\ Form **9.90**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made publigan//

		of the Treasury nue Service	► Go to www	v.irs.gov/Form99	0 for instruction	s and the	latest in	formation.	YI) Y	Inspect	tion
A	For the	e 2018 cale	ndar year, or tax year begi	nning N	lay 1	, 2018, an	d ending		I 30	, 20 19	
В	Check if	f applicable	C Name of organization PAHR	UMP MOOSE LO	DGE 808				D Employ	er identification n	umber
	Address	s change	Doing business as							94-2642326	
	Name cl	hange	Number and street (or P O b	ox if mail is not deliv	ered to street addr	ess) I	Room/suite		E Telephor	ne number	
	Initial re	•	1100 E SECOND ST							775-727-6577	
	Final retu	ım/terminated	City or town, state or provinc	e, country, and ZIP	or foreign postal co	de		Ī			
		ed return	PAHRUMP, NV 89048					ł	G Gross re	eceipts \$	255266
			F Name and address of principa	al officer DENNI	S LONDON			H(a) Is this a gre	oup return for :	subordinates? Yes	. ✓ No
			1100 E SECOND ST, PAHR				-1			s included? 🔲 Yeş	
ī —	Tax-exe	mpt status			nsert no) 4947	(a)(1) or [] 527 ()			list (see instruction	
J	Website					t	U	H(c) Group	exemption	number >	002
K			✓ Corporation ☐ Trust ☐ A	Association Oth	er ►	L Year	of formatio	n .	M State	of legal domicile	NV
E	art I	Summ				ί,			,_ I		 :-
	1		escribe the organization's	mission or mos	st significant ac	tivities:	The orga	nızation un	ites its m	nembers in the l	bonds
ě	1		ty, benevolence and char		_						
and			embers and their families,								
Governance	2		is box ▶☐ if the organiz			ns or dist	posed of	more than	25% of	its net assets.	
Š	3		of voting members of the						3		g
	4		of independent voting me						4		
es	5		nber of individuals emplo	_				• •	5		<u>~</u>
Activities &	6		nber of volunteers (estimate	-	•	. ,	-u, .		6	-	20
Ç	7a		elated business revenue	7a							
•	b		ated business taxable inc						7b	-	
_	 	IVEL UITE	ated business taxable int	Some from Com	1 330-1, iiile 30		· · i	Prior Ye		Current Y	ear
	8	Contribut	tions and grants (Part VIII	lino 1h)			—		78497		63851
ĕ	9		service revenue (Part VIII				·		7706		
Revenue	10	-	nt income (Part VIII, colu				-				6390
æ	11		renue (Part VIII, column (A		•		`				120477
	12		enue—add lines 8 through	-			; 13\ -		202002		128477
_	13						5 12)		203982		198718
	14		nd similar amounts paid (· ⊢		35		2911
	45		paid to or for members (F				10)		42054		
Expenses	15		other compensation, empl	-			-' ⁰) -		43651		51473
ë	16a		onal fundraising fees (Part				• • -			3	
X	b		draising expenses (Part I)						100000		405000
	''		penses (Part IX, column (المراجعة الما	· · ⊢		130906		125838
	18	-	enses. Add lines 13–17 (1	\ / L- ' \	7 (C)	·		174592		180222
	19	Revenue	less expenses. Subtract			- 181	· · ·	ginning of Cu	29390	End of Ye	18496
Net Assets or	00	T-4-1	-t- (Dt V lun- 10)	. [8] .]	JN. 1.8.2019	191		gilling or ou			
Rala	20		ets (Part X, line 16) .		JIV. 1.0.2012	18	· · ⊢		317833		330789
et/	21		ulities (Part X, line 26) .	1 7	12-7001	T A	· ·		80477		74937
			ts or fund balances. Subt	ract line 2 ranon	ryline 20%	<u> </u>	l a	<u> </u>	237536		255852
	art II		ture Block	1 423							4 11 -4 -4
		atties of perju ct, and comp	n declare that I have examine the Declaration of preparer (oth	ed this return, includi er than officer) is ba	ing accompanying sed on all informati	schedules a on of which	and statem i brebarer h	ents and to tr ias anv knowli	ne trest of r edae	ny knowledge and	J belier, it is
			y y						11 E	1101	
e:	an.	Sign	ature of officer		·			Dat	6/12	/17	
Sig	_	Sign	ENNIS LONDON.	APPLINIS	TR ATAR			Da	.6		
пе	ere			HALAMI	11-17:10						
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Pa	aid	Frintry	pe preparer's name	Preparer's s	griature		Date	,	Check [If	
Pr	epare	er							self-em	pioyea	
	se On		ame 🕨					Firm	's EIN ▶		
	.,		ddress ▶					Pho	ne no	<u></u>	<u></u>
Ma	iv the li	HS discus	s this return with the prec	parer shown abo	ovez (see instru	ictions)				Yes	s∏No

