OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 19 May 1 Aoril 1 D Employer identification number Check if applicable C Name of organization Loval Order Of Moose Address change Doing business as Martinsburg Moose Lodge120 55-0221122 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 201 Woodbury Ave 304-264-8471 City or town, state or province, country, and ZiP or foreign postal code Final return/terminated Martinsburg West Virginia 25404 25404 Amended return G Gross receipts \$ F Name and address of principal officer H(a) is this a group return for subordinates? Yes Vo No Application pending Chris Nisewarner 201 woodbury Ave Martinsburg WV 26404 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) √ 501(c) ( 8 ) 
√ (insert no ) 
√ 4947(a)(1) or Tax-exempt status Website: > H(c) Group exemption number 🕨 Form of organization Corporation Trust Association L Year of formation M State of legal domicile: W۷ Part I 1 Briefly describe the organization's mission or most significant activities: The organization units its members in the bonds Activities & Governance of fraternal benevolence and charity. This is accomplished through year round social and recreational activities for the members and their families estimaed at 1000 2 Check this box ► If the organization discontinued its operations or ASSOS \$\( \psi \) (A\( \pi \) (A\ Number of voting members of the governing body (Part VI, line 3 3 Number of independent voting members of the governing body 4 9 Ö Total number of individuals employed in calendar year 2018 (P 5 6 6 Total number of volunteers (estimate if necessary) . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN 7a 7a 0 SCANNED OCT 28 2019
Expenses Net unrelated business taxable income from Form 990-T, line 38 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 12344 12396 9 Program service revenue (Part VIII, line 2g) 250311 267866 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 280262 262575 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 34520 19011 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 112 FIGEIVE 24 CORRES. 15011 0 18 Total expenses. Add lines 13-17 (must equal Part IX) Columb (A), fige 25) 49561 278975 19 Revenue less expenses. Subtract line 18 from line 12 1287 20 Total assets (Part X, line 16) 1935045 1933657 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 1936657 1935045 Part II Signature Block 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 configlete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ghature of offic Date Here we or print name and title Print/Type preparer's name Preparer's signature PTIN **Paid** Check [] if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y Form 990 (2018)

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<u>Part</u>	Ш	Statement of Program Service Accomplishments	
<u>,                                     </u>	Dried	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1		fly describe the organization's mission:	ad
		organization unites its members in the bonds of fratrnal benevolence and charity. This is accomplished through year roun al and recreational activites for the members and their families estimated at 1000	<u></u>
	30010	and recreational activities for the inclinacis and their families estimated at 1999	
2		the organization undertake any significant program services during the year which were not listed on the	
	•	Form 990 or 990-EZ?	✓ No
_		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
			<b>☑</b> No
4		es," describe these changes on Schedule O.	urad by
7	expe	cribe the organization's program service accomplishments for each of its three largest program services, as meas enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otal expenses, and revenue, if any, for each program service reported.	
4a	(Cod	le: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	,		-
4b	(Cod	le:) (Expenses \$ including grants of \$) (Revenue \$	<del>,</del>
•••	,000		
			<b></b>
			<b>.</b>
4c	(Cod	e. ) (Expenses \$ including grants of \$ ) (Revenue \$	1
	(000	o	-'
	O#-	The state of the s	
4d		er program services (Describe in Schedule O.)	
40	<u> </u>	enses \$ including grants of \$ ) (Revenue \$ )	



	•	-	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		<i>√</i>
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		<b>√</b>
0	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		<b>✓</b>
1	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			
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	v	<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		
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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	11f		1
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		✓
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
4a	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		✓
5	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		✓
6	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		✓
7	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		✓
8	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>
9	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		<b>✓</b>
:0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
: <b>1</b>	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		<b>✓</b>
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Part	Checklist of Required Schedules (continued)			
•			Yes	<sup>'</sup> No
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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
d	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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
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	,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<b>√</b>
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		<b>√</b>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

If "Yes," complete Form 4720, Schedule O.

