## **Short Form**

**Return of Organization Exempt From Income Tax** 

2020

OMB No 1545-0047

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

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning MAY/ , 20 2 / . 2020. and ending APRIL 30 D Employer identification number C Name of organization 7 20194 B Check if applicable 23-7176492 TEXARKANA LODGE No 2282 Address change Telephone number Number and street (or P O box if mail is not delivered to street address) Name change *903-832-6265* Initial return 5. ROBISON RD Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ 7 000/ TEXARKANA Application pending Other (specify) G Accounting Method required to attach Schedule B I Website: ▶ □527 (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — ☐ 501(c)(3) 🛣 501(c) ( 🔗 ) ◀ (insert no ) ☐ 4947(a)(1) or NON-PROFIT FRATERNAL 🔀 Other **K** Form of organization ☐ Corporation ☐ Trust ☐ Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part 1 . Contributions, gifts, grants, and similar amounts received . . . . 1 2 ? Program service revenue including government fees and contracts 2 034.00 3 ? 3 Membership dues and assessments . . . . 4 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . h Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 4,505.00 \$15.000) . of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the 6b 10,201.00 sum of such gross income and contributions exceeds \$15,000) . . . Less direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 14,324.81 . . . . . . . 6d Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold . . . . . . . . . . . . . 8.842.68 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C 4.325. 8 8 43.505.84 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 1,293,50 10 11 Benefits paid to or for members . . 11 8,926.00 12 Salaries, other compensation, and employee benefits ? 12 13 13 Professional fees and other payments to independent conti 19 654.34 14 Occupancy, rent, utilities, and maintenance . . . 14 15 376.30 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) 9.644.30 16 17 40.894.44 **Total expenses.** Add lines 10 through 16. 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 26/1.40 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 232 109.59 end-of-year figure reported on prior year's return) . . . . . . . . 19 629.52 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 234,091.4

Par	Check if the organizati	on used Schodula	() to recover to a			
	Check if the organizati	ion useu schedule	O to respond to a		(A) Beginning of year	(B) End of year
2	Cash, savings, and investme	nts		<b>⊢</b>		22 5831.8
3	Land and buildings			<b></b>	226 763.65	23 225 737.
4	Other assets (describe in Sch				4.684.48	
5	Total assets				32 109.59	25 234, 091,4
6	Total liabilities (describe in S					26 &
7	Net assets or fund balance					27 234,091.4
art	Statement of Program					Expenses
	Check if the organizati	ion used Schedule	O to respond to a	any question in this F	Part III L	(Required for section
	is the organization's primary e					501(c)(3) and 501(c)(4)
esci m	ribe the organization's progranteasured by expenses. In a cla	n service accomplis ear and concise m	shments for each ( anner, describe th	of its three largest pr ne services provided,	ogiani oormood	organizations, optional others)
	ons benefited, and other relevar	<del></del>	<del></del>			
28						
?	(Grants \$	) If this amount	ıncludes foreign gr	rants, check here	▶ □	28a
9						
	(Grants \$	) If this amount	ıncludes foreign gr	ants, check here .	🕨 🗆	29a
0						
			includes foreign as	rants, check here	▶ 🔲	30a
	(Grants \$					1
1	Other program services (descri	ibe in Schedule O)				24.0
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,Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during, the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		\$35.50
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ TEXAS			
42a	The organization's books are in care of $\blacktriangleright$ $UALLACE$ $COPP$ Telephone no. $\blacktriangleright$ 903 Located at $\blacktriangleright$ 415 5, ROBISON RD. TEXARKANA ZIP + 4 $\blacktriangleright$ 755			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	► [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	Min	X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	长道	X
r	Form 990-EZ. See instructions	45b		>

