Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| inter | nal Revenu | e Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Illspection |
|-----------------|--------------|----------------|--|-----------------------------------|
| A | For the | 2017 calen | dar year, or tax year beginning , 2017, and ending | , 20 |
| В | Check if a | applicable C | Name of organization_Hattiesburg Moose Lodge #1804 Loyla Order of Moose DE | imployer identification number |
| | Address | change | Doing business as Hattiesburg Moose Lodge #1804 | 64-064587 |
| | Name cha | ange | Number and street (or P O box if mail is not delivered to street address) Room/suite E To | elephone number |
| | Initial retu | ım 3 | 08 West Hills Dr | 601-264-7069 |
| | Final return | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | |
| | Amended | return | lattiesburg MS 39402 G G | Gross receipts \$ 576,750 |
| | Application | on pending | Name and address of principal officer H(a) is this a group r | eturn for subordinates? Ves V No |
| | . • | | | ordinates included? Ves No |
| ı | Tax-exen | npt status. | | attach a list. (see instructions) |
| | Website: | | | mption number ► 0002 |
| K | Form of o | rganization v | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation N | A State of legal domicile MS |
| | art I | Summa | | |
| | 1 | | scribe the organization's mission or most significant activities: THE ORGANIZATION U | INITES ITS MEMBERS IN TH |
| ф | | - | FRATERNITY, BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED THOUGH A YEAR | |
| Governance | | | ND RECREATIONAL ACTIVITIES FOR THE MEMBERS AND THERE FAMILES ESTAIMATED | |
| E. | | | s box ▶ ☐ if the organization discontinued its operations or disposed of more than 25 | |
| Š | | | f voting members of the governing body (Part VI, line 1a) | 3 |
| <u>ي</u> م | 1 | | f independent voting members of the governing body (Part VI, line 1b) | 4 |
| es | 1 | | ber of individuals employed in calendar year 2017 (Part V, line 2a) | 5 |
| Activities & | 1 | | ber of volunteers (estimate if necessary) | 6 |
| ţ | 1 | | lated business revenue from Part VIII, column (C), line 12 | 7a |
| • | | | ated business taxable income from Form 990-T, line 34 | 7b |
| _ | - | NOT UITIE | Prior Year | Current Year |
| | 8 | Contributi | | |
| ă | 1 | | | 695.94 296 |
| Revenue | 1 | - | | 996.89 499,829 |
| æ | 1 | | (D 1) (II) 1 (A) 1 | 054.92 17 |
| | 1 | | | 90.00) 2,084 |
| _ | | | | 553.81 502,228 |
| | 1 | | | 595.94 1,672 |
| | 1 | - | vaid to or for members (Part IX, column (A), line 4) | 0 |
| Expenses | 1 | | | 246.78 83,412 |
| ê | 1 | | nal fundraising fees (Part IX, column (A), line 11e) | 0 |
| 홄 | | | *************************************** | |
| _ | | | | 298.12 453,166 |
| | 1 | | | 240.84 538,250 |
| | | Revenue | | 312.97 (36,022. |
| S O. | | | Beginning of Curren | nt Year End of Year |
| Assets Belen | 20 | | | 191.50 826,292 |
| 4 2 | | | intes (1 art X, into 26) | 2,469 |
| Zā | 22 | | | 823.823 |
| | art II | | ure Block | |
| Ur | der pena | Ities of penur | y, I declare that I have examined this return, including accompanying scheduler and statements, and to the bate Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | lest of my knowledge and belief, |
| | e, correct | L and comple | the declaration of preparer (other than officer) is based on all millionnation of which we parer has any knowledge | е. |
| | | | Herry Partly 8- | 24-18 |
| Sig | - | Signa | ture of officer Date | |
| He | ere | 5 | enn Rasberry Administrator | |
| | | <u> </u> | or print name and title | |
| P | aid | Print/Typ | pe preparer's name Preparer's signature Date | Check T if PTIN |
| | epare | r | | self-employed |
| | se Onl | | ame ▶ Firm's E | IN ► |
| | | Firm's a | ddress ▶ Phone r | 10 |
| Ma | y the IF | RS discuss | this return with the preparer shown above? (see instructions) | Yes N |
| Fo | r Paperv | vork Redu | ction Act Notice, see the separate instructions. Cat No 11282Y | Form 990 (20 |



| orm 990 | · | | | | Pa | ge 2 |
|---------|--------------|------------------------------|--|---|-----------------------------------|---------------|
| Part I | | ent of Program Service A | | | | _ |
| | | | esponse or note to any line in this Pa | <u>irt III </u> | · · · · · | <u> </u> |
| | | oe the organization's missio | n. S in the bonds of Fraternity, ben | EVOLENCE AND CHARITY | | |
| | | | ROUND SCHEDULE OF SOCIAL AND R | | THE MEMBER | S |
| | | AMILES ESTAIMATED TO NU | | | _ | |
| _ | | | | | | |
| | | | ficant program services during the year | | | |
| | • | | | | ☐ Yes 🗹 🏻 | 40 |
| | | ribe these new services on | Schedule O. , or make significant changes in h | ow it conducts, any progran | n | |
| | services? . | thization cease conducting | | | ' ∐Yes ☑I | No |
| | | ribe these changes on Sche | edule O. | | 2.30 | •• |
| | expenses. Se | ction 501(c)(3) and 501(c)(4 | vice accomplishments for each of its organizations are required to report or each program service reported. | three largest program service the amount of grants and all | s, as measured ocations to oth | d by iers, |
| 4a | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
| | ` | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | |) | ,========== | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
| ,- | | , | | | ' | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other progra | m services (Describe in Sch | nedule ()) | | | |
| 74 | (Expenses \$ | including g | | \$ | | |
| 4e | | m service expenses > | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | |



| Part | V Checklist of Required Schedules | | | |
|--------|--|-----|----------|--------------|
| 4 | to the executation described in a stime FOC/NOV on 4047/20/40 /albor them a ministra foundation 10 1/4 1/40 7 | | 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 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 | | 1 |
| C | 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 | | 1 |
| 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 | | 1 |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 | 11e | ✓ | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | , , , , | 14a | <u> </u> | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | 1 | |
| | | | - 000 | (2017) |

| Part l | V Checklist of Required Schedules (continued) | | | |
|---------|---|-----------|---------------|--|
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | ✓ |
| ь 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | <u> </u> |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | <u></u> - | | |
| | 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 | <u> </u> | / |
| 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 | | |
| | 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 | | <u> </u> |
| 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 | 25- | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 25a | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | İ |
| | 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 | | | ١, |
| 07 | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 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 | ŀ | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | 20 |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 製物 | | 1 5 % 1 1 1 1 |
| a | 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 | 005 | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 28b | | ✓ |
| | 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 | | | |
| 0.4 | 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 | | | , |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | ✓ |
| | 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 | | ✓ |
| 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 | | | |
| 35a | or IV, and Part V, line 1 | 34 | ✓ | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | ✓ |
| _ | 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 | | _ | t — |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 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 | | | , |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | ļ | ✓ |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| | | | n 99 0 | (2017) |

Form **990** (2017)

| Part | V 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 | | | |
| 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 | | : | |
| 20 | reportable gaming (gambling) winnings to prize winners? | 1c | <u> </u> | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [7] [7] [8] [8] [9] [9] [9] [9] [9] [9 | | 2 | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | ✓ | , |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | - |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 0.0 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| 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 | | | ١, |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | / |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | C.L. | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 6b | | / |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 1 |
| | 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 | | 1 |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | <u> </u> |
| | required to file Form 8282? | 7c | | 1 |
| 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 | | 1 |
| 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? | 7 g | | ✓ |
| 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> | 1 |
| 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. | | | . , |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | / |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | | - |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| ь | 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 | | | İ |
| 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 | L ' | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | L |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the graphization is liganced to issue qualified booth plans | | | |
| С | Total the consumt of recognition on head | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 44- | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14a 14b | | |
| | Provide an explanation in deficult of . | . 70 | | 4 |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | |
|-------------------|--|-------------|-------------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Section | on A. Governing Body and Management | | • | <u> </u> |
| 0000 | on the develoning body and monagement | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. | , | | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 | 1 | ĵ, |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | 1 |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? | 4 5 6 | √ | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | √ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | ~ . | |
| a b | The governing body? | 8a 8b | 1 | |
| 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 in Schedule O | 9 | | 1 |
| Secu | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | | |
| 10a | Did the organization have local chanters branches or offlicted? | [40- | Yes | No |
| b | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1 | <u> </u> | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | [/ _ |
| b | Other officers or key employees of the organization | 15b | | ✓_ |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| ь | with a taxable entity during the year? | 16a | | / |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | - | |
| | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► MISSISSIPPI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply. | n 501(| (c)(3)s | only) |
| 19 | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial 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 books and re- | cords | :▶ | |
| | LIGHT LICENSTIL AND LOTE LOWIN MA MARKACHINA BEN ZUANY | | | |

| Earm | aan | (2017 |
|------|-----|-------|
| Form | ษษบ | 12017 |

| Part VII | Compensation of Officers | , Directors, Trustees | s, Key Employees | , Highest (| Compensated E | mployees, and |
|----------|--------------------------------|-----------------------|------------------|-------------|---------------|---------------|
| | Independent Contractors | | | | | |

| Check if So | hedule O | contains a | response | or note | to any | line in | this Part | VII . | _ | | | | | | | | | |
|-------------|----------|---------------|-------------|---------|--------|---------|-----------|---------|---|------|---|---|---|---|---|-----|------|--|
| | | Jointain to a | . 00 p 0 00 | 0 | , | | | • • • • | | | • | • | • | - | • | • • | | |
| | | | | | | | | | | | | | | | | | | |

