(Rev. January 2020)

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 2019

▶ Do not enter social security numbers on this form as it may be made public Open to Public

,		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	infor	mation. 🗒	W	Inspection
\overline{A}	For the	2019 calend	dar year, or tax year beginning May 1 , 2019, and endin	g	April 3	0	, 20 20
В	Check if	applicable.	C Name of organization Loyal Order of Moose 654		1	D Empl	oyer identification number
П	Address	change	Doing business as Salisbury Lodge 654			-	52-0588257
$\overline{\Box}$	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address)	uite i	E Telepi	none number	
$\overline{\Box}$	Initial reti	um	833 Snow Hill Road	j	(410)546-4633		
$\overline{\Box}$	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
$\overline{\Box}$	Amended	d return	Sallsbury, MD 21804		- 1	G Gross	receipts \$ 335968.41
$\bar{\Box}$	Applicati	on pending	F Name and address of principal officer: Michael Yarema, Sr.	н	(a) Is this a grou	p return fo	or subordinates? Yes Vo
_	••		7464 Esham Road, Parsonsburg, MD 21849				es included? Tyes Vo
1	Tax-exer	npt status	501(c)(3)	\mathcal{M}			st. (see instructions)
J	Website	; ▶		/ 	(c) Group exe	emption	number ▶ 0002
ĸ	Form of c	rganization 🔽	Corporation ☐ Trust ☐ Association ☐ Other ►	ation:	1947	M State	of legal domicile: MD
Р	art I	Summa					
-	1		cribe the organization's mission or most significant activities: The org	ganiza	tion unites	its me	embers in the bonds of
ø	ļ	•	penevolence and charity. This is accomplished through a year round sch				
ă			nd their families estimated at 675.				
E	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed	of m	ore than 2	5% of	its net assets.
Governance	1		voting members of the governing body (Part VI, line 1a)			3	9
	4	Number of	independent voting members of the governing body (Part VI, line 1b)) .		4	8
Activities &	1		per of individuals employed in calendar year 2019 (Part V, line 2a)			5	9
Š			per of volunteers (estimate if necessary)			6	70
Aci	1		ated business revenue from Part VIII, colum <u>n (C), line 1</u> 2			7a	0
	1		ted business taxable income from Form 990-T, line 395 CEIVED		l	7b	0
			THE		Prior Year		Current Year
Revenue	8	Contributio	ons and grants (Part VIII, line 1h)	S	177	68.00	2122.00
	I		ons and grants (Part VIII, line 1h)	191	4773	15.99	333846 41
eve	1	_	t income (Part VIII, column (A), lines 3, 4, and 7d)	18	3	03.16	0
Œ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c @ இந்த பு	7=1		0	0
			ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4953	87.15	335968.41
	 	 	similar amounts paid (Part IX, column (A), lines 1-3)		604	85.00	49376.85
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0	
Ś	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)		1008	14.83	99867.79
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0	0
be	1		aising expenses (Part IX, column (D), line 25) ▶				
ŵ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		2828	07.31	137315 79
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4441	07.14	304501.55
	19	Revenue le	ess expenses. Subtract line 18 from line 12		512	80.01	31466.86
Net Assets or Fund Balances				Begin	ning of Curre	nt Year	End of Year
sets	20	Total asset	ts (Part X, line 16)		24325	05.98	2514072.32
t As	21	Total liabili	ties (Part X, line 26) [37	23.19	17068.87
\$2	22	Net assets	or fund balances. Subtract line 21 from line 20		24287	82.79	2497003.45
	art II	Signatu	re Block				
			I declare that I have examined this return, including accompanying schedules and state				ny knowledge and belief, it is
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	er has a	any knowledg	е	
٠.		PL	Mari a. Belen		9	7-1	4-20
Sig		Signati	ure of officer	,	Date		
He	ere	R	ichard A Baker, Administ	tro	rtor		
		Туре о	r print name and title				
Pa	id	Print/Type	preparer's name Preparer's signature D	Date		Check	
	epare	r L				self-emp	oloyed
	e Onl	F	ne ►		Firm's 6	EIN ►	
		Firm's add			Phone i	no.	
Ma	y the IR	S discuss t	this return with the preparer shown above? (see instructions)	• •			. Yes No
For	Paperw	ork Reduct	ion Act Notice, see the separate instructions. Cat. I	No. 112	282Y		Form 990 (2019)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The organization unites its members in the bonds of fraternity, benevolence and charity. This is accomplished through a year round
	schedule of social and recreational activities for members and their families estimated at 675/
	Scriedate of Social and recreational activities for members and treil families estimated at 079
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶



Part IV Checklist of Required Schedules

			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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
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		~
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		V
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
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		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	>	
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		/
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? If "Yes," complete Schedule D, Part IX	11d		~
е	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		•
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		·
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	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		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Form **990** (2019)

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		/
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		v
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	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 or-	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
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		,
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		v
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		
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		v
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	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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		····	- Ligo C
- Circ	Statements regarding other mornings and rax compliance (continues)		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 9			1.0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		7
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		~
b 4-	·	30		-
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		~
D	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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		v
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		~
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?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		1	}
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	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?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " complete Form 4720. Schedule O.			

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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions.
Section	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 9	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 committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b 8	.] '	<u> </u>	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	<u> </u>
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	,	
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	v .	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		q	
a	The governing body?	8a	4	ļ
b	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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		•
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		· ·
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 filing the form?	11a	~	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	—	
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 conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С	describe in Schedule O how this was done	12c		~
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporancous substantiation of the deliberation and decision?		п	
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
	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		
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			
Co-4	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland Section 6104 requires an appropriate to make the Forms 1000 (1004 or 1004 A life and inchis) 000 and 0005	 T (C -		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain on Schedule O)	⊦(Sec	tion 5	oU1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Officer this box in ficture, the organization hor	urry relate	u 0, y,	u 112	auc	,,, 0	ompo	,, , , <u>, , , , , , , , , , , , , , , ,</u>	ica any camoni	ornour, an color,	or tradition.
				(C)					
(A) Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard A Baker, Administrator										
923 Rosalie Way, Salisbury, MD 21804	60			~	Ì			35620	0	O
(2) Michael A Yarema, Sr., Governor										
7464 Esham Road, Parsonsburg, MD 21849	3	İ		1	<u>.</u>			0	0	0
(3) Thurman Brooks III, Jr Governor										
936 S Park Drive, Salisbury, MD 21804	3			~				O	0	0
(4) Gregory Bridges, Jr Past Governor										<u>-</u>
5096 Cooper Road, Eden, MD 21822	2			~				0	0	O
(5) David Parks, Prelate								-		
1841 Mt Hermon Road, Salisbury, MD 21804	3			~				0	0	0
(6) Ronald Ennis, Treasurer										
1814 Mt Hermon Road, Salisbury, MD 21804	6			~			ļ	0	0	0
(7) Tom Russ	ļ									
203 Kinsale Court, Salisbury, MD 21804	1	ļ		~				0	0	0
(8) Richard A Niblett										
1034 E Schumaker Manor Dr, Salisbury, MD 21804	1	<u> </u>		~	_		<u> </u>	0	0	O
(9) Brian Vilkas					ĺ					
909 Kathleen Terrace, Salisbury, MD 21804	1		_	~	<u> </u>			0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compensated Employees (continued				
	, (A) Name and title		box,	unles	Position t check more nless person and a director		e than one is both or/trust	an (ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	from the organization and related organizations		
(15)			 		ļ	_							
(16)								ļ					
(17)			<u> </u>	_			-						
(18)					-	-							
(19)			 										
(20)					-								
(21)			-	ļ 		<u> </u>	ļ <u>.</u>						
(22)													
			_		_	_							
(24)						-	<u> </u>						
(25)				_									
1b	Subtotal	<u> </u>	<u> </u>	l	L	<u> </u>	L	<u> </u>	35620		0 0		
c d	Total from continuation sheets to Par Total (add lines 1b and 1c)			•				>	0 35620		0 0		
2	Total number of individuals (including bureportable compensation from the organ	it not limited						e) w	<u> </u>	e than \$100,0	00 of		
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire						mpl	oyee, or highes	st compensat	Yes No		
4	For any individual listed on line 1a, is the organization and related organizations undividual	e sum of re	portal	ble	con	npe	nsatic						
5	Did any person listed on line 1a receive for services rendered to the organization									tion or individu			
Secti	on B. Independent Contractors												
1	Complete this table for your five hig compensation from the organization. Rep												
	(A) Name and business ad	dress							(B) Description of sen	vices	(C) Compensation		
								_					
2	Total number of independent contract received more than \$100,000 of compen							th	nose listed abov	e) who			