90-ĘZ (2020	0)					Р	age 4
						Yes	No X
Al 50	I section 501(c)(3) organization and 51.	s must answer que			e tables fo	or line	es
Did the	organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the		Yes	No
Is the or Did the If "Yes, Comple	rganization a school as described in organization make any transfers to " was the related organization a se ete this table for the organization's	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compens	ritable related organiz in?	ation?	. 48 49a 49b ors, trustee	es, an	?
(a) Na	ame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
Comple \$100,00	ete this table for the organization of compensation from the organ	's five highest compenization. If there is no	ensated independent ne, enter "None."				than
				,			
Did the	e organization complete Scheduted Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) organ		► □ Yes		No
	Complete Declaration of Department that  Signature of Sincer	n officer) is based on all info	ormation of which preparer h	Date			II IS
arer -	DANA MASSEY  irm's name DANA MAS	Preparer's expressive  SEY-ACCO  ELDR # 18	DA TANT TEXARLANA	Firm's EIN ▶	byed P	- 89	4842 
	Did the to cand Al 50 Ci	Section 501(c)(3) Organizations All section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl  Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than  (a) Name and title of each employee  Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization \$100,000 of compensation from the organization complete this table for the organization \$100,000 of compensation from the organization from the organization complete Scheducton of the organization of the organizatio	Did the organization engage, directly or indirectly, in political of coandidates for public office? If "Yes," complete Schedule C, VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer que 50 and 51.  Check if the organization used Schedule O to respond of the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II	Did the organization engage, directly or indirectly, in political campaign activities on to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the 50 and 51. Check if the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II Is the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Sud the organization as school as described in section 527 organization? Complete this table for the organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other employees) who each received more than \$100,000 of compensation from the organization and title of each employee  (a) Name and title of each employee  (b) Average hours per week devoted to position  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of serv  Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section 501(c)(3) organization per period of the position of which prepare the property of print name and title  Print's name by Dana Massey Prepare" period and information of which prepare the print's name by Dana Massey Prepare" period and all information of which prepare the print's name by Dana Massey Prepare" period and all property of the period of the property period pe	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposite to candidates for public office? If "Yes," complete Schedule C, Part I    Section 501(c/(3) organizations Only   All section 501(c/(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Did the organization engage in lobbying activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II     Is the organization acknowledge of the complete Schedule C   Part II     Is the organization ask of the state of the organization ask of the state of the organization is to an exempt non-translate related organization?     If "Yes," was the related organization a section 527 organization?     If "Yes," was the related organization as exempt non-translate enables of the organization. If there is none employees were carried more than \$100,000 of compensation from the organization. If there is none employees were carried to the organization of the highest compensation from the organization. If there is none enable that the organization or the organization organiz	Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  Is the organization a school as described in section 1527 organization?  (a) Name and title of each employee  (b) Aurage (b) Aurage (c) Name and title of each employee paid over \$100,000 of compensation from the organization. If there is none, enter "No.  (d) Name and title of each employee paid over \$100,000 of compensation from the organization.  (d) Name and business address of each independent contractor  (d) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (d) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (e) Compensation  Total number of other independent contractors each receiving over \$100,000 because the property of the organization from the organization in the organization of the	Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48. Did the organization asked ascerbed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48. Did the organization asked ascerbed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48. Did the organization make any transfers to an exempt non-chartable related organization? . 49a but the organization asked on Secret Performance of the related organization asked on Secret Performance of the related organization? . 49a but the related organization asked on Secret Performance of the related organization organization of the related organization organizati

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization LOYAL ORDER OF MOOSE TEXARKANA LODGE 2282

Employer identification number

23-7176492

Pari	Fundraising Activities. Form 990-EZ filers are n				erea "Yes" on t	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	<u>·</u>			owing activities. C	heck all that apply.	
a	☐ Mail solicitations				on of non-govern		
b	☐ Internet and email solicitation	ns	f [		on of governmen	_	
c	☐ Phone solicitations		a [		undraising events	_	
d	☐ In-person solicitations		3 _	p			
	Did the organization have a writ	ton or oral agra	oment with	any individ	lual (including offi	icare directore triist	998
2a	or key employees listed in Form	990, Part VII) o	r entity in co	onnection v	vith professional	fundraising services?	Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	irsuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		•	
1							
2							
3							
4							
5	· · · · · · · · · · · · · · · · · · ·				-	<u> </u>	
6			-				
7					-		
8			<del>-</del>				
9							
10							
Γotal				▶			
3	List all states in which the orga registration or licensing.	inization is regis	stered or lic	ensed to s	olicit contribution	ns or has been notifi	ed it is exempt from
				······································			
<b></b> -							
						<b>-</b>	

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	g event contributions			
	,		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
nue						
Revenue	1	Gross receipts				
_	2	Less. Contributions .				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages .				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Ad				
Pa	11 rt III	Net income summary. Subtra Gaming. Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line 19, c	or reported more than
		\$15,000 on Form 990-E2	Z, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reč	1	Gross revenue			4,505.00	4,505.00
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		۵
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		4,505,00
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	
		ere any of the organization's g "Yes," explain	aming licenses revoked		ated during the tax year?	

Schedu	le G (Form 990 or 990-EZ) 2020	Page 3
· 11	Does the organization conduct gaming activities with nonmembers?	☐ Yes 🗷 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes Ø No
13	Indicate the percentage of gaming activity conducted in.	4
a	The organization's facility	100 %
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
	Address \$ 415 5. ROBISON RD. TEXARKANA, TX 7550	<b>7</b> /
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes 🖄 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ► \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information.	
	Name WALLACE COPP- ADMINISTRATOR	
	Gaming manager compensation ▶ \$	
	Description of services provided DETERMINES PROCEEDS 70 BE I	EPOSITE
	Director/officer	
17	Mandatory distributions.	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	☐ Yes 🏻 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	iii) and (v); and nal information.
	See instructions.	
<b>-</b>		
<b>-</b>		
<b>-</b>		
		••••

#### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury

(10)

Internal Revenue Service	<b>▶</b> Go	to www.irs.gov/F	orm99	ofor instru	uctions and t	he late	est informati	ion.			lr	Spec	tion		
Name of the organization								Employ							
LOYAL ORDER	2 01-1900	SE TEXA	RK	ANA	2006	<u>E</u> 2	282	واله	<u> </u>	17	54	9			
Part I Excess Ber Complete if	nefit Transactio the organization	<b>ns</b> (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd se ine 25	ction 501( Sa or 25b,	c)(29) or For	organ m 990	ızatıc )-EZ,	ns or Part	nly). V, line	40b.		
1 (a) Name of disqualified person		(b) Relationship between disqualified person and				(a) Das		of tran				(d) Corrected			
			organız	ation		(c) Description of transaction						Yes	No		
(1)					_										
(2)															
(3)						<u></u>				-					
(4)							<del></del>						L		
(5)						ļ									
(6)						<u> </u>									
2 Enter the amoun											ar				
under section 49											▶ \$	<u> </u>			
3 Enter the amount	of tax, if any, or	n line 2, above,	reımb	ursed by	the organi	ızatıoı	n			!	▶ \$	·			
Part II Loans to an	nd/or From Inte	rested Person	s.	C 00	0 EZ Doct 1	م مرا	200 or Ea	· 00	Λ Da.	+ N/	lina O	6	e tha		
Complete it	the organization reported an am	i answered "Ye iount on Form 9	s" on 190 P	rorm 99 art X lin	0-EZ, Part e 5 6 or 22	v, iine 2	38a or FC	ımı <del>9</del> 9	u, Par	τιν,	iine 2	o; or	ii tne		
	Troported arrain	1			1								1		
(a) Name of interested person		(c) Purpose of		oan to or	(e) Origin		(f) Balance	e due	1,0,					(i) Written	
	with organization	l) loan	from the organization?		principal amount		t					oard or			
			<u> </u>						- <del></del> T	<del></del> -		Γ	ļ.,		
(4) (1) (4) (1) (1) (1)		00.00	To	From	4/ 400		0.44.		Yes	No	Yes	No	Yes	No	
(1) WALLACE COP	ADMIN.	PAY BILLS	X	-	7,000	.00	2,400	0.00		_		<del> </del>	$\times$		
(2)			<u> </u>	<del> </del>	_			-				<del> </del>			
(4)		-				-						<del> </del>			
(5)	<del> </del>	<del> </del>		<del> </del>				-				<del>                                     </del>			
(6)	· <del> </del>	<del> </del>						_			-	<del>                                     </del>			
(7)												<del> </del>			
(8)				-											
(9)	-				-										
(10)												<b></b>			
Total				<del></del>		. ▶	\$ 2,400	5.00							
Part III Grants or A	ssistance Bene							••	_				·		
Complete if	the organization				0, Part IV, I	ine 27	7.								
(a) Name of interested per	son (b) Relation	nship between inter	ested	(c) Amount	of assistance		d) Type of as	sistance	•	(e	Purpo	se of a	ssistan	ce	
(-,	person	and the organization	n	<b>1-,</b>		[ '	,-, .,,,			,-,	, ,				
(1)															
(2)															
(3)															
(4)									]						
(5)															
(6)															
(7)															
(8)															
(9)															

# SCHEDULE O

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

2020

Open to Public Inspection

Employer identification number

LODEE 2282 23-7176492 LOYAL ORDER OF MOOSE TEXARKANA CASH-OVER 45.75 HALL RENTA 3954.00 VENDING 326.00 # 4.325.75 TOTAL CIHER REVEN PART I LINE 16 OTHER EXPENSES JANITOR SUPPLIES 551.88 4.390.34 TAXES BANK CHARGES 118.00 LICENSES PERMITS 495.43 DUES + SUBSERIPTIONS 651.00 366.20 SECURITY 7.83 INTEREST 3,063,62 EPRECIATION PART I LINE 20 CHANGES IN NET ASSETS CHANGES DUE TO CASH BASIS ACCOUNTING DEPRECIATION, ETC. ACCORDING TO MOOSE INTERNATIONAL PROCEDURES: PAYBACK OF LOANS FROM MEMBERS, AND PROBRAM OTHER