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 relate | d orga | aniz | atio | n c | ompe | nsa | ited any curren | t officer, director | r, or trustee. |
|---|-------------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|-----------------|-----------------------|------------------------------|
| | | | | • | C) | | | | | |
| (A) | (B) | | | Pos | | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per | | | | | or/trust | | | compensation from | amount of |
| | week (list any hours for | 익方 | Ę | ♀ | \$ | en F | F | from the | related organizations | other compensation |
| | related | divid | 흕 | Officer | e e | pi g | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | Ctal | ğ | | 힣 | ye oc | = | (W-2/1099-MISC) | | organization |
| | line) | Individual trustee or director | a : | | Key employee | ğ | |] | | and related organizations |
| | , | 8 | Institutional trustee | | ľ | Highest compensated employee | | ľ | | |
| | | | ď | | | ž. | | | | |
| _ | | | | | | | | | | |
| (1) Robert Kyzar | | | | ١. | | | İ | | | |
| Governor | 10 | | | ✓ | L | | <u> </u> | 1 | | |
| (2) Glenn Rasberry | | | | | | ł | | | | |
| Administrator | 40 | | | ✓ | L | L | | 30,180.00 | | |
| (3) Kenneth Dossett | . | 1 | | | | ĺ | | | | |
| Jr Governor | 10 | , | _ | ✓ | | L | _ | | | · |
| (4) William Delancy | | | | | | | | | | |
| Jr Past Governor | 10 | | | ✓ | | | <u> </u> | <u> </u> | | |
| (5) Andrew Davenport | <u> </u> | | | | | | | | | |
| Prelate | 10 | | | ✓ | | | | | | |
| (6) William Delancy Sr | <u> </u> |] | 1 | | | | | | | |
| Treasurer | 10 | | L | ✓ | _ | <u> </u> | | | | |
| (7) Richard Little | <u></u> | | | | | 1 | | | | |
| Trustee | 10 | | L_ | ✓ | L | | | | | |
| (8) | <u></u> | ĺ | | l | l | [| | | | |
| | | | | | | <u>_</u> . | L | | | |
| (9) | | | | | | | | | | |
| | | | L | | | | | | | |
| (10) | | | | | | | | | | |
| | | | | | | | L | 1 | | |
| (11) | <u> </u> | | | Ī | | | | | | |
| | | | | | | | | 1 | | |
| (12) | | | | | | | | | | |
| | | L | | | | | | <u> </u> | | |
| (13) | | | | | <u> </u> | | | | | |
| | | | L | Ì | | 1 | ĺ |] | į | |
| (14) | | | | | Γ. | | | | | |
| | T | | | | | İ | | | | |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---------|---|--|--------------------------------|-----------------------|--|---------------------------------|------------------------------|-------------------------|--|---|----------------|---------------------------------|---|------------------|
| | (A) Name and title | | bοx, ι | unles | s pe l a d | ntion more rson irecto | than o | an ee) | (D) Reportable compensation from | (E) Reportable compensation fror related | | Estir amo | F) nated unt of her | |
| | | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-M | | compe fror organ and r | ensation n the nzation elated zations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | - | - | | | | | | | | | |
| (17) | | | | - | | - | | | | | | | | |
| (18) | | | | | | | | | | | | · | | |
| (19) | | | | - | - | | | | | | | | | |
| (20) | | | | | _ | - | | | | | | | | |
| (21) | | | | <u> </u> | - | - | | | | | | | | |
| (22) | | | | | | | | | | | | ···· | | |
| (23) | | | | | - | - | | ļ | | | | | | <u> </u> |
| (24) | | | | | _ | | | | | | | | | |
| (25) | | | | | | | ļ | - | <u> </u> | | | | | |
| 1b | Sub-total | | on A | <u> </u> | <u> </u> | <u> </u> | | ▶ | 31,180.00 | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | D IA | 31,180.00 | | 00.000 |) of | | |
| | reportable compensation from the organ | | | 1036 | - 113 | | <u>abovi</u> | <i></i> | 0 | ore than \$1 | | , OI | | |
| 3 | Did the organization list any former or employee on line 1a? If "Yes," complete | | | | | | | emp | oloyee, or high | est compe | nsated | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations <i>undividual</i> | | | | | | | | | | | | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or inc | lividua | | | 1 |
| Section | on B. Independent Contractors | | | | | | | | | | | | | _ ' - |
| 1 | 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | | | | |
| | (A) Name and business add | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | | |
| | | | | | | - | | | | | | | | |
| | | | | | | | | F | | | | | | |
| | | | | | | | | \vdash | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | o th | nose listed ab | ove) who | | | | |

Form **990** (2017)

