<del></del>
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
þ	Other officers or key employees of the organization	15b		<b>✓</b>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
<b>h</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<b>✓</b>
b	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	, .50	L	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	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 ☐ Upon request ☒ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	anc
	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 no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Trtle	(B) Average hours per week (list any hours for related organizations below dotted line)	office of direct	unles er and	Pos neck	rson	than of the both or/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jan Fedor , Admin asst	20				1			5629	0	0
(2) Mike Larkey, Administrator	10			1				0		
(3) Kevin Klepper, Governor	10			1				0		
(4) Jim Mosely	15			1				0		
(5) Ray Managhan , Prelate	15			1				0		
(6) Keith Ott	15			<u>,</u>						
(7)		_		•				0	0	<u> </u>
(8)										
(9)										
(10)										
(11)										
(12)					-					
(13)										!
(14)				-						

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(continu	ed)		
	•				•	C)	_							
	, (A)	(B)	(do n	ot ch		norti more	than o	one	(D)	(E)	}		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	an	Reportable compensation				mated	
		week (list any		_			or/trust	<del>,</del> -	from	related			ther	
		hours for	ord	nst	Officer	[₹	를 를 들	Former	the	organizati			ensatio	on
		related organizations	ing d	톭	¥	Key employee	loye est	ner	organization (W-2/1099-MISC)	(W-2/1099- <b>i</b>	MISC)		m the nizatio	n
		below dotted	호호	) na		9	a S	Ì		Ì			related	
		line)	individual trustee or director	Institutional trustee		8	Pen					orgar	iizatior	าร
				tee			Highest compensated employee	ł			1			
(15)		<del> </del>		-				⊢	<del> </del>					
7.37		<b></b>						ļ	ļ					
(16)	<del></del>			<del>                                     </del>	$\vdash$	-	<u> </u>	┢	<del> </del>					
1.01								i						
(17)		<u> </u>	<del>                                     </del>	$\vdash$	┝		<del> </del>	┢	<del> </del>		-			
3														
(18)	······································	<u> </u>			-	-	<del>                                     </del>	$\vdash$						
X									1		İ			
(19)					_									
3									ĺ		Ì			
(20)														
					1	ļ			1		1			
(21)														
								<u> </u>						
(22)														
							İ	L_						
(23)			}		}									
(24)					ļ						İ			
(25)														
41.		<u> </u>												
1b	Sub-total	 .//  C		•	•		•							
C	Total from continuation sheets to Part	•		•	•		•		(-1 00			···		
d							<del>.</del> ·		5629					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) W	ho received me	ore than \$1	00,000	of		
	reportable compensation from the organi	Zation												Т
3	Did the organization list any former of	ficer direc	tor o	r tn	usta	20	kev e	mn	lovee or high	est compe	hatean		Yes	No
•	employee on line 1a? If "Yes," complete s							p				3	i	1
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the			\ <u> </u>
7	organization and related organizations												ł	
	individual							., 				4		1
5	Did any person listed on line 1a receive of	or accrue co	mper	nsat	ion	fror	n anv	ı unı	related organiz	ation or inc	dividual			\ <u>\</u>
Ū	for services rendered to the organization											5		1
Section	on B. Independent Contractors			-								<del>- 1</del>		ــــــــــــــــــــــــــــــــــــــ
1	Complete this table for your five highest	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more tha	an \$100	,000 of		
	compensation from the organization. Rep													ax
	year.							•			J			
	(A)								(B)			(C)		
	Name and business add	lress							Description of se	ervices	(	Compens	ation	
							i							
		<del> </del>						<u> </u>						
2	Total number of independent contractor							th	ose listed abo	ove) who	}			
	received more than \$100,000 of compens	ation from t	ne or	gani	izati	ion I	<b>&gt;</b>							