	90 (201	•						Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a res	spon	se or note to an				<u>, L</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	0		,		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	2122.00			·	
a, E	С	Fundraising events	1c	0				
ifts r A	d	Related organizations	1d	0	•		-	
n ii	e	Government grants (contributions)	1e	0		,		
Sir	f	All other contributions, gifts, grants,]				1
igi a		and similar amounts not included above	_1f	0				
를 된 당	g	Noncash contributions included in					,	
Contributions, Gifts, Grants and Other Similar Amounts			1g					
0 8	h	Total. Add lines 1a-1f	•	▶	2122.00		* ***********************************	
9		Cala of acceptantian	Business Code	445440.04				
<u>vi</u>	2a	Sale of merchandise		145169.31				
Program Service Revenue	b	Gaming		74718 82				
m (C d	Committees Entertainment			18434.50 860 00			
gra Re	e	Other Income			94663.78			
io	f	All other program service revenue .			74003.70			
ъ.	g	Total. Add lines 2a–2f		▶	333846.41			
	3	Investment income (including divid						
		other similar amounts)			0			
	4	Income from investment of tax-exemp			0			
	5	Royalties	•	▶	0			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securities	es	(ii) Other				
		sales of assets						
		other than inventory 7a	_					
ther Revenue	b	Less: cost or other basis						
Aer	_	and sales expenses . 7b						
Re	0	Gain or (loss) 7c		<u> </u>	0			
ě	d	Net gain or (loss)	•	▶	U		· · · · · · · · · · · · · · · · · · · 	
- ≨	8a	Gross income from fundraising	ľ	1		' '		}