| Part VIII | | Statement of Revenue | | | | | | | | | | | |
|--|--------------|---|---------------------------------------|----------------------|--|---|--|--|--|--|--|--|--|
| | | Check if Schedule O contains a res | sponse or note to | any line in this | Part VIII | . <u>.</u> <u>.</u> | <u></u> | | | | | | |
| | _ | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | | | | |
| nts | 1a | Federated campaigns 1a | | | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | 296.00 | | | | | | | | | | |
| s, C | С | Fundraising events 1c | | | | | | | | | | | |
| la F | d | Related organizations 1d | | | | | } | | | | | | |
| JE, | е | Government grants (contributions) 1e | | | | | | | | | | | |
| tion S | f | All other contributions, gifts, grants, | | | | | } | | | | | | |
| 후 | | and similar amounts not included above 11 | | | | | | | | | | | |
| ontr | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | | | | | | |
| | <u>h</u> | Total. Add lines 1a-1f | | 296.00 | | | | | | | | | |
| Program Service Revenue | _ | 0 | Business Code | | | | | | | | | | |
| eve | 2a | Social Quarters | | | 93,169.77 | | | | | | | | |
| 8 | b | Kitchen | | | 2,667.69 | | | | | | | | |
| Z | 6 | Committee Income | ļ | 7,275.24 | | - | | | | | | | |
| n Se | d e | Program Services Misc. Income | <u> </u> | 391,345.05 | | | | | | | | | |
| Jran | | All other program service revenue . | | 5,372.00 | | | | | | | | | |
| J. | g | Total. Add lines 2a–2f | | 499,829.75 | <u>,,</u> | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | | | |
| | 3 | Investment income (including divi | | 433,023.73 | | | <u> </u> | | | | | | |
| | | and other similar amounts) | | 17.48 | | | | | | | | | |
| | 4 | Income from investment of tax-exempt | ond proceeds▶ | | | | | | | | | | |
| | 5 | Royalties | ▶ | | <u> </u> | | | | | | | | |
| | | (i) Real | (ii) Personal | | | | | | | | | | |
| | 6a | Gross rents | | | | | | | | | | | |
| | b | Less: rental expenses | | | | | | | | | | | |
| | С | Rental income or (loss) | | | | | | | | | | | |
| | d | <u> </u> | > | | | | | | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | | | | | | | |
| | | assets other than inventory | | | | | | | | | | | |
| | Ь | Less: cost or other basis | | | | | | | | | | | |
| | İ | and sales expenses . | | | | | | | | | | | |
| | C | Gain or (loss) . | | | | | A I | | | | | | |
| | d | Net gain or (loss) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| evenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). | | | | | | | | | | | |
| Other Reven | | See Part IV, line 18 | a | | | | | | | | | | |
| రౌ | b | | p | | | | | | | | | | |
| | C | Net income or (loss) from fundraising | | | | | ļ . | | | | | | |
| | ya | Gross income from gaming activities. See Part IV, line 19 | | 1 | | | | | | | | | |
| | | | a 76,607.00 | 1 | | | | | | | | | |
| | b | Less direct expenses Net income or (loss) from gaming ac | b 74,522.23 | 1 1 | ~ | | | | | | | | |
| | 10a | Gross sales of inventory, less | | 2,084.77 | | | | | | | | | |
| | lua | returns and allowances | | | | | | | | | | | |
| | Ь | | b | | | | | | | | | | |
| | | Net income or (loss) from sales of in | | | | | | | | | | | |
| | - | Miscellaneous Revenue | Business Code | | | | | | | | | | |
| | 11a | | | | | - | | | | | | | |
| | Ь. | | · | | | | | | | | | | |
| | C | | | <u> </u> | | | | | | | | | |
| | ď | All other revenue | | | | | <u> </u> | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | <u> </u> | | | | | | |
| | 140 | Total revenue See instructions | | | | | | | | | | | |

| | 0 (2017) | | | | Page 10 |
|--------|---|---|------------------------------|--|----------------------------------|
| | X Statement of Functional Expenses | | | | (4) |
| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | | | | |
| | Check if Schedule O contains a respons | | | | |
| | 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 | 1,672.00 | | | |
| 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 | 31,180.00 | | | |
| 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 | 46,412.82 | | | |
| 9 | Other employee benefits | | | tt | |
| 10 | Payroll taxes | 5,819.84 | | 1 | |
| 11 | Fees for services (non-employees): | 5,0,0,0 | | | |
| а | Management | | | | |
| b | Legal | | · | | |
| c | Accounting | | | † · · · · · · · · · · · · · · · · · · · | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | ··· <u>·····</u> | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 1022.00 | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | 110.00 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 379156.62 | | | <u></u> |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 5,125.86 | | | |
| 20 | Interest | 77.59 | | | |
| 21 | Payments to affiliates | 2,108.00 | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 11,112.56 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Cost of Goods Sold | 40,906.54 | | | |
| b | Committee Expense | 9,480.36 | | 1 | |
| С | Tax Paid | 4,066.74 | | | |
| d | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | † | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 538,250.93 | | | |
| 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 Par | t X | | |
|-----------------------------|-----|---|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 105,895.24 | 1 | 20,875.25 |
| | 2 | Savings and temporary cash investments | 11,642.80 | 2 | 11,660.28 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 490.00 | 4 | 650.00 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. | | | |
| S | 6 | Complete Part II of Schedule L | 0 | | 0 |
| Assets | 7 | Notes and loans receivable, net | 0 | | 0 |
| Ass | 8 | Inventories for sale or use | 7,505.14 | | 8,882.06 |
| , | 9 | Prepaid expenses and deferred charges | 7,303.14 | | 0,002.00 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10b | 783,658.32 | 10c | 784,225.38 |
| | 11 | Investments—publicly traded securities | 0 | | 0 |
| | 12 | Investments – other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments program-related. See Part IV, line 11 | 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 equal line 34) | 909,191.50 | 16 | 826,292.97 |
| | 17 | Accounts payable and accrued expenses | 0 | | 0 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | 58,190.60 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | 1 | of Schedule D | 1,484.69 | | 2,469.77 |
| _ | 26 | Total liabilities. Add lines 17 through 25 | 59,675.29 | 26 | 2,469.77 |
| Sec | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| ā | 27 | Unrestricted net assets | 849,516.21 | 27 | 814,823.20 |
| Bal | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| ᅙ | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| 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 | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Š | 33 | Total net assets or fund balances | 849,516.21 | 33 | 814,823.20 |
| _ | 34 | Total liabilities and net assets/fund balances | 909,191.50 | 34 | 826,292.97 |

| _ | 4 | • |
|------|---|---|
| Page | 7 | 2 |
| | | |

| Part | XI Reconciliation of Net Assets | | | | 90 |
|----------|---|-------------|-------------------|--------------|---------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | П |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 502,2 | 28.00 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 50.93 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | (-36,02 | 22.93) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 849,5 | 16.21 |
| 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 | ·-·· | 813,4 | 93.28 |
| 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> | <u> </u> | |
| | <u> </u> | | | 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," ex | olain ir | ו | | |
| _ | Schedule O. | | ^ | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | <u>√</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: | ollea o | r | | |
| | | | | | 1 |
| L | Separate basis Consolidated basis Both consolidated and separate basis | | ٦ | | فيرسا |
| D | Were the organization's financial statements audited by an independent accountant? | .d .n . | 2b | | |
| | separate basis, consolidated basis, or both: | u on a | 1 | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1 | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ereiah | | - |] |
| • | 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 | | ~~ | \vdash | ; |
| | Schedule O. | piani ii | | | 1 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth ir | , | ~~~ | |
| | the Single Audit Act and OMB Circular A-133? | | ` _{За} | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rgo the | | | _ |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | |
| - | | | For | n 990 | (2017) |
| | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Hattiesaburg Moose Lodge #1804 64-0645857 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ 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? ☐ Yes ☐ No 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 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 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: Assets included in Form 990, Part X .