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	7	厂
	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		7
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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).			İ
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		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	}		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		:	
_	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			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? :	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_1	:	l
4	required to file Form 8282?	7c		<u> </u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year	<del> </del>		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g 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?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>  '''  </del>		<u> </u>
_	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	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	1		1
11	Section 501(c)(12) organizations. Enter:		Ì	1
а	Gross income from members or shareholders	] [		i
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	$\vdash$		
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.	1	ŀ	
	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		Ì	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4.5		
	excess parachute payment(s) during the year?	15	+	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<del></del>  -	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		1
	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	}		1
-	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	'		1
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		7
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	ļ	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
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	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		<u> </u>	
а	The governing body?	8a	1	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
<u>C+</u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>.</b> ✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.02		<del>                                     </del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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			اـــا
Sacti	organization's exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T			 501/a\
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(Jec	aon a	, o i (c)
	☐ 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 into	erest i	oolicy	, 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 red	cords	<b>•</b>	

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Form 990 (2018)

Part <sup>®</sup> VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors

Check	r Sche	dule	O cc	ontain:	s a r	espo	nse	or note	e to ar	ıy I	ıne	in this	Part	VII		•	•			
A										_										

- 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 nor	any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, i	unies er and	Pos neck s pe d a d	rson	than on the state of the state	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAMES DUNN GOVERNOR 47 MOATS LANE MARTINSBURG WV 25404	20			<b>✓</b>			į	0	0	0
(2) GARY STANLEY JUNIOR GOVERNOR 906 SHERIDAN AVE MARTINSBURG WV 25401	15		,	1	<u> </u>			0	0	0
(3) JERRY RANELS PRELATE 3215 WINCHESTER AVE MARTINSBURG WV 25404	10			1				0	0	0
(4) CHRIS NISEWARNER TREASURER 92 DUKMPLING DRIVE MARTINSBURG WV 25404	20			1				0	0	0
(5) WAYNE BRITTON 1 YR TRUSTEE 36 FRANKLIN CIRCLE MARTINSBURG WV 25404	10			1				0	0	0
(6) MELVIN MCQUAIN 2 YR TRUSTEE 20 ACHILLA TERRACE MARTINSBURG WV 25404	10			1				0	0	0
(7) TERRRY WAYS ADMINISTRATOR 1409 W STEPHEN ST MARTINSBURG WV 25401	40			1				0	0	0
(8) JAMES STANLEY JR PAST GOVERNOR 1217 GLAZIER ST MARTINSBURG WV 25404	5			1				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)			-		-		-			<u> </u>
(14)			-							

	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot chunles	Pos neck ss pe	tion more rson irect	e than o is both or/trust	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related		Esti	(F) mated ount of ther	
-		hours for related lorganizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(i)	from organ and	ensation the nization related nization:	ר ו
(15)														
(16)											$\dagger$			
(17)											+			
(18)								-			+-			
(19)							-				+			
(20)										:	$\perp$			
											_			
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total					· ·	•	<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received mo	ore than \$100,	000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct						mp	loyee, or high	est compensa	ited	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual					? 11		s, "				4		<b>→</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		7
Section	n B. Independent Contractors											·		
1	Complete this table for your five highest compensation from the organization. Repyear.													3X
_	(A) Name and business add	ress					_		(B) Description of se	ervices		(C) ompens	ation	
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ve) who				
	received more man \$100,000 of compens	adon Irom t	ne or	yanı	zali	UII						Form	990	(2018)

