Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

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

2018

OMB No 1545-1150

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.

Open to Public Inspection

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Immarkethromated   Immarkethr					D Employer identification number		
Name change   Timusal refund   Timusal	Address change			NEWBERRY LODGE 2211, LOYAL ORDER OF MOOSE		7-0540528	
Marked and the company   Marked and the comp	Name change			Number and street (or P.O box, if mail is not delivered to street address)  Room/suite	E Telep	mber	
Association   Rewinder return   Rewinder retu	┥			2440 WILSON RD.		3-276-6198	
Implementation   Impl	╡			City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	nption
Website: ►  Tar-exempt status (check only one) — ☐ 501(e)(3) ☐ 501(c)( ☐ 4 (nsert no.) ☐ 4947(a)(1) or ☐ 527  Form of organization. ☐ Corporation ☐ Trust ☐ Association ☐ Other  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 at II, column (8) are \$500,000 or more, file Form 990. Instead of Form 990-EZ. ► ► \$.  Part II 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 ☐ Contributions, gifts, grants, and similar amounts received ☐ 1 ☐ 3,047  2 Program service revenue including government fees and contracts ☐ 2 ☐ 4,434  4 Investment income ☐ 3 ☐ 1,444  4 Investment income ☐ 4 ☐ 0 ☐ 0 ☐ 0 ☐ 0 ☐ 0 ☐ 0 ☐ 0 ☐ 0 ☐ 0	=			NEWBERRY, S.C. 29108	Num	ber 🕨	•
Tax-exempt status (check only one)	ì ,	Account	ting Method <sup>.</sup>		Check •	• 🗌 ıf	the organization is not
Form of organization.	١	Vebsite	::▶	r	equired	to atta	ch Schedule B
Add lines 5b. 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, file form 990 instead of Form 990-EZ.  Part II 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  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the o	7	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (I	Form 99	90, 990	-EZ, or 990-PF).
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent confidences  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)  10 0 550  11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					}	-	36,192
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)  Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20  Tit Description  Total expenses and similar amounts paid (list in Schedule O)  Total expenses. Add lines 10 through 16  Total expenses. Add lines 10 through 16  Total expenses at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)  Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20  Total expenses. Add lines 10 through 16  Total ex				A 44 F 4 O O 4 F . O 4 T 10			N(12
Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  12 Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  13 185  14 Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  11 2 9,274  12 9,274  13 185  14 019,794  15 3,852  15 3,852  16 0ther expenses. Add lines 10 through 16  17 33,654  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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 50,652  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  11 2 9,274  12 9,274  13 185  14 019,794  15 3,852  16 Other changes in net assets or fund balances (explain in Schedule O)  20 0  37,703 (19)							
Salaries, other compensation, and employee benefits . AUG .1 2 2019					ŀ		550
Professional fees and other payments to independent contractors.  13 185 14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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 Other changes in net assets or fund balances (explain in Schedule O).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.  22 87,703	'n	1	•	101			
15 Printing, publications, postage, and shipping	Expenses	1		of food and other neumonts to independent additionary			
15 Printing, publications, postage, and shipping				v rent utilities and maintenance	}	-	
16 Other expenses (describe in Schedule O)				hillications, postago, and chipping	}		
Total expenses. Add lines 10 through 16					}		
Excess or (deficit) for the year (Subtract line 17 from line 9)				-			
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)	Net Assets						V
Net assets or fund balances at end of year. Combine lines 18 through 20					· ·	10	37,051/ <b>X</b> , <b>1</b> (4
Net assets or fund balances at end of year. Combine lines 18 through 20		13			10		
Net assets or fund balances at end of year. Combine lines 18 through 20		20	1		-		
Net assets or fund balances at end of year. Combine lines 18 through 20	Š				-		<del></del>
	_				. 💆	21	

<sup>2</sup> Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		🗆
_			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	10,642	22	16,154
23	Land and buildings		[	97,310		97,310
24	Other assets (describe in Schedule O)		[	23,329	24	23,329
25	Total assets		[	134,968		138,658
26	Total liabilities (describe in Schedule O)			, 6,480	26	3,742
27	Net assets or fund balances (line 27 of column			76-1	27	X 87,703
Par						Expenses 13
	Check if the organization used Schedule			Part III	(Rea	Expenses 5
	is the organization's primary exempt purpose?	MEMBERS OF FRAT			501(	c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	ishments for each of	its three largest p	rogram services,	orga	nizations, optional for
	leasured by expenses. In a clear and concise nones benefited, and other relevant information for e		services provided	d, the number of	Oute	5.)
•	ons benefited, and other relevant information for e	acri program title.				T
28						
	(Grants \$ ) If this amount	uncludes foreign gra	nts check here	▶ □	28a	
29	· · · · · · · · · · · · · · · · · · ·		•		200	
23						
	(Grants \$ ) If this amount	t includes foreign gra	nts. check here .	▶ □	29a	
30	, which is a second of the sec			<del></del>		
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	t includes foreign gra	nts, check here .	▶ □	31a	
	Total program service expenses (add lines 28a				32	
Par					nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<del></del>	<u> U</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
			(ii not paid, enter -o-)	deletted compensation	<del>`</del>	
	RAY GRAY, ADM.	-				
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	33	Yes	No ✓
	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	34		<b>√</b>
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)?	35a		1
С	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<b>√</b>
	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	36		✓
b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  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?	37b 38a		✓ ✓
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Gross receipts, included on line 9, for public use of club facilities			
	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	40b		<b>√</b>
	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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	40e		<u>√</u>
	List the states with which a copy of this return is filed ▶			
	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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	42b		<b>√</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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	42c		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			\(\sigma\)
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	<b>√</b>
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	_	✓ ✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	7
	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	45b		

Form 9	90-EZ (2	(018)						F	Page 4
46	Dıd t	he organization engage, directly or in						Yes	<del>-</del>
Part		ndidates for public office? If "Yes," of Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.  Check if the organization used Science 1.	s Only s must answer que	estions 47-49b a	nd 52, and	complete the	<del>, .1</del>	for line	
47 48 49a b 50	year? Is the Did to If "Ye Com	he organization engage in lobbying of if "Yes," complete Schedule C, Pare organization a school as described in the organization make any transfers the organization a seplete this table for the organization's oyees) who each received more than	activities or have a till	section 501(h) ele	ction in effection in effection control contro	t during the	47 48 49a 49b ors, truste	es, an	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) Hea contributio benefit plar	the benefits in the little transition in the major tra	(e) Estimate other cor	ed amou	unt of
f 51	Com <sub>1</sub> \$100	number of other employees paid over the organization, and compensation from the organization and business address of each independent	s five highest componization. If there is no	ensated independent		<del></del> _	received Compensate		than
d 52	Did 1	number of other independent contra	•	<del>-</del>	. ▶_ rganızations	must attach	a		
	comp	oleted Schedule A	eturn including accompan	ying schedules and state	tements, and to t	he best of my kn	► ☐ Yes		<del></del>
Sign Here		Signature of officer  MURRAY GRAY ADM.  Type or print name and title	3			) - 3	- <b>A</b>		
Paid Preparer		Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

**Use Only** 

➤ 🗌 Yes 🔲 No

Firm's EIN ▶

Phone no