| Page | 2 |
|------|---|
| rage | _ |

| Part | | | | | | | | |
|---------|--|---|-------------|-------------------|----------------------|---------------|-------------------------|--|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and oth | ner recor | ds, check | any of the | follow | ing that are a si | gnificant use of its |
| а | ☐ Public exhibition | | d [| Loan | or exchange | e progr | ams | |
| b | Scholarly research | | | | | | | |
| С | Preservation for future generations | ; | _ | | | | | |
| 4 | Provide a description of the organizat XIII. | ion's collections a | ınd expla | in how th | ey further t | the org | anization's exem | pt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | r □ Yes □ No |
| Part | | | | | | _ | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | t Yes No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing ta | ble: | _ | Ar | mount |
| С | Beginning balance | | | | | 1c | ~ | · · · · · · · · · · · · · · · · · · · |
| d | Additions during the year | | | | | 1d | | |
| e | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | ····· |
| 2a | Did the organization include an amou | | | | | | | 2 Ves No |
| | If "Yes," explain the arrangement in P | | | • | | | • | |
| Pari | | art Am. Oneck nem | e ii uie ez | (piai iatioi | Thas Deen | provide | SU OII FAIT AII . | · · · |
| I all | Complete if the organization | aneword "Vae | " on For | ~ 000 E | Port IV line | . 10 | | |
| | Complete ii the organization | (a) Current year | | or year | (c) Two years | | (d) Three years back | (e) Four years back |
| 40 | Paginging of year halance | (a) Corrent year | (5)111 | or year | (c) Two your | 5 Dack | (d) Thice years back | (c) rour 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 | | | | | | | <u> </u> |
| 2 | Provide the estimated percentage of | the current year er | nd balanc | e (line 1g | , column (a) |)) held a | as: | |
| а | Board designated or quasi-endowme | | % | | | | | |
| b | Permanent endowment | <u></u> % | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages on lines 2a, 2b, and | | | | | | | |
| За | Are there endowment funds not in the | e possession of th | ne organi | zation tha | at are held a | and ad | ministered for th | e |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | <i></i> | 3a(i) |
| | (ii) related organizations | | | | | | | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related of | rganizations listed | l as requi | red on Sc | hedule R? | | | 3b |
| 4 | Describe in Part XIII the intended use | | | | | | | <u> </u> |
| Part | | | | | | | | |
| | Complete if the organization | | " on For | m 990. F | Part IV. line | 11a. | See Form 990. | Part X line 10. |
| _ | Description of property | (a) Cost or of | ther basis | (b) Cost o | or other basis ther) | (c) | Accumulated epreciation | (d) Book value |
| 1a | Land | | | | | | | 150 000 00 |
| ь | Buildings | · | | | | | | 150,000.00 |
| | Leasehold improvements | · | | | | | | 480,087.93 |
| C | | · | | | | | | |
| d | Equipment | • | | | | | | 154,137.45 |
| Total | Other | nust squal Fare 0 | 00.0== | <u> </u> | VP) (!= = 10 | 10.1 | | |
| ı otal. | Add lines 1a through 1e. (Column (d) | nust equal Form 9 | yu, Part) | х, со <u>шт</u> п | i (¤), line 10 | <i>IC.)</i> . | | 784,225.38 |

