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The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.**A For the 2018 calendar year, or tax year beginning****May 1****, 2018, and ending****Apr 30, 2019****B Check if applicable**

- Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Aberdeen Moose Lodge #590 - Loyal Order of Moose**

Number and street (or P O box, if mail is not delivered to street address)

410 9th Ave SW**D Employer identification number****46-0159830**

E Telephone number

605-225-5185**F Group Exemption Number**

City or town, state or province, country, and ZIP or foreign postal code

Aberdeen, SD 57401**G Accounting Method** Cash Accrual Other (specify) ►**H Check ► if the organization is not required to attach Schedule B**

(Form 990, 990-EZ, or 990-PF).

I Website: ►**J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527****K Form of organization Corporation Trust Association Other****L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 5711
	2 Program service revenue including government fees and contracts	2 58 384
	3 Membership dues and assessments	3 1 700
	4 Investment income	4 27
	5a Gross amount from sale of assets other than inventory	5a 5a
	b Less: cost or other basis and sales expenses	5b 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 57354
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 6b
	c Less: direct expenses from gaming and fundraising events	6c 30842
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d 26512
	7a Gross sales of inventory, less returns and allowances	7a 7a
	b Less: cost of goods sold	7b 7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 7c
	8 Other revenue (describe in Schedule O)	8 8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 92334
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 750
	11 Benefits paid to or for members	11 11
	12 Salaries, other compensation, and employee benefits 21	12 16804
	13 Professional fees and other payments to independent contractors 21	13 13
	14 Occupancy, rent, utilities, and maintenance	14 27661
	15 Printing, publications, postage, and shipping	15 1085
	16 Other expenses (describe in Schedule O) 21	16 40084
	17 Total expenses. Add lines 10 through 16 ►	17 86384
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5950
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 403710
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 409660

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)

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378

Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>				
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year		
	40196	22	33976	
	337969	23	345950	
	7089	24	7089	
	385254	25	387015	
	18456	26	22645	
	403710	27	409660	
Part III Statement of Program Service Accomplishments (see the instructions for Part III)				
Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>				
What is the organization's primary exempt purpose? <u>Fraternalism</u>				
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.				
28 <i>The organization unites its members in the bonds of fraternalism, benevolence, and charity. This is accomplished thru a year round schedule of social & recreational activities for the members and their families.</i> (Grants \$) <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a				
29 _____ (Grants \$) <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a				
30 _____ (Grants \$) <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a				
31 Other program services (describe in Schedule O) (Grants \$) <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a				
32 Total program service expenses (add lines 28a through 31a) ► 32				
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Rich Bures - Governor	10	∅	∅	∅
Garnett Brunmachers - Jr Governor	5	∅	∅	∅
Tim Kearns - Treasurer	10	∅	∅	∅
Roger Martinmaas - Prelate	5	∅	∅	∅
Mark Rahm - Past Governor	5	∅	∅	∅
Jeff Thorne - Trustee	5	∅	∅	∅
Al Soulek - Trustee	5	∅	∅	∅
Ab Garber - Trustee	5	∅	∅	∅
Greg Markley - Administrator	30	∅	∅	∅

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

OG

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions ?1

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? ?1

- b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N ?1

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

- b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ?1

- b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on line 9
- b Gross receipts, included on line 9, for public use of club facilities

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

- b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► South Dakota

42a The organization's books are in care of ► Kelly Brugman Telephone no. ► 605-225-5185
Located at ► 410 9th Ave SW Aberdeen, SD ZIP + 4 ► 57401

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

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

- c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No

- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

- c Did the organization receive any payments for indoor tanning services during the year?

- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ?1

- b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
33	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
34	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
35a	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
35b		

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
35c	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
36	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
37b	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
38a	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
40b		

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
40e		

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
42b	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
42c	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
44a	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
44b	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
44c	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
44d		

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
45a	✓	

	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
45b	✓	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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

Sign Here ?1	<i>Kelly R. Brugman</i>	<i>8/18/19</i>
	Signature of officer	Date
	<i>Kelly R. Brugman - Bookkeeper</i>	
	Type or print name and title	

Paid Preparer Use Only ?1	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Aberdeen Moose Lodge #590 - Loyal Order of Moose 46-0159830

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

Employer identification number

111 8150.02

96-015433

Aberdeen Moose Lodge #590 - Loyal Order of Moose

46-0159830

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 <i>Charity Night</i> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	3,031.00			3,031.00
2 Less: Contributions . . .				
3 Gross income (line 1 minus line 2)	3,031.00			3,031.00
Direct Expenses				
4 Cash prizes	300.00			300.00
5 Noncash prizes	563.00			563.00
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	173.00			173.00
10 Direct expense summary. Add lines 4 through 9 in column (d)				1036.00
11 Net income summary. Subtract line 10 from line 3, column (d)				1,995.00

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue	24,816.00	2,310.00	27,197.00	54,323.00
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	2,137.00	1,291.00	26,378.00	29,806.00
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				29806.00
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				24,517.00

9 Enter the state(s) in which the organization conducts gaming activities: *South Dakota*

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|-----|---|
| a The organization's facility | 13a | 100 | % |
| b An outside facility | 13b | | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Kelly Brugman - Bookkeeper
 Address ► 410 9th Ave SW Aberdeen, SD 57401

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

- 16 Gaming manager information:

Name ► Kelly Brugman - Bookkeeper
 Gaming manager compensation ► \$ _____
 Description of services provided ► Record Keeping
 Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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.

- Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Aberdeen Moose Lodge #590 - Loyal Order Moose 46-0159830

Employer identification number

Line 10: Moose Charities \$ 750.00

Line 16: Cost of Goods Sold \$ 22,005.00

Supplies & Misc Expense 1,784.00

Social Quarters Supplies 3,298.00

Kitchen Supplies 782.00

Other Donation Expense 2,331.00

General Administration 9,863.00

Special Project 20.00

Total 40,084.00

Line 24: Social Quarters Inventory 5,074.00

Kitchen Inventory 1,435.00

Gaming Inventory 580.00

Total 7,089.00

Line 26: Accounts Payable 20,032.00

Payroll Liabilities 2,020.00

Due to Other Fraternal Units 592.00

Total 22,645.00