		_	1	•					1
For	" <b>99</b>	0	Return of Org	ganization Exe	mpt Fro	m Inco	ome Ta	ЭX	OMB No. 1545-0047
. 0.	• •				-				。 20 <b>18</b>
			Under section 501(c), 527, or	al security numbers on			•	_ 1	.′
Dep	artment of t	he Treasury	i ł	gov/Form990 for instruc		-	-	<i>'iU</i> /)L	Open to Public Inspection
A			endar year, or tax year beginning	<u> </u>		nd ending		/_/L/ il 30th	, 20 19
В	Check if a		C Name of organization Hattiesbur				ДА		er identification number
ň	Address o		Doing business as Hattiesburg	<del>4</del>	Loyal Older	OI MOOSE			64-064580) 57
	Name cha	•	Number and street (or PO box if n		address)	Room/suite		E Telepho	one number
	Initial retu	•	308 West Hills Dr						601-264-7069
	Final return	/terminated	City or town, state or province, cou	ntry, and ZIP or foreign post	al code	•			
	Amended	return	Hattiesburg MS 39402					<b>G</b> Gross r	eceipts \$ 462,636.0
	Applicatio	n pending	F Name and address of principal office	er			H(a) Is this a g	roup return for	subordinates? Yes No
_			Robert Kyzar, 4124 W4th St Ap		39401				es included? Tyes No
<u> </u>	Tax-exem	pt status	501(c)(3)	( <b>8</b> ) <b>∢</b> (insert no ) □ 4	1947(a)(1) or	□\$₹ <del>\</del>	If "N	lo," attach	a list (see instructions)
J	Website.				-	UU	<del></del>		number ► 0002
K		<del></del>	Corporation Trust Associ	ation	L Yea	r of formation	<u> </u>	M State	of legal domicile MS
F	art I	Summ	<b></b>	nian ar maat arangaan		TUE OBO	`	AL HAUTE	C ITC MEMOLING IN THE
0	4	-	escribe the organization's miss						
anc	1 -		OF FRATERNITY, BENEVOLENC AND RECREATIONAL ACTIVITIE						
Ē			is box ▶ ☐ if the organization						<del>-</del>
ò			of voting members of the gove	•				3	
Activities & Governance			of independent voting membe		•	line 1b)		4	
ties	5	Γotal nur	mber of individuals employed i	n calendar year 2018	(Part V, line	2a)		5	1
Ę	6	Fotal nur	mber of volunteers (estimate if	necessary)				6	3
Ä	7a -	Fotal unr	elated business revenue from	Part VIII, column (C), I	ine 12 .			7a	
	d	Net unre	lated business taxable income	from Form 990-T, line	e 38			7b	
	ĺ					_	Prior Y	ear	Current Year
ne	8 (	Contribu	tions and grants (Part VIII, June service revenue (Part VIII, Inc	ENEIVED O		· ·		296.00	· · · · · · · · · · · · · · · · · · ·
Revenue					<i>l</i>	· ·	4	99,829.75	<del>                                     </del>
Re			ent income (Part VIII, column (7		1	· ·		17.48	· · · · · · · · · · · · · · · · · · ·
	12	Cotal rave	venue (Part VIII, column (A), lin enue—add lines 8 through 11 (i	must equal Part VIII-7	aniu i ie). Sumo (Δ) lir	12)		2,084.77 02,228.00	
_	13 (	Grants a	nd similar amounts paid (Part-	X column (A) lines 1	-3 <b>1</b>	10 12)	<u> </u>	1,672.00	
			paid to or for members (Part (					.,072.00	
ģ			other compensation, employee		n (A), lines	5–10)		83,412.66	55,965.5
nses	16a		onal fundraising fees (Part IX, o	•		🗀		0	
Exper	b -	Total fun	draising expenses (Part IX, co	lumn (D), line 25) 🕨 _		0			
Ü	'' \		penses (Part IX, column (A), Iır	•		· · <u> </u>	4	53,166.27	351,404.2
			penses. Add lines 13-17 (must				5	38,250.93	407,369.7
		Revenue	less expenses. Subtract line	18 from line 12	<u> </u>		<u>`</u>	6,022.93	
t Assets or	20 -	Fotol	note (Port V. Ivan 46)			Re	ginning of Ci		<del> </del>
Asse.	20		sets (Part X, line 16)		• • •	· ·	8	26,292.97	<del></del>
Net Set	: 1		oilities (Part X, line 26)	line 21 from line 20		· ·		<u>2,469.77</u> 23,823.20	
	art II		ture Block	ille 21 iloni ille 20	· · · ·	<u> </u>		23,623.20	002,623.2
			ury, I declare that I have examined this	return, including accompan	vina schedules	and stateme	ents, and to	he best of	my knowledge and belief, it
			lete Declaration of preparer tether ha						,,
			Mem //ralls						
Sig	- 1	Sign	lature of officer	11	1 /			ate	
Here		E	lenn Masberr	y Haminis	trato	<u> </u>		1-/	2-2019
		<del>'</del>	e or print name and title	, , , ,					
Pa	iid	Print/Ty	pe preparer's name	Preparer's signature		Date		Check	
Pr	eparer			ļ <u></u>			ı	self-em	ployed
Us	e Only				<del></del>			n's EIN ►	
140	v the IPS		address ► s this return with the preparer	shown above? (see in	etructions\		] Ph	one no	<u>Yes No</u>
_			strils return with the preparer	<del></del>	au uctions)	Cat No	11282V	<u> </u>	Form <b>990</b> (201
	. apelw	n . 1644	not itolioc. 3cc tile 36Ddi	410 1113U UVUVIIJ.		vai ivo	112021		. 500 000 (20)