| | (a) Description of security or category | | (b) Book value | | (c) Method of valua | tion |
|--|---|---|------------------|---------------|--|------------------------------|
| | (a) Description of security or category (including name of security) | | (b) Book value | c | Cost or end-of-year mar | |
|) Financial | derivatives | | | | | |
|) Closely-h | neld equity interests | | | | | |
| Other | | | | | | |
| (A) | | | | | ······ | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| .(E) <u></u> | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | 15 200 B 4V 4 (DIS 40) b | | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | J | | | |
| Part VIII | Investments—Program Related. Complete if the organization answer | arad "Vaa" on Ea | rm 000 Bort IV | line 11e Se | oo Form 000 Pa | rt V line 19 |
| | | ered tes on Fo | (b) Book value | 1110.5 | | |
| | (a) Description of investment | | (b) Book value | | (c) Method of value Cost or end-of-year man | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) (6) | | | | | | |
| | | | | | | , |
| | | | | | | |
| | | | | | | |
| (8) | | | | | | |
| (8) (9) | b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | | | |
| (7) (8) (9) Total. (Column (| b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. | | | | | |
| (8) (9) otal. (Column (| | ered "Yes" on Fo | orm 990, Part IV | line 11d. S | ee Form 990, Pa | urt X, line 15 |
| (8) (9) otal. (Column (| Other Assets. Complete if the organization answer | ered "Yes" on Fo | orm 990, Part IV | , line 11d. S | | urt X, line 15 Book value |
| (8) (9) otal. (Column (Part IX | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answer | | orm 990, Part IV | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answer (a) (| Description | | line 11d. S | (b) | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answer (a) (a) (a) (a) (a) (a) (a) (a) (a) (a) | Description | | line 11d. S | | |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. | Description . (B) line 15.) | | | (b) | Book value |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. | Description . (B) line 15.) | | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X | Other Assets. Complete if the organization answers (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answers line 25. | Description . (B) line 15.) ered "Yes" on Fo | | | (b) | Book value |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Part X | Other Assets. Complete if the organization answers (a) (ii) Imm (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answers line 25. (a) Description of liability | Description . (B) line 15.) ered "Yes" on Fo | | | (b) | Book value |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Co | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Col | Other Assets. Complete if the organization answers (a) (ii) Imm (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answers line 25. (a) Description of liability | Description . (B) line 15.) ered "Yes" on Fo | | | (b) | Book value |
| (8) (9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Col | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) Due Mod (3) (4) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X i. (1) Federal in (2) Due Moo (3) (4) (5) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X i. (1) Federal in (2) Due Mod (3) (4) (5) (6) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X I. (1) Federal in (2) Due Mod (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X 1. (1) Federal in (2) Due Mod (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo | orm 990, Part IV | | (b) | Book value |
| (8) (9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X 1. (1) Federal in (2) Due Mod (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answer. (a) (a) (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability income taxes | Description . (B) line 15.) ered "Yes" on Fo (b) Book value | orm 990, Part IV | | (b) | Book value |

| Part | | | Return. |
|---------------------|--|--|--|
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 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 | 2b | |
| C | Recoveries of prior year grants | |]] |
| d | Other (Describe in Part XIII.) | | |
| 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 1 |
| ь | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 | |
| a | Donated services and use of facilities | 2a | 1 1 |
| b | Prior year adjustments | 2b | 4 |
| C | Other losses | 2c | 4 |
| d | Other (Describe in Part XIII.) | | <u> </u> |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | - |
| b | Other (Describe in Part XIII.) | | 4 - 4 |
| _ | | | |
| С 5 | Add lines 4a and 4b | | 4c |
| _ 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 18.) | 5 |
| 5 Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, IIII Supplemental Information. | ne 18.) | 5 |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iiii Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2. | d 4; Part IV, lines 1b and 2b | 5 p; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, IIII Supplemental Information. | d 4; Part IV, lines 1b and 2b | 5 p; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iiii Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2. | d 4; Part IV, lines 1b and 2b | 5 p; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iiii Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2. | d 4; Part IV, lines 1b and 2b | 5 p; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iiii Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2. | d 4; Part IV, lines 1b and 2b | 5 p; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iiii Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2. | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Im XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and 2t to provide any additional ir | 5 p; Part V, line 4; Part X, line information. |

| Schedule D (Fo | rm 990) 2017 | Page 5 |
|----------------|---|---------------|
| Part XIII | Supplemental Information (continued) | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | ••••••••••••••••••••••••••••••••••••••• | |
| | | |
| | | |
| | | |
| | | |
| | | ······ |
| | | |

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.