Part	Stat	ement of Program Service	Accomplishments response or note to any line in this Pa	art III	
_ _ _	Briefly des	scribe the organization's miss	ion.		· · · · <u></u>
•	-		ne bond of fraternity, benevolence and ch	arity. This is accomplished through a	vear-round
			ties for the members and their families es		
2	prior Form	1 990 or 990-EZ?	nificant program services during the ye		Yes ☑ No
•		lescribe these new services o			
3	services?		ng, or make significant changes in h		Yes ☑ No
	•	lescribe these changes on Sc			
4	expenses	Section 501(c)(3) and 501(c)	ervice accomplishments for each of its (4) organizations are required to report for each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•••••	,			
					
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Hevenue \$)
	*				
4d	Other pro (Expenses	gram services (Describe in Sc s \$ including	chedule O.) grants of \$) (Revenue	\$)	
40		ram service expenses		· · · · · · · · · · · · · · · · · · ·	

Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private founda complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instruction Did the organization engage in direct or indirect political campaign activities on behalf of or in candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a electron in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives mer assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule Did the organization maintain any donor advised funds or any similar funds or accounts for have the right to provide advice on the distribution or investment of amounts in such funds "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to present the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar accomplete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liab custodian for amounts not listed in Part X, or provide credit counseling, debt management, of debt negotiation services? If "Yes," complete Schedule D, Part IVI. Did the organization, directly or through a related organization, hold assets in tempor endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amo	as)? In opposition to In a section 501(h) In the section 501(h)	1 2 3 4 5 5 6 7 8		\frac{1}{4}
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 f Did the organization's separate or consolidated financial statements for the tax year include a footnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Sche 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 	f its total assets	11d		✓
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Sche</i> 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i>		11e	✓	
		11f		✓
·	·	12a		✓
b Was the organization included in consolidated, independent audited financial statements for t "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI an	nd XII is optional	12b		√
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	:	13 14a		√
14a Did the organization maintain an office, employees, or agents outside of the United States?		144		
b Did the organization have aggregate revenues or expenses of more than \$10,000 from fundraising, business, investment, and program service activities outside the United States foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	s, or aggregate	14b		✓
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other a for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	assistance to or	15		√
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate gassistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	grants or other	16		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundrais Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	sing services on	17		✓
Did the organization report more than \$15,000 total of fundraising event gross income and concern Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	contributions on	18		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III		19		✓
20 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		20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and		21		,

Part	Checklist of Required Schedules (continued)			
			Yes	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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		1
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	1	
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in Roy 3 of Form 1006. Enter 10 if not applicable.		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		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				·
•_	Fater the surples of annulasing variety of Farm W.2. Transmitted of Wago and Tay	1	Telebranas	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 22		26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax is		2b		2000年
a -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions) .	20		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	· · · · ·	3a 3b		-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule and the second		SD		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		1
b	If "Yes," enter the name of the foreign country ▶		発達		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ır?	5a_		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	insaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the		i	
	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 cor	ntributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and par and services provided to the payor?	tly for goods	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was			
	required to file Form 8282?		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		No.	拼通
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal beneath	efit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	ontract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	ained by the			海道
	sponsoring organization have excess business holdings at any time during the year?		8	1 1/ FV 36.7	artico missis
9	Sponsoring organizations maintaining donor advised funds.		RY T		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person'		9b	u- y ,	-
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12		47 m	人 (1) (1) (1)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10]	b			
11	Section 501(c)(12) organizations. Enter.	1			
а	Gross income from members or shareholders	а		200	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
40-	against amounts due or received from them.)		a contract		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a	5.75.78	品數學院
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12	ы			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		420	ON COURT	F#3.46
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	to white	122468
	Note. See the instructions for additional information the organization must report on Schedule O	•			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	n i			
_					
C 14a	Enter the amount of reserves on hand	<u> </u>	14a	435 FEE	1 /
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	 edule O	14a 14b		+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in ren		750		
15	excess parachute payment(s) during the year?	nuncialion of	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			ALCONO.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment.	ent income?	16	2,712,053	
10	If "Yes," complete Form 4720, Schedule O	.org moonie.			1000
	ii 100, complete Form 4720, conduite o		1.000 to 100 to	PLITATED BERN	Tage Committee

	30 (2018)				Page b
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			itruc,ti	ons
		· · ·		, .	<u>. V</u>
Secti	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	آه	9 60 5	24 E	7.218
ıa	If there are material differences in voting rights among members of the governing body, or		認為		
	if the governing body delegated broad authority to an executive committee or similar	ļ.			
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh any other officer, director, trustee, or key employee?	p with	2		<i>→</i>
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?. [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 a one or more members of the governing body?	ppoint	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) me	nbers,			
	stockholders, or persons other than the governing body?		7b	√	1867, 37 404
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following:		<u> </u>		
a	The governing body?	}	8a 8b	✓	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	OD	-	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Interna	l Reveni		ode.)	
-				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. , [10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chaffiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th	e form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ا في الرسورة المحمد المساحدة	in SE	3134
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	40-		
40	describe in Schedule O how this was done	•	12c		
13 14	Did the organization have a written whistleblower policy?		13 14		1
15	Did the process for determining compensation of the following persons include a review and approximately approxima	· ·	4950	10000	被流流
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	cision?			
a b	The organization's CEO, Executive Director, or top management official		15a 15b	<u></u>	1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Sec.	W.C.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange with a taxable entity during the year?	, ,	16a	<u> 表字都</u> 完新級	
h			1,37.09	n (p. druit	然被
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguation organization's exempt status with respect to such arrangements?	ard the	16b		
Secti	on C. Disclosure	<u></u>	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Nevada				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd 990-T	(Sec	tion !	501(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confinancial statements available to the public during the tax year.				y, and
20	State the name, address, and telephone number of the person who possesses the organization's book	s and red	cords	>	
	Dennis London, 1100 E Second St, Pahrump, NV 89048 (775) 727-6577				

Part VI	Compensation of Officers, Director	s, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization no	r any rolate	d orga	anız	atio	n o	ompo	nsa	ited any curren	it officer, director	, or tructoo.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DENNIS LONDON	15									
Administrator				1				1700	o	0
(2) THOMAS TRZCINSKI	15									
Governor				✓				0	О	0
(3) ALLAN COOK	5									
Junior Governor				✓				0	o	0
(4) FREDERICK GREEN	5									
Junior Past Governor				✓				0	o	. 0
(5) RICHARD COPRON	15									
Treasurer				✓				0	0	0
(6) ALAN WITTIG	10			İ				1		
Prelate	ļ			✓				0	0	0
(7) KEN KORTE	5									
1yr Trustee				✓				0	0	0
(8) TOM MANGAN	5					ļ				
2yr Trustee			_	✓				0	0	0
(9) RODNEY FAZACKERLEY	5			ŀ						
3yr Trustee				✓	<u> </u>			0	0	0
(10)					İ		!			
(11)										
(12)										
(13)										
(14)										
		ļ			<u> </u>	L	<u> </u>			

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (continu	ed)		
•			l		•	C)								
	(A)	(B)	(do n	at ch		ition more	e than d	one (D) (E)			(F)			
	Name and title	Average	box, (unles	s pe	rson	ıs both	n an	Reportable	Reportab			mated	
		hours per week (list any	——				or/trust	- '-	compensation from	compensation related	rom		unt of ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흵축	Former	the	organizatio			ensatio	n
		related organizations	re à	٤	ĮΫ	9	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-M	iisc)		n the nzation	1
		below dotted	Q 2	na		ğ	ë S		,			and r	related	
		line)	uste	Ę		8	E					organ	izations	3
			ď	tee			Highest compensated employee							
				<u> </u>	ļ	ļ	ä	<u> </u>			-			
(15)			ł											
					_	_		_			-			
(16)			ł											
(4.7)				\vdash	-			⊢						
(17)			ł											
(4.0)				_							-+	.		
(18)		ļ										•		
40										-+				
(19)														
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(20)			1											
(21)				┝	-	-		├						
(2!)		 												
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122/			i							l .				
(23)														
120/			1											
(24)			-	-						-				
37.17			i											
(25)					\vdash			\vdash						
3==2			1											
1b	Sub-total		<u> </u>	_	·	·—		┢	1700		0			0
c	Total from continuation sheets to Part	VII. Sectio	n A					•						
d	Total (add lines 1b and 1c)							•	1700		0			0
2	Total number of individuals (including but							e) w		·	00,000	of		
	reportable compensation from the organi							•			•			
		•											Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	loyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete							•				3		✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	nper	nsatio	n a	nd other comp	ensation fr	om the			
	organization and related organizations													
	ındıvıdual	•										4		✓
5	Did any person listed on line 1a receive of									zation or inc	lıvıdual			
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	iedi	ıle J t	or s	such person		· ·	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the org	anızatıc	n's ta	ах
	year.													
	(A) (B) (C) Name and business address Description of services Compensation													
	- Compensation													
								<u> </u>						
								ļ						
								_						
								_				_		
	T-t-I							<u>L.</u>				•		
2	Total number of independent contractor							o th	ose listed abo	ove) who	~ k	1		
	received more than \$100,000 of compens	ation from	ıne or	gan	ızat	ion								-

Part VIII		Statement of Reve							,
		Check if Schedule O	contains	a res	ponse or note to				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants	1a	Federated campaigns	·	1a					
ira.	b	Membership dues .		1b	1782	For the second			Market Fr
s, G	C	Fundraising events .		1c					
sift lar	d	Related organizations		1d					
in.	е	Government grants (con	tributions)	1e					
tion r.S	f	All other contributions, gi							order and a second a second and
the		and similar amounts not inc	luded above	1f	62069				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ed in lines 1a-	-1f \$		10000000			
2 E	h	Total. Add lines 1a-1	f		>	63851			
ne					Business Code	instruction and the	理解が記る。研究		ALCOHOL:
Program Service Revenue	2a	Special Project Commi	ttee Income	е		6390	6390		1
Æ	b	b							
Ϋ́	С								
Ser	d				,				
am.	е								
.ogi	f	All other program sen					CHE ACT TOTAL TRACES AND THE FEMALES.	un au titroni turklasi kilu tikki, mi	finite stantas or male state another control or lost each time and
<u> </u>	9	Total. Add lines 2a-2				6390	MANY TO THE STATE OF THE STATE		CONTRACTOR OF THE SECOND
	3	Investment income and other similar amo		aivia					
			•			-			
	4	Income from investment							
	5 ',	Royalties	(ı) Real		(ii) Personal	THE MENTAL PROPERTY OF THE	The Rusher was the		ALTER CALIFORNIA DE PARA DE COMPANSA DE CO
	6a	Gross rents	(7:32	7400					
	b	Less rental expenses		7400			件的批准		
1	C	Rental income or (loss)		7400					
	d	Net rental income or (loss)	7400		7400	7400	Bushike mana tentakan ng membahi	- 48-15-4-203-385-441 (+02-8-4-70kr-X-2-7)
	∕.7a	Gross amount from sales of	(i) Secunt	ies	(II) Other	ESSE A FESSE		AND THE PROPERTY OF THE PARTY O	
	1	assets other than inventory							
	, р	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss) .			▶				
4						次的計算的			
nue	8a	Gross income from fu	ındraısıng		-				
Ve		events (not including \$							
æ		of contributions reporte		c).					
Other Reve				· a					
ŏ	b	Less direct expenses		. b	L			非新邓利斯	
	C	Net income or (loss) fi			events . ►	The Albert See State Sta	The second of th	ancar merecularitation	At the world of the Lordings of the Andrews
	9a	Gross income from ga See Part IV, line 19 .	ımıng activi	ities.	,				
				· a					
	b	Less direct expenses		. b					
	С 10а	Net income or (loss) for Gross sales of in			vities	Printed Part Hade a live to work			
	IVa	returns and allowance		1000	470004				
	h			· d	176391 56548				
	C	b Less: cost of goods sold bc Net income or (loss) from sales of inverse.			119843	119843	Contractor September 12 Contractor 12 Contra	TO THE PERSON NAMED IN COLUMN	
		Miscellaneous R			Business Code	000000000000000000000000000000000000000	113043 113143		
	11a	Refunds				1274	1274	- No Mare en theftalett deffeare, and Serf and	CAN ARTHUR BY CO. AL COOLSINGS AND ADMINISTRATION A
	b	Vending				123			
	c	Emblem/Credit Card/O	ther			-163			
	ď					7.50			
	е	Total. Add lines 11a-	11d		▶	1234			
	12	Total revenue See in	etructions		•	100710	124067	, and the	

Form 990 (2018) Part IX Statement of Functional Ex

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respon				··· · · · · ·				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) . Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2911	. , . 2911						
· 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	. , 1700	1700						
'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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46281	46281	* .	•				
. 9	'Other employee benefits		•	`					
10 11	Payroll taxes	3492	3492	•					
a b	Management								
c : d	Accounting	,		,					
e	Professional fundraising services. See Part IV, line 17 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 13	Advertising and promotion	12546	12546						
14 15	Information technology				•				
16 17	Occupancy	53783	53783						
	Payments of travel or entertainment expenses for any federal, state, or local public officials		·	**************************************					
19 20	Conferences, conventions, and meetings . Interest ·	5681 12	5681 12						
21	Payments to affiliates	959	 •		<u> </u>				
22 23	Depreciation, depletion, and amortization		-	,					
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	. Social Quarters & Kitchen Supplies	34368	34368						
b	License & Permits	1053		•					
С	Promo/Bank Chgs/Raffle	7209	7209						
d	Special Project & Committee Expense	10220	10220						
е	All other expenses Bingo	. 7	7	-					
25	Total functional expenses. Add lines 1 through 24e	180222	180022	, ·					
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)	•	g 4		•				

P	art X	Balance Sheet ,		•	
<u> </u>		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
	•		(A) Beginning of year		(B) End of year
	4	Cash non-interest-bearing	- 26166	1	
	1 2 ·	Cash—non-interest-bearing	- 20100	2	37015
	3	Pledges and grants receivable, net		. 3	
	4	Accounts receivable, net	,	4	
	5	Loans and other receivables from current and former officers, directors,	ASSESSMENT OF THE PROPERTY OF	NE 199	
. '	J	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5 5	
	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		32	
ts	-	organizations (see instructions). Complete Part II of Schedule L	•	6،	<u>-</u>
Assets	7	Notes and loans receivable, net	F	7	
Ä	8	Inventories for sale or use	3037	8.	3037
	9 ·	Prepaid expenses and deferred charges '	'	9	1
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 301774			
	p.	Less: accumulated depreciation	281526		290737
,	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	<u> </u>
,	14	Intangible assets	7104		,
	15	Other assets. See Part IV, line 11		15	
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	317833		330789
			31179	18	31392
	19	Grants payable		19	,
	20~	Tax-exempt bond liabilities		20	
•		Escrow or custodial account liability. Complete Part IV of Schedule D.		21	•
S	21 22	Loans and other payables to current and former officers, directors,		25	
Liabilities	13.50	trustees, key employees, highest compensated employees, and			
abil	٠,	disqualified persons Complete Part II of Schedule L	TO CHAIR THE PROPERTY OF THE PARTY OF THE PA	22	
Ĺį	23	Secured mortgages and notes payable to unrelated third parties	56247	23	* . 40800
	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	-6949		2745
	26	Total liabilities. Add lines 17 through 25	80477	26	• 74937
es		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets	*	27	
3al	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets.	*	.29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	~
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	• (
ţ	32	Retained earnings, endowment, accumulated income, or other funds .	237356	32	• 255852
Se	33	Total net assets or fund balances	237356		255852
	34	Total liabilities and net assets/fund balances	3178/33	34	330789
					Form 990 (2018)

Form 9	30 (2018)			Paç	ge IZ
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	8718
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	0222
3	Revenue less expenses. Subtract line 2 from line 1	3		1	8496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		23	7356
5	Net unrealized gains (losses) on investments	5			
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		25	5852
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n 🧎		
	Schedule O.		9.2		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or 🗱	建	
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			1	
	of the audit, review, or compilation of its financial statements and selection of an independent account			1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	n i		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	ın.		
Jd	the Single Audit Act and OMB Circular A-133?		. 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why in Schedule © and describe any steps taken to undergo such a		ie 3h		

Form **990** (2018)

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

2018 Open to Public

Inspection Employer identification number Name of the organization **PAHRUMP MOOSE LODGE 808** 94-2642326 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section $170(h)(4)(B)(ii)^{2}$ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X

_			1
۲a	a	е	'2

Part	Organizations Maintaining C	Collections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (cc	ntinued)
ş	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d [l Loan	or exchang	ie prod	rams		
b	Scholarly research		_	Other					
c	☐ Preservation for future generations			_ 00.					
4	Provide a description of the organization	n's collections a	nd expla	ın how tl	hev further	the ord	ianization's exe	empt purpo	se in Part
•	XIII.		ing oxpia		noy raitinoi		,amzanom o om	ompt parp	
5	During the year, did the organization s	olicit or receive	donations	of art.	historical tr	reasure	s. or other sim	ılar	
•	assets to be sold to raise funds rather t								s 🗌 No
Part	IV Escrow and Custodial Arran		· ·						
	Complete if the organization a 990, Part X, line 21.	answered "Yes'							Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fol	lowing ta	able				
								Amount	
C	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amount								
b	If "Yes," explain the arrangement in Par	t XIII. Check here	e if the ex	planatio	<u>n has been</u>	provid	ed on Part XIII		
Par	t V Endowment Funds.								
	Complete if the organization a								
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years ba	ck (e) Four	years 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 the	e current year en	d balance	e (line 1g	, column (a	i)) held	as:	•	
а	Board designated or quasi-endowment			`	•				
b	Permanent endowment ▶	%	••						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of th	ie organiz	ation tha	at are held	and ad	ministered for	the	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							. 3b	
4	Describe in Part XIII the intended uses							<u></u>	
Part	VI Land, Buildings, and Equipm	nent.					, .,		
	Complete if the organization a		" on Forr	n 990, F	Part IV, line	e 11a.	See Form 990	0, Part X,	line 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Boo	
		(investm	ent)		ther)		epreciation	•	
1a	Land				50000		,		50000
ь	Buildings				174663		4203		170460
c	Leasehold improvements				1000			-	
d	Equipment				70007		6834		63173
e	Other				7104				7104
	Add lines 1a through 1e. (Column (d) mu	ust equal Form 95	90, Part X	, column			. ▶		290737

Part VII	Complete if the organization ans		m qa	∩ Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category) Book value	T	thod of valuation
	(including name of security)		,	,		l-of-year market value
(1) Financial	derivatives					
	neld equity interests					
(3) Other						
(A)						<u></u>
(B)						
(C) (D)						
(E)			 			
(F)			-			
(G)						
(H)						
Total, (Column I	b) must equal Form 990, Part X, col. (B) line 12.) ▶	•••••			a de Toda de Ch	
Part VIII	Investments-Program Related	j .				
	Complete if the organization ansi		m 99	0, Part IV, Iır	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	, , ,	thod of valuation
			<u> </u>		Cost or end	I-of-year market value
(1)						
(2)						
(3)			<u> </u>		ļ	
(4)			-			
(5)			-		<u> </u>	
(6)		•	1			
<u>(7)</u>	.	**				· · · ·
(8) (9)				·		11 011 1881
	b) must equal Form 990, Part X, col (B) line 13)					THE TOTAL STREET
Part IX	Other Assets.		1		THE PERSON AND ADDRESS OF THE	the Company of the Annual Company of the Company of
	Complete if the organization ansi	wered "Yes" on For	m 99	0, Part IV, lir	ne 11d. See Form	n 990, Part X, line 15.
	(a	n) Description				(b) Book value
(1)	•					
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>				.		
(8)						
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol (B) line 15)			. Þ	
Part X	Other Liabilities.	(=,				<u> </u>
	Complete if the organization ansi	wered "Yes" on For	m 99	0, Part IV, Iır	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.			_, ,		·
1.	(a) Description of liability	(b) Book value		NT(18878) 122	TREAL TOLERAN	
(1) Federal in	ncome taxes			Processor (t i leggi strat i transpersion.
(2) Due to C	Other Fraternal Units - Moose Intl		517			
(3) Due to C	Other Fraternal Units - Moose Charities		400			
(4) Payroll 7			598			
(5) Sales Ta	x Liability	· ·· -	1230			
(6)						
(7)						
(8)						
(9)	(A)					
	b) must equal Form 990, Part X, col (B) line 25)	do the tout of the foots	2745	the exercises		
z. Liability to	r uncertain tax positions. In Part XIII, provi	ae tne text of the footn	ote to	rne organizatio	n s financial statem	ents 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

-	e D (Form 990) 2018			Page 4
" Part		per Audited Financial Statem	•	Return.
		answered "Yes" on Form 990,		
1	Total revenue, gains, and other suppor	t 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 investi	ments	2a	
b	Donated services and use of facilities		2b	
С	Recoveries of prior year grants		2c	
d	Other (Describe in Part XIII.)		2d	
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part V	/III, line 12, but not on line 1.		
а	Investment expenses not included on I	Form 990, Part VIII, line 7b	4a	
b '	Other (Describe in Part XIII.)		4b	
С				4c
5	Total revenue. Add lines 3 and 4c. (Thi			5
Part		per Audited Financial Staten		er Return.
		answered "Yes" on Form 990,		
1	Total expenses and losses per audited			11
2	Amounts included on line 1 but not on			
- a	Donated services and use of facilities		2a	
b	Prior year adjustments		2b	
c	Other losses		2c	
d	Other (Describe in Part XIII.)		2d	
e			20	
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX	V line 25, but not on line 1	i	
	Investment expenses not included on f		40	
a	Other (Describe in Part XIII.)		4a 4b	-
b	Add lines 4a and 4b		4B	
С 5	Total expenses. Add lines 3 and 4c. (Ti			4c 5
Part		nis must equal romi 330, rait i, iii		131
	e the descriptions required for Part II, lin	nee 2 E and 0 Dort III lines to an	d 4. Dort IV lines 1b and 0i	n Dort V line 4 Dort V line
	e the descriptions required for Part II, iii XI, lines 2d and 4b; and Part XII, lines 2			
z, rait	Al, lilles 20 and 40, and Fart All, lilles 2	ed and 46. Also complete this part	to provide any additional in	normation.
	•••••			
	•••••			
		•		
	•			

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Schedule _, D (Fo	m 990) 2018	Page 5
Part XÍII	m 990) 2018 Supplemental Information (continued)	
•		
		·
<i></i>		
	<u>.</u>	

SCHEQULE J

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

PAHRUMP MOOSE LODGE 808 94-2642326 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Tank E Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. `☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a The organization? . . . Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990; Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2		(B) Breakdown o	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation			(-) - (-)	and/or 1099-MISC compensation
(A) Name and Title		(ı) Base		(iii) Other	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	- Daniel			Form 990
	ε	1700					1700	
1Dennis London, Administrator	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************				
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	ε							
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10	Ξ							
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11	(E)							
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12	3							
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13	Ξ							
	€				-			
14	Ξ							
	E		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
15	Ξ							
	E	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
16	(E)							

Schedule J (Form 990) 2018

Part III Supplemental Information Describe the information explanation or descriptions required for Dat I lines 1a. 1b. 3. 4a. 4b. 4c. 5a. 5b. 6a. 6b. 7. and 8. and for Dat II. Also com-	100
rowne the miormation, explanation, or descriptions required to Farth mies 1a, 1b, 3, 4a, 4b, 4c, 3a, 3b, 0a, 0b, 7, and 6, and for Farth. Also contrary additional information.	וויטופופ ווווא שמור
	1
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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.

2018

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

PAHRUMP MOOSE LODGE 808	94-2642326
Part VI line 6 - Our fraternal organization is made up f members who pay annual dues	
Part VI line 7a - A new governing Board of Officers is elected annually by the members in accordance	with procedures set forth in the
general laws of the Loyal Order of Moose	
Part VI Line 7b - Daily business decisions are made the the governing board. Changes in the board or	policies are brought to the general
membership for approval by majority vote. The governing board is required to report to the mem	bership the state of business,
expenditures and other information regarding the operations of the lodge.	
Part VI line 11a - Lodge officer, house committee and general membership meetings are held twice per	r month. The Form 990 is reviewed
during these meeting sprior to submission to the Internal Revenue Service.	
Part VI line 19 - After submission of the Form 990 and attached schedules copies are retained in the Li	odge office and are available upon
request by any member or by the public. This is also true of the financial statements for our Moo	se Lodge #808
** • • • • • • • • • • • • • • • • • •	
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Schedule O.(Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ♠ Attach to Form 990.

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

OMB No 1545-0047	2018	Open to Public

Employer identification number

(f)
Direct controlling
entity 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. 94-2642326 (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 PAHRUMP MOOSE LODGE 808

Part II

,	,						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	· (d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?)(13) 3
						Yes	No
(1)Moose International, Inc., 155 S International Dr., Mooseheart, IL							
60539 EIN#36-1408120	Fraternal Organization IL	IL	501(c) 8		Sole Member	_	
(2)							
(3)							
(4)				•			
(9)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990	· ·	Cat N	Cat No 50135Y		Schedule R (Form 990) 2018	(Form 990) 2	2018

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2018 ŝ 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 General or managing partner? ž (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (9) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes псоте (g) Share of end-of- C year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d) ' Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV € 2 ල € Ε 2 Ð 9 5 3 9 Ξ <u>@</u> <u>4</u>

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 Transactio

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more related orgai	nizations listed in Part	s II–IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	· · · · · · · · · · · · · · · · · · ·			1
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)			•	1e
f Dividends from related organization(s)				11
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				÷
i Exchange of assets with related organization(s)				i=
j Lease of facilities, equipment, or other assets to related organization(s)				į.
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoii			-t
				10
	•	· · · · ·	· · · ·	2
p Reimbursement paid to related organization(s) for expenses				1p
a Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				11
s Other transfer of cash or property from related organization(s)				18
2 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.	who must complete this line, incl	luding covered relation	nships and transaction	on thresholds.
(a)	(q)	(0)	(p)	
Name of related organization	Transaction type (a – s)	Amount involved	Method of determining amount involved	g amount involved
(1)				
S. C.				
(3)				
(4)				
				•
(9)			Schedule	Schedule R (Form 990) 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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g)	(a)	(c)	(p)	(e)	(J)	(6)	£	6	3	(<u>\$</u>
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Share of	Disproportionate	amount in hox 20		Percentage
		country)	unrelated, excluded from tax under	501(c)(3)		assets		of Schedule K-1 (Form 1065)	partner?	
			sections 512—514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)									-	
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	edule R (For	Schedule R (Form 990) 2018

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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