Form 99	10 (2018)				Page <b>2</b>					
Part		atement of Program Service A								
			sponse or note to any line in this Pa	art III	<u> </u>					
1	-	escribe the organization's missio								
	THE ORGANIZATION UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY, BENEVOLENCE AND CHARITY.  THIS IS ACCOMPLISHED THOUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR THE MEMBERS									
		RE FAMILES ESTAIMATED TO NU		ECREATIONAL ACTIVITIES FOR TH	TE MEMBERS					
	And in	INCI AMILES ESTAMATED TO NO	MDER 220							
2			icant program services during the yea							
	•			[	]Yes ☑No					
		describe these new services on								
3			, or make significant changes in he							
	services				☐ Yes ☑ No					
4		describe these changes on Sche	edule O. vice accomplishments for each of its	three lorgest program convene	a manaurad by					
-			organizations are required to report							
			or each program service reported.	The arrivant of grants and another	anorio to ou icro,					
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
		•								
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
					•					
		••••••								
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$						
	(0000				/					
		••••••								
4d		ogram services (Describe in Sch								
	(Expense		ants of \$ ) (Revenue \$	)	<del></del>					
4e	Lotal pro	ogram service expenses								

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del></del>		<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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? <i>If</i> "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		✓
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		✓
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>√</b>	
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u>`</u>
ь	Schedule D, Parts XI and XII	12a		,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	Ι <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
			. 000	(004

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
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		✓
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			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		_	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
С	Schedule L, Part IV	28b		<b>√</b>
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>V</b>
00	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
_	Fotontho mumban mandad in Day 0 of Fairs 4000 Fisher 0 Academic Park		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
-	reportable gaming (gambling) winnings to prize winners?	1c	1	,
			990	(2018)

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13		<u>.</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لبِــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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 over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>V</b>
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).			لحيا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>-</b>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD	u	· 1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<b>  •</b>
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	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?	7g		1
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,	1
	sponsoring organization have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	40-		لــــــا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	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.  Is the organization licensed to issue qualified health plans in more than one state?	13a		!
а	Note. See the instructions for additional information the organization must report on Schedule O.	isa		7
<b>L</b>	· · · · · · · · · · · · · · · · · · ·			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	٠.		,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<del>                                     </del>
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			٠, ا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " còmplete Form 4720. Schedule O			

ronn 99	(2016)		,	Page <b>U</b>
Part '	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Section	on A. Governing Body and Management			
4	Fig. 11. The street of the str		Yes	No .
та	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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	Enter the number of voting members included in line 1a, above, who are independent . 1b		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>/</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	<del> </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.	,	
0	stockholders, or persons other than the governing body?	7b	•	<del>                                     </del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	11/2/41/1	۵, ۳	o l
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the surrouington have least shouton househor on efficience	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>                                     </del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
42	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		1
15	Did the process for determining compensation of the following persons include a review and approval by	17		<del>                                     </del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 441	r 44.	484 4314
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-	. 4 )	
	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		
Section	on C. Disclosure			Ь
17	List the states with which a copy of this Form 990 is required to be filed ▶ Mississippi			····
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	Γ (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			, ,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Glenn Rasberry, 2910Lott Town Rd, Hattiesburg MS 39402			