	12	Total revenue. See instructions		335968.41		
	-	TOWN (NOT MICO TIATIO				
i i	e	Total. Add lines 11a–11d		0		
Miscellaneous Revenue	d	All other revenue				
ela Ve	c		·····			
scellaneo Revenue	11a b					
Snc	11^	ŀ	Programme COOR	······································		
	<u> </u>	Tract income or (ioss) from sales of inventor	Business Code	- U		
		Net income or (loss) from sales of inventor	v -	0	···	
	ь	Less: cost of goods sold 10b				
İ	าบล	Gross sales of inventory, less returns and allowances 10a				
	C 100		· · · •	- 0		<u> </u>
		Net income or (loss) from gaming activities	<u> </u>	0		
	h	activities. See Part IV, line 19 . 9a Less: direct expenses 9b			1	
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a				
	C	Net income or (loss) from fundraising even	<u>its ▶</u>	0		
	b	Less: direct expenses 8b				
	L	1c). See Part IV, line 10 8a			'	
}		of contributions reported on line				
J		events (not including \$	ļ.			
Ě	8a	Gross income from fundraising	1		,	}
er l	d	Net gain or (loss)	▶	0		
بۇ	C	Gain or (loss) 7c				
Other Revenue		and sales expenses . 7b				
g	b	Less: cost or other basis	7			
		other than inventory 7a			1	
		sales of assets	7			
	7a	Gross amount from (i) Securities	(ii) Other			
	d	Net rental income or (loss)	🕨	0		
	С	Rental income or (loss) 6c				
	b	Less: rental expenses 6b		1		
	6a	Gross rents 6a				
		(i) Real	(ii) Personal			
	5	Royalties	· —	0		
	4	Income from investment of tax-exempt bor		0		
		other similar amounts)		o		
	3	Investment income (including dividends,				
_	g .	Total. Add lines 2a–2f	🕨	333846.41		
Program Service Revenue	f	All other program service revenue				·····
gr.	e	Other Income	· · · · · · · · · · · · · · · · · · ·	94663.78		
E Š	d	Entertainment Othor Income		860 00		
gram Ser Revenue	C	Committees		18434.50		
ه ځ	b	Gaming		74718 82		
9	2a	Sale of merchandise		145169.31		
	- "	Total: Add lines 1a-11	Business Code	2122.00	·· ·· · · · · · · · · · · · · · · · ·	
a C	ь	Total. Add lines 1a–1f		2122.00		
		lines 1a–1f 1g	8 0		Ì	ļ
Contributi and Other	g	Noncash contributions included in				1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	ımn (A).				
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47376.85	47376.85						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	7	,				
3	Grants and other assistance to foreign organizations, foreign governments, and								
4	foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0	0						
5	Compensation of current officers, directors, trustees, and key employees	35620	35620						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0						
7	Other salaries and wages	63110.60	63110.60						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0						
9	Other employee benefits	0	0						
10	Payroll taxes	1137.19	1137 19						
11 a	Fees for services (nonemployees): Management	0	0						
b	Legal	0	0		· 				
C	Accounting	0	0						
d	Lobbying	0	0						
e	Professional fundraising services. See Part IV, line 17	0			· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees	0	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	o	0						
12	Advertising and promotion	0	0						
13	Office expenses	2407.94	2407.94						
14	Information technology	1350.67	1350.67						
15	Royalties	0	0						
16	Occupancy	32106.97	32106.97						
17	Travel	0	0						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0						
19	Conferences, conventions, and meetings .	800.00	800.00						
20	Interest	0	0						
21	Payments to affiliates	0	0						
22 23	Depreciation, depletion, and amortization . Insurance	0 11289.00	0 11289.00						
24	Other expenses. Itemize expenses not covered				P.				
	above (List miscellaneous expenses on line 24e. If				,				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	Cost of Goods Sold	17941 12	17941.12						
b	Repair & Maintenance	26210 37	26210.37						
С	Entertainment	21075.00	21075.00						
d	Supplies	23904.28	23904.28						
е	All other expenses	20171.56	20171 56						
25	Total functional expenses. Add lines 1 through 24e	304501.55	304501.55						
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)								

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Pa	rt X		<u></u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		39963.12	1	87518.68
	2	Savings and temporary cash investments		58125 92	2	91936.70
	3	Pledges and grants receivable, net)	0	3	0
	4	Accounts receivable, net		500.00	4	700.00
	5	Loans and other receivables from any current of	T T	. ,	,	,
		trustee, key employee, creator or founder, subst		i	*	
		controlled entity or family member of any of thes	se persons	0	5	0
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons described	I in section 4958(c)(3)(B) .	0	6	0
ţ	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use		7961.57	8	7961 57
Ä	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D		 		
	b	Less: accumulated depreciation		2325955.37		2325955.37
	11	•		0		0
	12	Investments—other securities. See Part IV, line	<u> </u>	0		0
	13	Investments—program-related. See Part IV, line	7	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
_	16	Total assets. Add lines 1 through 15 (must equa		2432505.98		2514072.32
	17	Accounts payable and accrued expenses	•	3723 19	17	17068.87
	18	Grants payable		0	19	0
	19 20	Deferred revenue		0	20	0
	21	Escrow or custodial account liability. Complete I	P	0	21	0
"			t t			· · · · · · · · · · · · · · · · · · ·
ties	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst			,	
pill.		controlled entity or family member of any of thes		0	22	0
Liabilities	23	Secured mortgages and notes payable to unrela	· ·	0	23	0
	24	Unsecured notes and loans payable to unrelated	•	0	24	0
	25	Other liabilities (including federal income tax,	· ·		=:	
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3723.19	26	17068.87
S		Organizations that follow FASB ASC 958, che				
ဦ		and complete lines 27, 28, 32, and 33.	_			
ala	27	Net assets without donor restrictions		0	27	0
8	28	Net assets with donor restrictions	[0	28	0
Ę		Organizations that do not follow FASB ASC 9	58, check here ▶ 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.				
O	29	Capital stock or trust principal, or current funds	F	0		0
set	30	Paid-in or capital surplus, or land, building, or ed	· ·	0		0
AS	31	Retained earnings, endowment, accumulated in		0	31	0
et	32	Total net assets or fund balances		2428782.79		2497003 45
<u>z</u>	33	Total liabilities and net assets/fund balances .	<u> </u>	2432505.98	33	2514072.32

D	4	•
Page		4

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		335	968.41
2	Total expenses (must equal Part IX, column (A), line 25)		304	501.55
3	Revenue less expenses. Subtract line 2 from line 1		31	466.86
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		2428	782 79
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities		<u> </u>	0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		2497	003.45
Part	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· ·	<u>. ⊔</u>
	Assessment and another discount the Form 2000; The Cook The Theory of The Cook		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	In }		
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	_	
2a			•	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	or		
	Separate basis Consolidated basis Both consolidated and separate basis	1	1	c
h	Were the organization's financial statements audited by an independent accountant?	. 2t		
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on		_	1
	separate basis, consolidated basis, or both:	' "		l i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Ì		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		;	
	If the organization changed either its oversight process or selection process during the tax year, explain		_	
	Schedule O.		_ _	<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	the		
	Single Audit Act and OMB Circular A-133?	. 3a	<u>. </u>	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	. 3t		<u> </u>
		F	om 99 0	(2019)

SCHEDULE D (Form 990)

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.

201

Inspection

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number **Loyal Order of Moose 654** 52-0588257 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 Total number at end of year Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 **Conservation Easements.** Part II 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 (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b 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 2d 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 ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

Part	Organizations Maintaining	Collections of	Art, His	torical T	<u>reasures,</u>	or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	follov	ving that make s	ignıficant u	se of its
а	☐ Public exhibition		d	🔲 Loan	or exchange	e progr	am		
b	☐ Scholarly research		e	Other					
C	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how t	hey further	the org	ganization's exen	npt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Part	IV Escrow and Custodial Arra			•			· · · ·		
	Complete if the organization 990, Part X, line 21.	answered "Yes"	" on For	m 990, F 	Part IV, line	9, or	reported an am	nount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:	_	1		<u>.</u> .
						<u> </u>	-	mount	
C	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	•		•			•		
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	n has been	provide	ed on Part XIII .	· · · · ·	<u> </u>
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes			,			······	
		(a) Current year	(b) Pro	or year	(c) Two year	s 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							T	
g	End of year balance				-				
2	Provide the estimated percentage of			e (line 1g	, column (a)) held	as:	•	
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in th	e possession of th	ne organiz	zation tha	at are held a	and ad	ministered for th	е	
	organization by:	•	3						es No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses							L	
Part							· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization		" on For	m 990. F	Part IV. line	11a.	See Form 990.	Part X. lin	e 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book v	
		(investm		• •	ther)		epreciation	1-7	
1a	Land								
b	Buildings	10	37162 70						
C	Leasehold improvements	·							
ď	Equipment		88792.67						
e	Other	· · · · · · · · · · · · · · · · · · ·							
	Add lines 1a through 1e. (Column (d) r		90. Part >	(. column	(B), line 10	c.)		232	25955.37

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation -year market value
(1) Financial	derivatives			_
	neld equity interests			
(3) Other				· · · · · · · · · · · · · · · · · · ·
(A)			·	·····
(F)				·
(G)		-		··· · · · · · · · · · · · · · · · · ·
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	e 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Metho	d of valuation: -year market value
(1)				
(2)				
(3)				
(4)				
(5)				· ·
(6)				
(7)				····
(8)				
(9)		ļ		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		 	
Part IX	Other Assets.	000 Davi IV lia	- 11d C F 0	00 Dank V Jima 45
	Complete if the organization answered "Yes" on Fo (a) Description	rin 990, Part IV, Ilin	e 11a. See Form s	(b) Book value
(1)	(a) Description	· - · · · · · · · · · · · · · · · · · ·		(b) Book value
(2)				
(3)				
(4)				· ·
(5)		·····································		
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>	▶	
	Complete if the organization answered "Yes" on Fo line 25.	rm 990, Part IV, line	e 11e or 11f. See I	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			
(2)				······································
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the footr		's financial statement	s that reports the
	s liability for uncertain tax positions under FASB ASC 740. Chec			