OMB No 1545-0047

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

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

Open to Public

| Name c | f the organization | | | | - | Employer identific | cation number |
|--------|--|--------------------|--|--|--|--|---|
| Hattie | sburg Moose Lodge #1804 | | | | | | 0645857 |
| Par | | | | | vered "Yes" on F | orm 990, Part IV, | line 17. |
| | Form 990-EZ filers are | | | | | | |
| 1 | Indicate whether the organizati | on raised tunds t | | | - | | |
| a | Mail solicitations | | e [| | ion of non-governr | - | |
| b | Internet and email solicitation | ons | f | | ion of government | • | |
| C | Phone solicitations | | g L | ☐ Special : | fundraising events | | |
| ď | ☐ In-person solicitations | | | | | | |
| 2a | Did the organization have a wri | | | | | | ` |
| | or key employees listed in Form | · | | | | • | |
| D | If "Yes," list the 10 highest paid compensated at least \$5,000 b | u the ergonization | entities (tune | araisers) pu | ursuant to agreeme | ents under which tr | ie fundraiser is to be |
| | Compensated at least \$5,000 p | y trie organizatio | л. | | | | |
| | | * | | | | ······································ | 1 - |
| | (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 | | 1 | | | 1 | | |
| | | | | | 1 | | |
| 2 | | | 1 | | | · | **** |
| | | | 1 | | 1 | | |
| 3 | | | 1 | | | | |
| | | | | | | | |
| 4 | | | | | | | |
| | | | | | <u> </u> | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| 7 | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
| | | | | | | | |
| 8 | | | | | | | |
| | <u>.</u> | | | | ļ <u>.</u> | | <u></u> |
| 9 | | | | | | | |
| -10 | | | + | | | | |
| 10 | | | | | | | |
| | | <u> </u> | | <u>. </u> | | | |
| Total | | | | | | | |
| 3 | List all states in which the org | anization is regis | stered or lic | ensed to s | L Contributions | s or has been notifi | ad it is exempt from |
| • | registration or licensing. | anzadon is regio | 30100 01 110 | crista to a | onon contributions | o i nas been notin | ed it is exempt from |
| | - | | | | | | |
| | •••••• | | | | • | | |
| | | | · | | | *************************************** | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | -+ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| \neg | | | n \$5,000. (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|-------------------------|---|--|---|---|---|
| | | | | | | (add col (a) through col (c)) |
| Ф | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | | |
| ш | 2 3 | Less: Contributions Gross income (line 1 minus line 2) | | | | |
| _ | | mic 2) | | | | |
| | 4 | Cash prizes | | | - | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Dire | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary. Ac Net income summary. Subtra | | | | |
| | | | | | | |
| Pa | rt III | Gaming. Complete if the | e organization answer | ed "Yes" on Form 99 | 0, Part IV, line 19, or | reported more |
| | | Gaming. Complete if the than \$15,000 on Form 9 | e organization answer | ed "Yes" on Form 99 | 0, Part IV, line 19, or | |
| | | Gaming. Complete if the | e organization answer | ed "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) |
| Revenue | | Gaming. Complete if the | e organization answer 90-EZ, line 6a. (a) Bingo | ed "Yes" on Form 99 (b) Pull tabs/instant | 0, Part IV, line 19, or | (d) Total gaming (add |
| Revenue | | Gaming. Complete if the than \$15,000 on Form 9 | e organization answer 90-EZ, line 6a. (a) Bingo | ed "Yes" on Form 99 (b) Pull tabs/instant | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) |
| Revenue | rt | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 | ed "Yes" on Form 99 (b) Pull tabs/instant | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) 76,607.00 |
| Revenue | 1 2 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 | ed "Yes" on Form 99 (b) Pull tabs/instant | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) 76,607.00 |
| | 1 2 3 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 | ed "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) 76,607.00 |
| Revenue | 1 2 3 4 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 | ed "Yes" on Form 99 (b) Pull tabs/instant | 0, Part IV, line 19, or | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 |
| Revenue | 1 2 3 4 5 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 2,267.23 Yes% No | ed "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No | O, Part IV, line 19, or (c) Other gaming | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 |
| Revenue | 1 2 3 4 5 6 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 2,267.23 Yes No | ed "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No | O, Part IV, line 19, or (c) Other gaming Yes% No | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 |
| Revenue | 1 2 3 4 5 6 7 8 | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 2,267.23 No dd lines 2 through 5 in cory. Subtract line 7 from line | ed "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes % No Dlumn (d) | O, Part IV, line 19, or (c) Other gaming Yes% No | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 2,267.23 |
| Revenue | 1 2 3 4 5 6 7 8 Er a is | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 2,267.23 No dd lines 2 through 5 in cory. Subtract line 7 from line ganization conducts ga | (b) Pull tabs/instant bingo/progressive bingo Yes % No Dlumn (d) | O, Part IV, line 19, or (c) Other gaming Yes% No | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 2,267.23 74,522.23 2,084.77 |
| Revenue | 1 2 3 4 5 6 7 8 Er a is | Gaming. Complete if the than \$15,000 on Form 9 Gross revenue | e organization answer 90-EZ, line 6a. (a) Bingo 76,607.00 72,255.00 2,267.23 Yes % No dd lines 2 through 5 in conduct gamization conducts ganonduct gaming activities | (b) Pull tabs/instant bingo/progressive bingo Yes % No Dlumn (d) | O, Part IV, line 19, or (c) Other gaming Yes% No | (d) Total gaming (add col (a) through col (c)) 76,607.00 72,255.00 2,267.23 74,522.23 2,084.77 |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

| schedu | ıle G (Form 990 or 990-EZ) 2017 | | Р | age 3 |
|--------|---|-----------------|--------------|------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | ✓ Y | es 🗌 | 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? | □ Y | es 🗹 | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | | 10 | <u>o %</u> |
| b | An outside facility | | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name Glenn Rasberry | | | |
| | Address ► 291 Lott Town rd, Hattiesburg, MS 39402 | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | □ Y | es 🗹 | 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 ▶ \$ | | | |
| C | If "Yes," enter name and address of the third party: | | | |
| | Name & | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information. | | | |
| | Name ► Glenn Rasberry | | | |
| | Gaming manager compensation ► \$ 31,180.00 | | | |
| | Description of services provided ► Manage Employees and supplies and Books | | | |
| | ☑ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | | | | |
| | retain the state gaming license? | ☑ Y | ′es 🗌 | No |
| b | spent in the organization's own exempt activities during the tax year ▶ \$ | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions. | nd (v) matic |); and n. | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE 0 (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

| Hattiesaburg Moose Lodge #1804 64-0 | | | | |
|--|---|--|--|--|
| Marcaphul Augose Fonde & 1004 | 645857 | | | |
| | | | | |
| Part VI Line 6 Moose Units have Members | | | | |
| | | | | |
| Part VI Line 7a Members elect the board of Officers | | | | |
| Dod VIII in 7h The Ladge or a whole an appropriate accommon data as of the Officer | | | | |
| Part VI Line 7b The Lodge as a whole, approves the recommendations of the Officers | | | | |
| Part VI Line 11b The Administrator furnishes the board members a copy of the 990 return for there review at a regular board. | ard meeting | | | |
| The state of the s | | | | |
| Part VI Line 19 We did not make our governing documents, conflict of interest policy, and financial statements available t | o the public | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|--|---|
| Name of the organization | Employer identification number |
| Hattiesburg Moose Lodge #1804 | 64-0645857 |
| | |
| | |
| | |
| | |
| | ······ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