Orm	990	(2018)	

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

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

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

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

compensated employees; and former such persons.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
					<del></del>					
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable compensation from	Reportable	Estimated
	hours per week (list any	per officer and a director/trustee)							compensation from related	amount of other
	hours for	or o	Inst	Officer	<u>@</u>	en H	Former	the	organizations	compensation
	related organizations			ဋ	Key employee	Joyet   Joyet	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or in	onal	]	P <sub>O</sub>	🖁 🖺		(44-27 1099-101130)		and related
	line)	Individual trustee or director	Institutional trustee		e	l pen				organizations
		Ö	tee			Highest compensated employee				
<del></del>			_		├─	<u> </u>				
(1) Robert Kyzar										
Governor	10			✓	ŀ					
(2) Glenn Rasberry										
Administrator	40			✓				33,800.00		
(3) Randall Minton										
Jr Governor	10			✓						
(4) William Delancy		} .								
Jr Past Governor	10		L	✓		ļ	<u> </u>			
(5) George Spring			ŀ			1				
Prelate	10			✓			_			
(6) Stephen Rasberry				١,						
Treasurer	10		$\vdash$	<b>✓</b>		<u> </u>	_	<del> </del>		
(7) Richard Little		ļ								
Trustee	10	<del>                                     </del>	$\vdash$	/		-	$\vdash$	<del></del>	<b></b>	
(8)	ļ		'	1						
	<del> </del>	-		-	$\vdash$	-	$\vdash$			
(9)	<b></b>	1								
(10)						$\vdash$	$\vdash$			
<u> </u>	}	1								
(11)	· · · · · · · · · · · · · · · · · · ·		· · · ·							····
·		1								
(12)								,		
		<u> </u>				<u> </u>	L			
(13)	ļ									
		<u> </u>			<u> </u>	L	L			
(14)	ļ									
	I	ı	1	ı	I	I	1	1	I	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (con	tinued)	
	(A) Name and title	(B) Average hours per week (list any	erage box, unless person is both a urs per officer and a director/trustee		an tee)	Reportable Reportation compensation relate		on from amount of				
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	comper	nsation the zation elated
(15)												
(16)												
(17)												
(18)												
(19)								-				
(20)												
(21)												
(22)												
(23)								<u> </u>	<del> </del>			
(24)												
(25)												
1b c d	Sub-total			•			•	<b>▶ ▶</b>	33,800.00			
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	<del></del>		000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compensa		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											n's tax
	(A) (B) Name and business address Description of services							ervices	(C) Compensa	tion		
	···							-		-		
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		,

Part	VIII					D 1 / / / /		
	,	Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns	1a		-		<del></del>	1
ran	ь	Membership dues	1b	1,064.00				
ا ق	С	Fundraising events	1c					
ifts ar/	d	Related organizations	1d					
S,E	е	Government grants (contributions)	1e					
Si	f	All other contributions, gifts, grants,						
her	_	and similar amounts not included above	1f					
혈하	g	Noncash contributions included in lines 1a-		I		Ì		
Contributions, Gifts, Grants and Other Similar Amounts	h h	Total. Add lines 1a-1f			1,064.00	بيم (مندولا	_	
		Total rida ilito la li	·	Business Code	1,004.00		· · · · · · · · · · · · · · · · · · ·	***************************************
e l	2a	Social Quarters		Business Gods	04 904 04			
3ev	b	Kitchen			94,894.04 3,677.90			<u> </u>
Program Service Revenue	c	Committee Income			7,707.94			
P.	q	Program Services		-	278,245.54			
u S	e	Misc. Income						
<u>Ja</u>	f	All other program service revenu			1,470.25			
ĕ	g	Total. Add lines 2a-2f			385,995.67			1
	3	Investment income (including			365,995.67		· · · · · · · · · · · · · · · · · · ·	<del> '</del>
		and other similar amounts) .			43.38			
	4	Income from investment of tax-exer		L	43.30			
	5	Royalties	•					
		(i) Real		(II) Personal			<del></del>	
	6a	Gross rents	•••	.,				
	b	Less. rental expenses				1		
	C	Rental income or (loss)						
	ď	Net rental income or (loss) .				-		<del> </del>
	7a	Gross amount from sales of (i) Security	es :	(ii) Other				<del>                                     </del>
	l 'a	assets other than inventory		<del> ````</del>				
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)		··· - · · · · · · · · · · · · · · · · ·				ļ
	d	Net gain or (loss)						† · · · · · · · · · · · · · · · · · · ·
en								
_	8a	Gross income from fundraising events (not including \$						
Other Reve		of contributions reported on line 1	c).					
ē		See Part IV, line 18	. a					
동	b	Less direct expenses	. b		·			
•	С	Net income or (loss) from fundra	ısıng	events <b>&gt;</b>				
	9a	Gross income from gaming activi						1
		See Part IV, line 19	· a	75,533.00	Ì			
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gamin	g acti	vities 🕨	13,235.65			
	10a	Gross sales of inventory,	ess					
		returns and allowances .	· a					Ì
	b	Less cost of goods sold	. b					
	С	Net income or (loss) from sales of	of inve	entory 🕨				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		▶	400 338 70			<u> </u>