Part VIII		Statement of Revenue												
1		Check if Schedule O	contains a res	ponse or note to			<u> </u>	<u> </u>						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
ons, Gifts, Grants Similar Amounts	1a b	Federated campaigns Membership dues	. 1b	12396										
Contributions, Gifts, and Other Similar Ar	C.	Fundraising events .	. <u>1c</u>											
Gif	d	Related organizations	<del></del>											
Sir	e f	Government grants (con All other contributions, gi												
utic	•	and similar amounts not inc												
trib Ott	_	Noncash contributions includ												
Contributic and Other	g h	Total. Add lines 1a-1			12396									
		rotal. Add lines 1a-1	· · ·	Business Code	12550		<del></del>							
Program Service Revenue	2a	Social Quarters				135954								
Rev	b	Gaming			100392		· <del>-</del>							
Se	С	Committees			25542									
Serv	d	Entertainment			5998									
Ē	е													
ogre	f	All other program sen												
<u> </u>	g	Total. Add lines 2a-2		. ▶	267866									
	3	Investment income												
		and other similar amo	•	. ▶										
	4	Income from investment	t of tax-exempt b	ond proceeds ►										
	5	Royalties .	, <u>, , , , , , , , , , , , , , , , , , </u>	· · · •										
	_		(i) Real	(ii) Personal										
	6a	Gross rents						i						
	b	Less rental expenses												
	ر 0	Rental income or (loss)	(1)		-									
	đ	Net rental income or (	(i) Securities	(ii) Other										
	7a	Gross amount from sales of assets other than inventory	(i) Occurring	(ii) Other										
	<b>.</b>	Less cost or other basis						!						
	ь	and sales expenses												
	С	Gain or (loss)												
	d	Net gain or (loss)		▶										
ne	8a	Gross income from fu	indraising											
Other Reven		events (not including \$ of contributions reported	-											
ther F	<b>.</b>	See Part IV, line 18	а											
Ó	b b	Less: direct expenses  Net income or (loss) fi		<del></del>		-								
		Gross income from ga		events										
		See Part IV, line 19	· a											
	b	Less. direct expenses		· · · · · · · · · · · · · · · · · · ·										
	C	Net income or (loss) f		`L										
	1	Gross sales of in					<del>.</del>							
		returns and allowance	es a	1										
	b	Less: cost of goods s	old . b					<u> </u>						
	C	Net income or (loss) f	rom sales of inv	rentory <b>&gt;</b>										
		Miscellaneous R	levenue	Business Code										
:	11a	***************************************												
	b													
	С													
	d	All other revenue					<del></del>							
	e	Total. Add lines 11a-		<b>&gt;</b>			<del></del>							
	12	Total revenue. See in	nstructions .	🟲	280262									

	Statement of Functional Expenses				(A)
Sectio	on 501(c)(3) and 501(c)(4) organizations must con	·		ns must complete col	umn (A).
<u> </u>	Check if Schedule O contains a respon			(C)	<u>.</u>
	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	( <b>D</b> ) 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 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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	54219			
9	Other employee benefits				
10	Payroll taxes	19011			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
٦ 0	Accounting				
d e	Lobbying 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	298			
13	Office expenses	761			
14	Information technology	2079			
15	Royalties				_
16	Occupancy	48569			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6608			
20	Interest		<del></del>		
21	Payments to affiliates	2534			
22	Depreciation, depletion, and amortization			ļ <u>.</u>	
23	Insurance	4800			
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	Cost of Good Sold	75311			
b	Lodge & Kitchen Supplies	23433		<del> </del>	· · · · · · · · · · · · · · · · · · ·
C	Maintenance	6441			<del></del> -
d	Admin Exp	16938			
e	All other evenese	17518			
25	Total functional expenses. Add lines 1 through 24e	278925			
26	Joint costs. Complete this line only if the				~ ~~~
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
$\overline{}$		Check if Schedule O contains a response or note to any line in this Par	t X <u>.</u>		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	33657	1	35046
•	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
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	<del></del> .	7	·
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 1900000			
	ь	Less accumulated depreciation 10b	1900000	10c	1900000
	11	Investments—publicly traded securities		11	· -
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	1933657	16	1935046
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to current and former officers, directors,	0	ŀ	'
Ħ		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			
Liabilities		· · · · ·	,	22	
_	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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	<del>-</del>	25 26	
_	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and		20	
es		complete lines 27 through 29, and lines 33 and 34.			
SE.	27	Unrestricted net assets	1933657	27	1935046
)ag	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
Net Assets or Fund Balances		complete lines 30 through 34.	<del></del>		
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥,¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1933657	33	1935046

Total liabilities and net assets/fund balances .

1933657 **34** 

Dago	1	2
Page		4

•	90 (2018)			Pa	age 12
Par					
•	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		2	80262
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	78925
3	Revenue less expenses Subtract line 2 from line 1	3			1388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		19	33657
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period 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		19:	35046
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· ·	· · ·	<del>.                                    </del>
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other		_   •	1.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	J. J.F	9
	Schedule O		1: ',	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<del>  _</del> -	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled c	or ˈˈů	L. K.	".
	reviewed on a separate basis, consolidated basis, or both.		, a.,		- ' '
	Separate basis Consolidated basis Both consolidated and separate basis		<del></del>	<u> </u>	لنب
ь	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	-	✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	ارکید.	
	separate basis, consolidated basis, or both		5.		1.34
	Separate basis Consolidated basis Both consolidated and separate basis		-4-	4	أمشسا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				١.
	of the audit, review, or compilation of its financial statements and selection of an independent account			<del>                                     </del>	<b>√</b>
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın ı	n 📆	.4.	· .
	Schedule O.		ئىد	<u>-                                    </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			١.
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	<del> </del>	<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		е		

# 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

Open to Public Inspection

Name o	f the or	ganization		Employ	er identification number
Loyal C	Order of	Moose Martinsburg Moose Lodge 120			55-0221122
Par	t I	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fur	ids or	Accounts.
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
	<u>-</u>		(a) Donor advised funds		(b) Funds and other accounts
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		egate value at end of year			
5		he organization inform all donors and donor are the organization's property, subject to the			
6		<del>-</del>			<del>-</del> -
O		ne organization inform all grantees, donors, a for charitable purposes and not for the bene			
		erring impermissible private benefit?		OI ally	· · · · · · · · · · · No
Part		Conservation Easements.			· · · · li les li leo
· ai		Complete if the organization answered	"Yes" on Form 990 Part IV line 7		
1	Purn	ose(s) of conservation easements held by the		·	
•		reservation of land for public use (e.g., recrea		of a hiet	orically important land area
	_	rotection of natural habitat			ified historic structure
		reservation of open space	Freservation o	n a cent	med historic structure
2		plete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in th	e form of a conservation
-		ment on the last day of the tax year	sia a qualifica conscivation continuati	011 111 111	Held at the End of the Tax Year
_		number of conservation easements			2a
a b		acreage restricted by conservation easemen	ts	•	2b
C		per of conservation easements on a certified			2c
d		per of conservation easements included in	, ,	on a	20
u		ric structure listed in the National Register	(c) acquired after 1720/00, and not	on a	2d
3		per of conservation easements modified, tran	sferred released extinguished or ter	minated	
•	tax y		oromou, released, extinguismou, er ter	······································	by the organization during the
4	•	ber of states where property subject to conse	rvation easement is located >		
5		the organization have a written policy re		spection	n. handling of
•		ions, and enforcement of the conservation ea			· · · · TYes No
6	Staff	and volunteer hours devoted to monitoring, inspe			
	▶				
7		ant of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conser	vation easements during the year
	▶\$				
8		each conservation easement reported on line	2(d) above satisfy the requirements o	f sectio	n 170(h)(4)(B)(ı)
	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		nancial	statements that describes the
	<u> </u>	nization's accounting for conservation easeme			
Part		Organizations Maintaining Collection			r Similar Assets.
		Complete if the organization answered			
1a		organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·		
		s of art, historical treasures, or other similar			
	publi	c service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at descr	ibes these items.
b		e organization elected, as permitted under S			
		s of art, historical treasures, or other similal c service, provide the following amounts relat	•	ducatio	n, or research in furtherance of
	•	• •	· ·		<b>▶</b> ¢
	(I) H	evenue included on Form 990, Part VIII, line 1			\$
_	(ii) A	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X e organization received or held works of art	historical transition of the second		. > \$
2	ii the	e organization received or neid works of art wing amounts required to be reported under S	, historical treasures, or other simila	ı asset ıtems	s for financial gain, provide the
_			or AO TTO (AOO 300) relating to these i	1101112	<b>.</b> •
a		nue included on Form 990, Part VIII, line 1 ts included in Form 990, Part X	• •	•	<b>D</b>
þ	ASS6	is included in Forth 990, Part X			. 🖊 3