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,		
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	
b	Donated services and use of facilities		_
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	<u> </u>	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII.)	<u> </u>	
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2	·	امما	
a	Donated services and use of facilities		
b	Prior year adjustments		
c d	Other (Describe in Part XIII.)		<u></u>
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ì
ь	Other (Describe in Part XIII.)	—	-
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	ınformation.

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
,		
	······································	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Loyal Order of Moose 654	52-0588257
The 990 is read to the Board of Officers and at a Lodge meeting to the general membership.	
A copy of the 990 is available for review at the Lodge, 833 Snow Hill Road, Salisbury, MD 21804	
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Schedule O (Form 990 of 990-E2) (2019)	Page a
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

Loyal Order of Moose 654

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

52-0588257

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 7 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 (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501-c8 (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b)
Primary activity Fraternal Organization Primary activity (a) Vame, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1) Moose Inernational Inc (2) Mooseheart, IL 60539 36-1408120 155 S International Drive Part I Part II Ξ 2 ල € 9 9 ල € <u>Q</u> 9 Schedule R (Form 990) 2019

Cat. No 50135Y

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

Ε

Section 512(b)(13) controlled entity? (k) Percentage **ownership** £ 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? ž (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (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 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 Primary activity Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV 2 (3) € 3 9 8 3 3 € 9 9 Ε Ξ

Schedule R (Form 990) 2019

Pan

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>λ</u>	Yes No	0
-	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?	more related organ	izations listed in Part	¿/\I-I\		1	1
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	7	
Ф	Giff, grant, or capital contribution to related organization(s)				1	,	
•						1	١,
. כ					ဍ	>	١.
ō	f Loans or loan guarantees to or for related organization(s)				1d	7	•
Φ	Loans or loan guarantees by related organization(s)				1 e	7	
						-	1
•	Dividends from related organization(s)				;	1	1、
•					=	•	٠ŀ
6	y Sale of assets to related organization(s)				19	7	
Ē	Purchase of assets from related organization(s)				1h	7	•
	Exchange of assets with related organization(s)	•			ij	,	
•-	lease of facilities equipment or other assets to related organization(s)	•			: ;=		1
•					+	•	
						1	ı
¥	. Lease of facilities, equipment, or other assets from related organization(s)				1k	,	`
-	Performance of services or membership or fundraising solicitations for related organization(s) .				11	7	
Ε	n Performance of services or membership or fundraising solicitations by related organization(s)				1	7	
_					10	7	1
. (<u> </u>	· `	١,
0	 Snaring or paid employees With related organization(s) 				9	,	√ I
					<u> </u>	<u> </u>	- }
٥	Reimbursement paid to related organization(s) for expenses				đ	7	•
σ	Reimbursement paid by related organization(s) for expenses				19	7	l、
						<u> </u>	1
-	Other transfer of cash or property to related organization(s)						L
. <i>U</i>					= 4	<u> </u>	
, '	constitution of cast of property montrelated organization(s)				2	2	\mathbf{I}
7	If the answer to any of the above is "Yes," see the instructions for information on who must comp	complete this line, inclu	including covered relationships and transaction thresholds.	ships and transaction	on thres	holds.	ĺ
	(a)	ê	(3)	(P)			
,	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	j amount i	nvolved	
(E)							1
20							
8							
£							i
(2)							
9							
				Cohodoo	(E.c. m.)	1000	15

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) (g) Name, address, and EIN of entity Primary activity (state or foreign income (related, section total income end-of-year	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant Income (related,	Are all partners	(f) Share of total income		(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20	General or managing	(k) Percentage ownership
		conunt)	unrelated, excluded from tax under sections 512—514)	organizations?		assets	N CN	(Form 1065)		
(1)							B			
(2)										
(6)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)			`							
(16)										
								Sche	dule R (Fc	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019