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con									
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				,					
2	Grants and other assistance to domestic individuals. See Part IV, line 22				٠					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
<b>4</b> <b>5</b>	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	7,800.00								
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,392.66								
9	Other employee benefits			ļ						
10	Payroll taxes	3,772.90								
11	Fees for services (non-employees):									
a	Management									
b	Legal									
C	Accounting	26,000.00								
d	Lobbying									
e f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (O)									
12	Advertising and promotion	504.00		<del> </del>						
13	Office expenses	004.00								
14	Information technology	130.00								
15	Royalties		<del>-</del>							
16	Occupancy	267,076.93								
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				·					
19	Conferences, conventions, and meetings .	1,816.67								
20	Interest	184.47								
21	Payments to affiliates	1,161.00								
22	Depreciation, depletion, and amortization .									
23	Insurance	11,111.75								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				٠. ٠					
	(A) amount, list line 24e expenses on Schedule O.)									
а	Cost of Goods Sold	33,297.44								
b	Committee Expense	5,527.20								
С	Tax Paid	4,594.74								
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	407,369.76								
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 following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1.	Cash—non-interest-bearing	20,875.25	1	10,103.99
	2	Savings and temporary cash investments	11,660.28	2	7,703.66
	3	Pledges and grants receivable, net	0	ფ	0
	4	Accounts receivable, net	650.00	4	0
	5	Loans and other receivables from current and former officers, directors,	Fin a space		
		trustees, key employees, and highest compensated employees.	. e e <u>e e</u>	,	
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section	Autic the Scill		امرياد وينتسخ
		4958(f)(1)), persons described in section 1958(c)(3)(B), and contributing employers and	Annual of the property of the		Jiminak watin
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		3	
ts		organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
A	8	Inventories for sale or use	8,882.06	8	5,298.60
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	784,225.38	_	784,225.38
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	826,292.97		807,394.63
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		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,	ر دور سیا	• •	4½ n G
Ξ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			- <del></del>
iat	00	·	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		3,192.00
	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			
		of Schedule D	2,469.77	25	1 201 45
	26	Total liabilities. Add lines 17 through 25	2,469.77		1,301.45 4,493.45
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	2,403.77		4,493.43
e S		complete lines 27 through 29, and lines 33 and 34.			
JI.	27	Unrestricted net assets	814,823.20	27	802,901.18
3al	28	Temporarily restricted net assets	0 14,020.20		0
P	29	Permanently restricted net assets	0		0
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			1
ř		complete lines 30 through 34.	<u>.</u>	_	
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Se	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	814,823.20	33	802,901.18
_	34	Total liabilities and net assets/fund balances	826,292,97		807.394.63
			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2018)

Pari	XI Reconciliation of Net Assets				ye 12
Par					_
	Check if Schedule O contains a response or note to any line in this Part XI		<u>· · · ·</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			338.70
2	Total expenses (must equal Part IX, column (A), line 25)	2			369.76
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.06)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		814,8	323.20
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 0)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		807,	789.14
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	ľ	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or .		. 1
	reviewed on a separate basis, consolidated basis, or both:	•			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			l	
Ь	Were the organization's financial statements audited by an independent accountant?		2b		<b>1</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiah	ıt		
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		<b>—</b>		
	Schedule O.	•	İ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth #	n		
	the Single Audit Act and OMB Circular A-133?		.   3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao the	e 🗀		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1	
			For	<u>aan</u>	(2018)