_	•
Page	4

Part									
<b>,</b> 3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	her reco	rds, chec	k any of the	follow	ving that are a s	ignificant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	rams		
b	☐ Scholarly research								
C	☐ Preservation for future generations	;							
4	Provide a description of the organizat XIII	ion's collections a	and expla	ain how ti	hey further t	he org	janization's exen	npt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather							ar Yes	□ No
Part	IV Escrow and Custodial Arra	ingements.							
	Complete if the organization 990, Part X, line 21.								orm 
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intern	nediary fo	or contributi	ons or	other assets no	_	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able.				
							A	mount	
С	Beginning balance					1c			
d	Additions during the year	• • •	•			1d			
е	Distributions during the year .					1e			
f	Ending balance					1f			
2a	Did the organization include an amour							? ∐ Yes	∐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been p	orovide	ed on Part XIII		Ш
Pari	<del></del>								
	Complete if the organization							1	
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses .								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	id balanc	e (line 1g	, column (a)	) held a	as <sup>,</sup>		
а	Board designated or quasi-endowmer	nt <b>&gt;</b>	_%						
ь	Permanent endowment ▶	<u></u> %							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organi	zation the	at are held a	and ad	ministered for th	ne	
	organization by.							Ye	es No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
_ 4	Describe in Part XIII the intended uses		on's endo	owment f	unds				
Part									
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	11a.	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or ot (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land								
b	Buildings								1400,000
С	Leasehold improvements .								
d	Equipment .								500000
е	Other								•,
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90 Part	X column	(B) line 10	c.)	•		

Part VII	Investments—Other Securities.	d "Vaa" aa Caa	000 David IV Iv-	- 11h Coo Form	000 Dart V Ivan 10
	Complete if the organization answere	u tes on Fori			od of valuation
	(a) Description of security or category (including name of security)		(b) Book value		of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other		<u></u>			<u> </u>
(A)					
(B)					<u> </u>
(C)					· · · · · · · · · · · · · · · · · · ·
(D)					
(E)					
(F)					
(G)				<u> </u>	
(H)		•••			
	b) must equal Form 990, Part X, col_(B) line 12.) ▶				
Part VIII	Investments—Program Related.	-1 (6)/ 2 5	000 D+ IV I	. 44. O T.	000 Day V Bas 40
	Complete if the organization answere	d Yes on For			
	(a) Description of investment		(b) Book value		nod of valuation of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					<u> </u>
(4)					
(5)					
(6)				·	
		-			<del></del>
(8)		·			<del></del>
(9)	b) must equal Form 990, Part X, col. (B) line 13)			· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.				
Partix	Complete if the organization answere	d "Ves" on For	m 000 Part IV lin	e 11d See Form	990 Part X line 15
	(a) Desc		11 000, 1 411 17, 111	<u> </u>	(b) Book value
(1)		<u>-</u> -	· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					<del></del>
(4)		<del>-</del>			
(5)					
(6)					
(7)					
(8)					<u> </u>
(9)					
	mn (b) must equal Form 990, Part X, col (B,	) line 15.)	<u> </u>	▶	
Part X	Other Liabilities.	.1.827	000 D+ IV I	- 44 445 0	F 000 D+ V
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Part IV, IIn	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					(FY
(6)					
(7)		·			
(8)					•
(9)		<u></u>			
	(b) must equal Form 990, Part X, col (B) line 25.) ▶	- A - A - E A! - E - :		In formación de de	
z. Liability to	r uncertain tax positions. In Part XIII, provide the	e text of the footho	ote to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part		-	r Return.
<u> </u>	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	<del> </del>
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	<u>-</u> }
b	Donated services and use of facilities	2b	<b>⊣</b>
C	Recoveries of prior year grants	2c	→ 1
. 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 VIII, line 12, but not on line 1:		5
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b	Other (Describe in Part XIII.)	4b	<u> </u>
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			per Heturn.
	Complete if the organization answered "Yes" on Form 990, I	Part 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	1 . 1	
a	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	<b>⊣</b> ∙\
C	Other losses	2c	-
ď	Other (Describe in Part XIII.)	2d	
e	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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>⊣</b>
b	Other (Describe in Part XIII )	4b	
c	Add lines <b>4a</b> and <b>4b</b>		4c 5
5 Post	XIII Supplemental Information.	e 18.)	5
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d / Part IV lines 1b and	2b: Part V line 4: Part Y line
2, Par 	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	Information.
			,
		<del>,</del>	
		-	

Schedule D (Fo	orth 990) 2018	Page 5
art 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2019

Open to Public-Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Martinsburg Moose Lodge 120	55-0221122
FORM 990 PART VI SECTION A LINE 6 - HAS DUES PAYING MEMBERS WITH NO OWNERSHIP RIGHTS	
FORM 990 PART VI SECTION A LINE 7a - MEMBERS ELECT THE GOVERNING BODY ON AN ANNUAL BASI	3
FORM 990 PART VI SECTION A LINE 7b - MEMBERSHIP AS A SHOLE APROVES THE RECOMMENDATIONS	OF THE GOVERNING BODY AT
A GENERAL MEMBERSHIP MEETING	
FORM 990 PART VI SECGION B LINE 11b - REVIEW WILL NOT BE CONDUCTED PRIOR TO MAILING - IF NE	CESSARY FROM 990 WILL BE
AMMENDED IF A DESCREPANCY IS FOUND	
FORM 990 PART VI SECTION C LINE 19 - ORGANIZATION HAS COPY ON FILE IN THE ORGANIZATION OFF	ICE FOR THE PUBLIC TO RREVIEW
UPON REQUEST DURING NORMAL BUSINESS HOURS	
FORM 990 PART IX LINE 1 - NO GRANTS OR DONATIONS TO ORGANIZATIONS >5000	
······································	

# SCHEDULE R

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(Form 990)

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. Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

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

▶ Attach to Form 990.

(f) Direct controlling entity 55-0221122 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Loyal Order of Moose Martinsburg Moose Lodge 120 Part I

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Section 512(b)(13) controlled entity? ŝ > 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. Yes (f)
Direct controlling entity Sole Member (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section 501(c) 8 (c) Legal domicile (state or foreign country) Illinois (b) Pnmary activity Fraternal Org (a) Name, address, and EIN of related organization 155 S International Drive Mooseheart IL 60539 (1) Moose International Part II **€** ල ଷ 2 9

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

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Cat No 50135Y

Schedule R (Form 990) 2018

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (k) Percentage ownership Š 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. Identification of Related Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? Yes No Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total псоте (d)
Direct controlling
entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b)
Primary activity (9) (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV E (2) Ξ ₹ © E 0 ල Ξ 2 3 ₹ 9

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018

Part V Transacti

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes	ž
1 Durno the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	with one or more related organ	izations listed in Part	S II–IV?		-
a Beceint of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity				1a	>
				<b>1</b> b	>
				100	>
		•	•		<u> </u>
d Loans or loan guarantees to or for related organization(s)				D D	>
e Loans or loan guarantees by related organization(s)				1e	>
6 Dundanda frame salatad avanamianten				  ≠	>
- Dividends noth related organization(s)		•	•	: 3	<u> </u>
g Sale of assets to related organization(s)				5	<b>&gt;</b>
h Purchase of assets from related organization(s)			•	₽	>
i Exchange of assets with related organization(s)	•			=	>
i Lease of familiae equipment or other assets to related organization(s)				;=	>
				  ≠	>
K Lease of lacinities, equipment, or other assets norm crack or ganization(s)			•	=	<u> </u>
Performance of services or membership or fundraising solicitations for related organizations	inzaulon(s)		•	= ,	•
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	ıızatıon(s)			٤	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)u			1 L	>
				9	_
Sharing of paid employees will related of gainzanding)		٠.		2	
				  ÷	]>
p Heimbursement paid to related organization(s) for expenses				2 ,	•
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>			•	5	>
				1	7
r Other transfer of cash or property to related organization(s)	•			1.	>
s Other transfer of cash or property from related organization(s)				1s	>
9 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	o must complete this line, incl	uding covered relation	nships and transaction	on thresho	olds.
		6			
(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determining amount involved	g amount inv	olved
(1)					
(7)	;				
(4)					
•					
(5)					
(9),					
			Schedule	Schedule R (Form 990) 2018	0) 2018

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

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 are not a related organization. See instructions reparding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization bee firstingtions regarding exclusion for certain lives their parties silbs.	garıızatıon Ser	instructions re	garding exclusi	On lor certai	i iivesiiieiit pa	it in er strips.	1	**	3	VIV.
(al) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	(u) Predominant A income (related,	Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	Disproportionate	ate Code V—UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
			from tax under sections 512-514)	organizations?			0 N			
(1)				200			2 2		201	
7.1										
(2)										
(6)										
(4)	,									
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(13)										:
(14)										
(15)								-		
(16)							_		-	
								Sch	edule R (Fo	Schedule R (Form 990) 2018

Page Page 1990) 2018						
art VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions					
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