Part VIII		Statement of Revenue				
		Check if Schedule O contains a response or note to		<i>.</i>		
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 1260				
S, C	С	Fundraising events 1c 1030				ļ
Giff	d	Related organizations 1d	,			'
ns, Sim	е	Government grants (contributions) 1e	,			
officer (	f	All other contributions, gifts, grants, and similar amounts not included above 11				
Contributions, Giffs, and Other Similar Ar	_	and similar amounts not included above 11 2675  Noncash contributions included in lines 1a-1f \$				
Son	g	Total. Add lines 1a-1f	4965			ļ
		Business Code	4963			
Je J	2a			<u> </u>		
E E	b					
vice	С					
Ser	d					
ram L	е	special events 33106				
Program Service Revenue	f	All other program service revenue .			L	]
	<u>g</u> 3	Total. Add lines 2a–2f	33106		T	<del></del>
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	•		·.	
	b	Less rental expenses				
	C	Rental income or (loss)		<del> </del>		<u>`</u>
	d 7a	Net rental income or (loss)		<del></del>		
	, α	assets other than inventory		•	4	
	b	Less cost or other basis		,	,	
		and sales expenses .				
	С	Gain or (loss)			-	
	ď	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				1
r R		See Part IV, line 18 a 804				
the	b	Less: direct expenses b 130			1	
O		Net income or (loss) from fundraising events . >	674			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b				
i		Net income or (loss) from gaming activities   Gross sales of inventory, less				
	iva	returns and allowerses				
	b	Less: cost of goods sold b 35848				
1	c	Net income or (loss) from sales of inventory	23400	·		
i		Miscellaneous Revenue Business Code				
	11a					
	b					
	C	All all		<del></del>	ļ	<del></del>
	ď	All other revenue		<del>-</del>	<b> </b>	<del> </del> -
	12	Total revenue. See instructions	6165 68310			
	<u> </u>		08310	<del></del>	<u> </u>	Form <b>990</b> (2017)

Part IX	Statement of Functional Expenses	
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Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	olumn (A).	
Check if Schedule O contains a response or note to any line in this Part IX						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21				,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				,	
3	Grants and other assistance to foreign		<del></del>	,		
-	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	,	
5	Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	5935				
7 8	Other salaries and wages	1836				
9	Other employee benefits		<del></del>		<del></del>	
10	Payroll taxes	734			<del></del>	
11	Fees for services (non-employees):	7,04				
а	Management					
b	Legal		<del></del>			
С	Accounting				<del></del>	
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17		. , ,			
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion	1174				
13	Office expenses	519				
14	Information technology		· · · · · · · · · · · · · · · · · · ·			
15	Royalties					
16	Occupancy	23061				
17	Travel		·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest		<del> </del>			
21	Payments to affiliates		·			
22	Depreciation, depletion, and amortization .					
23	Insurance	6641				
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	Postage	284	<del></del> _			
b	State Monce	461			<del></del>	
c	city taxes	581				
d		24660	<del></del>			
e	All other expenses	4630				
25	Total functional expenses. Add lines 1 through 24e	70516				
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 ŠOP 98-2 (ASC 958-720)					

	n 990 (2				Page 1
P	art X				
		Check if Schedule O contains a response or note to any line in this Par	(A)	<u> </u>	(B)
		•	Beginning of year		End of year
	1	Cash—non-interest-bearing	16407	1	829
	2	Savings and temporary cash investments	48542	2	3567
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	İ	Complete Part II of Schedule L		5	
s	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	
As	8	Inventories for sale or use	5782	8	578
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 168343	,		•
	b	Less: accumulated depreciation 10b	168343	100	16834
	11	Investments—publicly traded securities	100343	11	10034
	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)	239074		21809
_	17	Accounts payable and accrued expenses	233074	17	21003
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors.	7		
itie		trustees, key employees, highest compensated employees, and		}	-
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
<u>ٿ</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	ł	of Schedule D	į	25	
	26	Total liabilities. Add lines 17 through 25		26	
alances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	<del></del>
Ð	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.			
	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	239074	33	21809
Z	1 - 4		233074		21003

Total liabilities and net assets/fund balances .

orm 9	90 (2017)		Pa	age <b>12</b>	
Par	XI 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)			68310	
2	Total expenses (must equal Part IX, column (A), line 25)		70516		
3	Revenue less expenses. Subtract line 2 from line 1		-2206		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		2	18095	
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)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		2	18095	
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	_		<b>i</b> i	
	If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O.	ו			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	r			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	- }	-		
b	Were the organization's financial statements audited by an independent accountant?	2b		1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a			
	separate basis, consolidated basis, or both:	-	,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		İ	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1			
	the Single Audit Act and OMB Circular A-133?	3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			
		For	ո 990	(2017)	

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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 2017

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 the Moose, Whitefish Moose Lodge 642 81-0161085 Pg 6 Sec c Line 18 Process of review of 990 is presented to the Board of Directors at monthly meeting, it is then reviewed, voted on to accept the form to be submitted. Audits are conducted monthly by the treasurer and a committee Written policy is posted in the lodge that policies and financial statements are available to the public at any time they wish to look them over on any documents they wish to see.