Form **990** (2018)

**á**i

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **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

	burg Moose Lodge #1804			64-0645857
Par				Accounts.
	Complete if the organization answered			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		↓	<u></u> .
3	Aggregate value of grants from (during year) .		ļ	
4	Aggregate value at end of year		1	<del> </del>
5	Did the organization inform all donors and dono			
_	funds are the organization's property, subject to the	-		<b>—</b> ··· <b>—</b> ··
6	Did the organization inform all grantees, donors,			
	only for charitable purposes and not for the bene			
Dor	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · Yes No
Par	Conservation Easements.	"Voc" on Form 900 Part IV line 7		
	Complete if the organization answered Purpose(s) of conservation easements held by the		•	
1	Preservation of land for public use (e.g., recreation)		f a bioto	orically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·		fied historic structure
	Preservation of open space	Freservation o	a ceru	ned historic structure
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the	e form of a conservation
-	easement on the last day of the tax year.	.ord a qualification ration outside states		Held at the End of the Tax Year
а	•			2a
b	Total acreage restricted by conservation easemer			2b
c	Number of conservation easements on a certified		,	2c
ď	Number of conservation easements included in			
				2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ten	minated	by the organization during the
	tax year ►	-		
4	Number of states where property subject to conse	ervation easement is located ►		
5	Does the organization have a written policy re-	egarding the periodic monitoring, ins	spection	, handling of
	violations, and enforcement of the conservation e			
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcir	ig conse	rvation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conserv	ation easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		nanciai	statements that describes the
Dort	organization's accounting for conservation easem		Othor	Similar Accord
Part	Organizations Maintaining Collection Complete if the organization answered			Sillilar Assets.
	If the organization elected, as permitted under SI			is statement and balance shoe
ıa	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the	•		
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other similar			
	public service, provide the following amounts rela	•		,
				. ▶ \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X			. <b>&gt;</b> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r asset	s for financial gain, provide the
	following amounts required to be reported under			- · ·
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	Assets included in Form 990, Part X			. <b>&gt;</b> \$

Part								
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and of	ther reco	rds, chec	k any of the	follow	ring that are a sig	nificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams	
b	Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generations	<b>;</b>						
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how t	hey further th	ne org	anızatıon's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							□ 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?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing to	able:		Am	nount
_	Beginning balance					1c	+	
۲ د	Additions during the year					1d	<del></del>	· · · · · · · · · · · · · · · · · · ·
d						1e	<del>-  </del>	<del></del>
e	Distributions during the year					1f		
f	Ending balance						a a a a una dia bulita O	□ Vaa □ Na
2a	Did the organization include an amour							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xpianatio	n has been p	rovide	ed on Part XIII.	· · · · · ·
Pari		(W)	n C	000 [	5 0	40		
	Complete if the organization						(A) The control of th	(.) [
	,	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	=						
b	Contributions							
С	Net investment earnings, gains, and losses							
4	•							
d	Grants or scholarships							
е	Other expenditures for facilities and programs				}			
	` <del>-</del>		<del>                                     </del>		<del> </del>			
f	Administrative expenses			_				
g	End of year balance		<u> </u>		L	<del></del> .		
2	Provide the estimated percentage of the			e (line 1g	j, column (a))	held a	as:	
а	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and							
За	Are there endowment funds not in the	e possession of the	ne organı	zation th	at are held a	nd adı	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	l as requi	red on So	chedule R? .			3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment f	unds			
Part	VI Land, Buildings, and Equip	ment.				•		
	Complete if the organization		on For	m 990, I	Part IV, line	11a. S	See Form 990, f	Part X, line 10.
	Description of property	(a) Cost or o (investm	ther basis	(b) Cost of	or other basis other)	(c) A	Accumulated preciation	(d) Book value
	Land			<del>                                     </del>	<del>-</del>			150,000.00
_				<del>                                     </del>				
b	Buildings	·		<del>                                     </del>			<del></del>	480,087.93
C	Leasehold improvements	·		-				454455 :-
d	Equipment	•	_		-			154,137.48
<u>е</u>	Other	·	00 5	<u> </u>	- (D) / 10			
rotal.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part	x, columi	1 (B), line 10c	:.)		784,225.63
							Sched	lule D (Form 990) 2018

Part VII	Investments — Other Securion Complete if the organization		orm 990. Part IV. lin	e 11b See Form 9	90. Part X. line 12.
	(a) Description of security or ca (including name of security	ategory	(b) Book value	(c) Method	d of valuation year market value
(1) Financial	I derivatives				
(2) Closely-l	held equity interests				
(3) Other					
(A)			•••		·
(B)					
(C) (D)					
(E)					
(F)					_
(G)					·
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12				
Part VIII	Investments—Program Re			_	
	Complete if the organization			1	
	(a) Description of investme	ent	(b) Book value		d of valuation -year market value
(1)		<del></del>			
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)					
(4)					
(5)				<del> </del>	<del></del>
(6)	<del> </del>	<del></del>			
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13	3) ▶			• ,
Part IX	Other Assets.	•			
	Complete if the organization		orm 990, Part IV, lin	e 11d. See Form 9	
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(5)	<del></del>				
(6)				····	· · · · · · · · · · · · · · · · · · ·
(7)			<del></del>		
(8)		<del></del>			
(9)					
	mn (b) must equal Form 990, Part	X, col. (B) line 15.)	<u> </u>	▶	
Part X	Other Liabilities. Complete if the organization	answered "Yes" on F	orm 990, Part IV, lin	e 11e or 11f. See F	orm 990, Part X,
<u>,</u>	line 25.				
1.	(a) Description of liability	(b) Book value			•
(1) Federal in			1,160.45	٠ ١ ١ ١ ١ ١ ١	
	ose International		141.00		
(3) Mortgag (4)	0		3,192.00	STREET AS STREET	en you walkage or a
(5)			pro i sign per	week to the section and	1 A 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(6)	<del> </del>				
(7)				SPINE CHIL	يافي مشوع
(8)			1 - 1470 HZ M - 1	Bown of the Walter Company of the Walter Company of the Company of	The state of the s
(9)			- 4 15		وها ده الحالة الأ
			ایدا	* * * * * * * * * * * * * * * * * * * *	there as an arrangement
Total. (Column (	(b) must equal Form 990, Part X, col (B) line 25	5) ▶ [	4,493.45		

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	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	1 1
c	Recoveries of prior year grants	2c	<b>1</b>
d	Other (Describe in Part XIII.)	2d	1
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		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	4a	
b	Other (Describe in Part XIII )	4b	]
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XII Reconciliation of Expenses per Audited Financial Stater		er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	·		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ε .
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	<u> </u>
C	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5
	XIII Supplemental Information.	14.0.411/154110	D W D W
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
z, i ai	Al, illes 20 and 45, and 1 ar All, lines 20 and 45. Also complete this part	to provide any additional ii	mornation.
•			
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Schedule D (For	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 64-0645857 Hattiesburg Moose Lodge #1804 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations а b ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (i) Name and address of individual or entity (fundraiser) (or retained by) fundraiser listed in (iv) Gross receipts (ii) Activity from activity organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
O			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				<del></del>
ш.	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 	1	Gross revenue	75,533.00			75,553.00
ses	2	Cash prizes	61,360.00			61,360.00
Direct Expenses	3	Noncash prizes		<u> </u>		
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	937.35			937.35
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	,
	7	Direct expense summary. Ac	dd lines 2 through 5 ın c	olumn (d)		62,297.35
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		13,235.65
	a Is		onduct gaming activities	s in each of these state		. ☑ Yes ☐ No
10		ere any of the organization's g	jamıng licenses revoked	l, suspended, or termin	nated during the tax year	? . ☐ Yes ☑ No

chedu	tle G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	✓ Yes	□No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☑ No
13	Indicate the percentage of gaming activity conducted in:		
а	'The organization's facility		100 %
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	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?	☐ Yes	☑ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		_
С	If "Yes," enter name and address of the third party:		
	Name ►  Address ►		
16	Gaming manager information:		
	Name Glenn Rasberry		
	Gaming manager compensation ▶ \$ 7,800.00		
	Description of services provided ► Manage Employees and supplies and gaming books		
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b></b> Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 40%		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
<b></b>			

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

Hattiesburg Moose Lodge #1804	64-0645857
Part VI Line 6 Moose Units have Members	
Part VI Line 7a Members elect the board of officers	
Part VI Line 7b The Lodge as a whole approves the recommendattions of the officers	
Part VI Line The Administrator furnishes the board members a copy of the 990 return for there review	at a regular board meeting
Part VI Line 19 We did not make oyr governing documents, conflict of interest policy and financial stat	
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	••••••
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Hattiesburg Moose Lodge #1804	64-0645857
•	
	-

# SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

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OMB No 1545-0047

Open to Public Inspection 64-0645857

Hattiesburg	Hattiesburg Moose Lodge #1804					64-(	64-0645857
Part I	Identification of Disregarded Entities. Comple	plete if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" (	on Form 990, Parl	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
£							
(2)							
(9)							
(4)							
(2)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	<b>nizations.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had sturing the tax year.	ne organization ar	nswered "Yes" or	Form 990, Part	IV, line 34, beca	ause it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 controll entity
(1)Moose	(1)Moose International, Inc. 155 S. International Drive						89-
Mooseheart, IL 60539 (2)	rt, IL 60539	Faternal Organization	1	501(C)8		Sole Member	>
(3)							
(4)							
(2)							
(9)							
W							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0,	Cat N	Cat No 50135Y		Schedule	Schedule R (Form 990) 2019

Page 2	34,	(k) Percentage ownership									t IV,	Section 512(b)(13) controlled entity?	S N								Schedule R (Form 990) 2019	
	line 3		2								, Par	Sectio	Yes								Form	
	art IV,	(I) General or managing partner?	Yes								rm 990	(h) Percentage ownership									edule R	
	<b>ble as a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line is treated as a partnership during the tax year.	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									ed "Yes" on Fo	Share of Peend-of-year assets or									Sch	
	"Yes" (	(h) Disproportionate allocations?	Yes No				<u>-</u>				answer r											
	swered	sets									zation a	(f) Share of total income										
	ition ans	(g) Share of end-of- year assets									organi ng the t	(e) Type of entity (C corp, S corp, or trust)										
	ırganıza ax year.	(f) Share of total income									ste if the ust duri	fype o Type o (C corp, S o										
	f the o the ta	Share									omple n or tr											
	mplete i o during	(e) Predominant income (related, urrelated, excluded from tax under sections 512—514)									<b>Frust.</b> Cr poratio	(d) Direct controlling entity										
	<b>nip.</b> Col tnershi	Predor Income unrel exclude tax u									ion or as a co									<u> </u>		
	ı <b>rtners</b> l ıs a par	ty										<b>rporat</b> reated	(c) Legal domicile (state or foreign country)									
	Identification of Related Organizations Taxable as a Partnership. Complete if the organizabecause it had one or more related organizations treated as a partnership during the tax year	(d) Direct controlling entity									as a Co	(sta										
		(c) Legal domicile (state or foreign country)									<b>Taxable</b> ed organiz	(b) Pnmary activity										
	ations   orgar										<b>ations</b> relate	ď								1		
	Identification of Related Organizations Taxal because it had one or more related organization	(b) Primary activity								:	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.	organization										
019	fication of Fise it had one	nd EIN of zation									fication of Fig. because it	(a) Name, address, and EIN of related organization										
Form 990) 2	<b>Identi</b> becau	(a) Name, address, and EIN of related organization									Identi line 34	e, address,										
Schedule R (Form 990) 2019	Part III	Name rel		(1)	(2)	(3)	(4)	(2)	(9)	6	Part IV	Nam		<b>(</b>	(2)	(6)	(4)	(2)	(9)	6	,	

During the xy way, did in toyalists, or five free following transactions with one or more related organizations listed in Faris II-VV is the formation of the following transactions with one or for controlled computation (s) for the grant or controlled computation (s) for grant or capital controlled organization(s) for grant or lead grantaneous by related organization(s) for grant organization(s) for grant organization(s) for grant organization(s) for grantation(s) for expenses or feeding organization(s) for expenses with related organization(s) for expenses with related organization(s) for expenses for member of grantation(s) for expenses for member of grantation(s) for expenses for grantation for grantations for grantation(s) for expenses for grantation for grantations for grantation(s) for expenses for grantation for grantation for grantations for grantation for grantation for grantation for grantations for fintematic organization for grantation for grantations for fintematic for grantations for fintematic grantations for grantations for grantations for grantations for fintematic grantations for grantations for fintem				•		Yes
anization(s) surjection(s) surjection(s) such related organization(s) surft related organization		more related orga	ınızatıons lısted in Par	ts II-IV?		+
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ated organization(s) ared organization(s) organization(s) tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh  (b) Transaction type (a = s)  Transaction Amount involved type (a = s)	, or capital contribution to related organization(s)				<del>1</del>	
ated organization(s)  ated organization(s)  organization(s)  organization(s)  tition on who must complete this line, including covered relationsh  (b)  Transaction  ype (a – s)					10	
ated organization(s) ared organization(s) organization(s)  Ition on who must complete this line, including covered relationsh  (b)  Transaction type (a—s)  Amount involved	•				P	H
ated organization(s)  organization(s)  tition on who must complete this line, including covered relationsh the following the following covered relationsh the following covered relationsh the following followi	on guarantoon he voloted eventuation(e)	•	•	· · ·		t
ated organization(s) ated organization(s) organization(s)  rition on who must complete this line, including covered relationsh  (b)  Transaction type (a – s)  Amount involved type (a – s)	vall gualaritees by related organization(s)		· · · ·		2	╁
ated organization(s)  ared organization(s)  organization(s)  tition on who must complete this line, including covered relationsh  tition on who must complete this line, including covered relationsh  type (a – s)  Transaction  type (a – s)	from related organization(s)				7=	$\dagger$
ated organization(s) ared organization(s) organization(s) organization(s)  rition on who must complete this line, including covered relationsh  (b) Transaction (c) Transaction (p)e (a - s)					,	$\dagger$
ated organization(s) ated organization(s) organization(s)  tition on who must complete this line, including covered relationsh  (b) Transaction type (a – s)  The mount involved type (a – s)	ets to related organization(s)				6-	7
ated organization(s)  ared organization(s)  organization(s)  organization(s)  figure on who must complete this line, including covered relationsh  tion on who must complete this line, including covered relationsh  the second of the second o	f assets from related organization(s)				두	
ated organization(s)  o	of assets with related organization(s)				<b>=</b>	
ated organization(s)	cilities, equipment, or other assets to related organization(s)				÷	H
ated organization(s)	cilities equipment or other assets from related organization(s)				+	Ť
(s) Transaction on who must complete this line, including covered relationsh type (a – s)	identics, equipment, or during assets norm letated digametricity,				=	$\dagger$
s with related organization(s)	Se of services of free single of fundationing solicitations for related organization (s)		•		=   !	t
s with related organization(s)	ce of services or membership of fundraising solicitations by related organization(s)				E .	$\dagger$
(s)	facilities, equipment, maıling lists, or other assets with related organization(s)				٤	1
(s)  Tansacton  The saction  Th	oard employees with related organization(s)				9	
(s)						
(a) Transaction to who must complete this line, including covered relationsh type (a – s)	ment paid to related organization(s) for expenses				<del>6</del>	
(s)	nent paid by related organization(s) for expenses				10	
(s)						
(b) Transaction on who must complete this line, including covered relationsh (b) Transaction (b) (c) Transaction (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	fer of cash or property to related organization(s)				+	
reto any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold (d)  Name of related organization (d)  Name of related organization (d)  Nethod of determining amount involved (d)	fer of cash or property from related organization(s)				18	$\vdash$
Tansaction Amount involved type (a—s)  .	r to any of the above is "Yes," see the instructions for information on who must co	nplete this line, ind	luding covered relatic	inships and transact	tion thres	hold
Transaction Amount involved type (a – s)	(a)	(q)	(0)	9	F	
	, Name of related organization	Transaction type (a-s)	Amount involved	Method of determini	ing amount i	avolve
	and the second s					

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (d) (g)	(q)	(0)	(p)	(0)		<b>S</b>		Œ	3	. 3	(K)
Name, address, and EIN of entity	Frimary activity	(state or foreign	income (related,	section	s = c	total income	_	allocations?	atte Code v – Obi	managing	ownership
		country)	unrelated, excluded from tax under	organizations?	3) ons?		assets		of Schedule K-1 (Form 1065)		
			sections 512—514)	Yes No	ę			Yes No	To	Yes No	
(1)						,					
(2)											
(3)											
(4)											
(5)	•										
(9)			-								
( <u>u</u> )											
(8)					<u> </u>						
(6)											
(10)											
(11)											
(12)											
(13)	•									-	
(14)											
(15)	-										
(16)											
									Sch	edule R (For	Schedule R (Form 990) 2019

Schedule R (F	Form 990) 2019	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Toward additional mile mattern for respenses to questions on consider the see mile additions.	
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