Open to Public 2017

OMB No 1545-0047

Employer identification number Inspection

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2017 å 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 64-0645857 (f)
Direct controlling 'entity (e) End-of-year assets Sole Member (e)
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, Inne 33. (d) Exempt Code section 501(C)8 (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity Faternal Organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1)Moose International, Inc. 155 S. International Drive (a) Name, address, and EIN of related organization Hattiesaburg Moose Lodge #1804 Mooseheart, IL 60539 Parti Part II € Ξ 8 ପ୍ର Ð 9 <u>N</u> ල ₹ © 9

| Schedule R (Form 980) 2017 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990 Part IV line 34 | Related Organiza | tions Taxabl | e as a Partr | Jershin C | omolete if the | o Ordaniza' | awsue uoi | red "Yes | " on Form 990 | Part IV | line 34 | Page 2 |
|---|----------------------|---|-------------------------------|---|---|---|--|---|---|--|--|------------------------------------|
| because it had one or more related organizations treated as a partnership during the tax year | e or more related | organizations | treated as | a partners | in during the | e drigariiza e tax year. | ion allowe | | | y, raiciv, | to a | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | | (e) Predominant Income (related, unrelated, excluded from tax under sections 512—514) | (f) Share of total income | (9) Share of end-of- year assets | (h) 5f- Disproportionate allocations? | (0) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | General or (20 managing (4.1 partner?) | | (k) Percentage ownership |
| | | | | | _ | | | Yes | No. | Yes | S N | |
| | | | | - | | - | | | | | | |
| | | | | | | - | | | | | | |
| | ł | | | | | | | | | | | |
| | | | | | | | | | | | | ! |
| | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part IV 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. | Related Organiza | rtions Taxable related organ | as a Corpizations trea | oration or | Trust. Comporport | plete if the trust durin | organizati ng the tax | on answ year. | ered "Yes" on | Form 990 | , Part I | , , |
| (a) Name, address, and EIN of related organization | d organization | (b) Primary activity | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | | (f) Share of total Income | (g) Share of end-of-year assets | (h) Percentage ownership | (1) Section 512(b)(13) controlled entity? | 1) 512(b)(13) rolled rty? |
| | | | | | | | | | | | Yes | 9N |
| | | | | | | | | | | | | |
| | | : | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | : | | i |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | | | | | | S | Schedule R (Form 990) 2017 | (Form 99 | 30) 2017 |

Schedule R (Form 990) 2017

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

| 1a v 1b v 1c v 1c v 1c v 1c v 1c v 1c v 1c v 1c v v 1c v v v v v v v v v | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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? |
|--|--|
| ated organization(s) steed organization(s) rrganization(s) rrg | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, orant, or capital contribution to related organization(s) |
| 9, including covered relationsh Remount involved Amount involved | Gift, grant, or capital contribution from related organization(s) |
| ated organization(s) organization(s) organization(s) ition on who must complete this line, including covered relationsh (b) Transaction type (a – s) Amount involved type (a – s) | |
| ated organization(s) ared organization(s) organization(s) Transaction Transaction The (a - s) The (a - s) The (a - s) | |
| ated organization(s) ated organization(s) organization(s) tion on who must complete this line, including covered relationsh tion on who must complete this line, including covered relationsh type (a – s) Transaction type (a – s) | |
| ated organization(s) organization(s) significant complete this line, including covered relationsh tion on who must complete this line, including covered relationsh type (a – s) Amount involved type (a – s) | |
| ated organization(s) riganization(s) riganization(s) tion on who must complete this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationsh the near this line, including covered relationship covere | |
| ated organization(s) sted organization(s) organization(s) tion on who must complete this line, including covered relationsh (b) Transaction type (a – s) Type (a – s) | |
| ated organization(s) | anization(s) |
| ations by related organization(s) with related organization(s) s for information on who must complete this line, including covered relationsh type (a – s) Transaction type (a – s) | ganization(s) |
| with related organization(s). S for information on who must complete this line, including covered relationsh (b) Transaction type (a – s) Transaction type (a – s) | tations by related organization(s) |
| s for information on who must complete this line, including covered relationsh (b) (c) Transaction (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | with related organization(s) |
| s for information on who must complete this line, including covered relationsh (b) (c) Transaction Amount involved type (a – s) | |
| s for information on who must complete this line, including covered relationsh (b) Transaction type (a – s) | |
| for information on who must complete this line, including covered relationships and transaction thresholds. (a) Transaction thresholds. (b) Amount involved Wethod of determining amount involved type (a—s) | |
| Amount involved | s for information on who must co |
| Amount involved | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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.

| (b) (c) (d) (d) (e) (e) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | (p) | (a) | (p) | (0) | (1) | | (h) | (i) | (8) | (K) |
|--|-------------------|-------------------------------|---|---------------------------------|------------|--------|--------------|-------------|----------------------|----------------------------|
| אפיופ, מספטט, מום כוא סו פוונוץ | רוווומוץ מכנועונץ | (state or foreign country) | income (related, unrelated, excluded | section section 501(c)(3) | | _ | allocations? | a - | managing partner? | |
| | | | from tax under sections 512—514) | organizations? | | | No. | (Form 1065) | | |
| (1) | | | | 2 | | | 3 | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | ļ | | | | | ļ P | | | | |
| (5) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (A) | | | | | | ; | | | | |
| (8) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| | |) - - - | | | | ; ; | | Sche | dule R (For | Schedule R (Form 990) 2017 |

| chedule R (| Form 990) 2017 | Page 5 |
|-------------|---|---------------|
| Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. | |
| | | |
| , | | * |
| | | |
| | | |
| ,· | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |