Form	99	90	Return of Organ	ization E	xempt l	From	Inco	29 ome Tax	49	3 2 2 6 1 2 2 1 OMB No 1545-0047
(Rev	Januar	, ₂₀₂₀₎ Und	er section 501(c), 527, or 4947	(a)(1) of the inte	ernal Revenu	e Code (except	private foun	dations	2019
Depa	rtment o	of the Treasury	► Do not enter social sec ► Go to www.irs.gov/F				-	1 ()/-	XX	Open to Public Inspection
A	For the	2019 calendar v	ear, or tax year beginning	May,1st		, and en		April,3	Oth	, 20 20
			me of organization Hattiesburg N				_			over identification number
_			ing business as Hattiesburg Mo			104-0	124	5857	,	64-064587
	Name c		imber and street (or P O box if mail						E Teleph	none number
=	nitial rei	· 1	West Hills Dr		3 311 331 222, 331	٠,				601-264-7069
=			y or town, state or province, countr	v and ZIP or fore	on postal code		1		-	001-204-7003
=			iesburg MS 39402	y, and 211 of 1016	igii postai code			1	G Gross	receipts \$ 386,879.00
=			me and address of principal officer	****						or subordinates? Yes V No
	rpplicat	, , ,	• •	Dr. Unttinabura	. BAC 20402			1		es included? Yes No
	Taxtovo		ard Little, 110 Meadowbrook (501(c)(3)	or, mattiesburg √ (insert no)	4947(a)(1)	or 52	705	DF ' '		st (see instructions)
	Vebsite	·	551(5)(6)	· (mserrio)		<u> </u>		H(c) Group ex		·
		organization 🗸 Corp	oration Trust Association	Other▶	· II	Year of fo	rmation	· · · · · · · · · · · · · · · · · · ·		of legal domicile
	rt I	Summary	Oracion rest Association	Other P		. Teal Of IO	- Inauon		W State	or legal domicile
	1		the organization's mission	or most signif	cant activiti	es. THE	OPGA	NIZATION II	NITES	TS MEMBERS IN THE
اه	•	•	-	-						
Activities & Governance			TERNITY, BENEVOLENCE AN		-					
Ĕ	9		CREATIONAL ACTIVITIES FO							
8	2		► ☐ If the organization discount in the devertion of the devertion. ■ □ If the organization discount in the devertion of the devertion. ■ □ If the organization discount in the devertion of the devertion of the devertion. ■ □ If the organization discount in the devertion of the devertion			ir dispos	ea oi	more man z	378 01	its fiet assets.
5	3		ng members of the governing	- • •			 1h\		4	
se	4		pendent voting members of				10) .		5	
. <u>*</u>	5		findividuals employed in cal	•	119 (Part V,	iiiie 2a)			6	
ਬੁੱ	6	Total number of	volunteers (estimate if nece	ssary)	EDYED.	· (·			-	
	7a	Total unrelated	business revenue from Par	VIII, COLUMNA	C), line=12	-iol '			7a	
\dashv	b	Net unrelated b	usiness taxable income fro	<u> </u>		781.	$\dot{-}$		7b	(
				MAR :	1 7 2021	RS-0	<u> </u>	Prior Year		Current Year
a	8		nd grants (Part VIII, line 1h)	<u> </u>	<u> </u>	기룼I .	<u> </u>		064.00	1,418.00
evenue	9	Program service	e revenue (Part VIII, line 2g)	000	EN LIT	· · · ·	\vdash	385,	995.67	289,735.17
E	10	Investment inco	me (Part VIII, column (A), lin	es 3, 4,/and-/	a) 14, .C.	٠ لـــــــ	<u> </u>		43.38	(
Œ	11		Part VIII, column (A), lines 5,				<u> </u>		235.65	9,113.90
	12		add lines 8 through 11 (must			, line 12)	 	400,	338.70	300,267.07
ב ב ב	13		lar amounts paid (Part IX, co				<u> </u>		0	
	14		or for members (Part IX, co				<u> </u>		0	
Experises	15		ompensation, employee bene				<u> </u>	55,	965.56	60,945.54
18 I	16a		idraising fees (Part IX, colun				<u> </u>		0	
(Ř.	b		g expenses (Part IX, column			0	! 			
	17	•	(Part IX, column (A), lines 1		-		<u> </u>		404.20	274,135.21
	18	•	Add lines 13-17 (must equa				\vdash	407,	369.76	335,080.75
	19	Revenue less ex	penses. Subtract line 18 fro	om line 12 .	<u>: : : : : : : : : : : : : : : : : : : </u>				031.06	(-34,813.68)
S or							Beg	inning of Curre	nt Year	End of Year
₩ œ I	20	Total assets (Pa					<u> </u>	807,	394.63	831,111.09
اهاد	21	Total liabilities (Part X, line 26)				L	4,4	493.45	<u>18,170.52</u>
뚩힐	22		nd balances. Subtract line 2							

officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 ıf Paid self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 112827 __32

Form **990** (2019)



Check if Schedule O contains a response or note to any line in this Part III	t III	(2019)	Statement of Program Service Accomplishments		age 2
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 IN AND THERE FAMILES ESTAINMATED TO NUMBER 260. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		•	Check if Schedule O contains a response or note to any line in this Part III		
THIS IS ACCOMPLISHED THOUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR THE MAND THERE FAMILES ESTAIMATED TO NUMBER 260 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	В	Briefl	y describe the organization's mission:		
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as nexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported. 4a (Code:	Ţ	HIS	IS ACCOMPLISHED THOUGH A YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR THE	MEMBER	S.
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	р	rior	Form 990 or 990-EZ?	Yes 🗸	No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c Code: (Expenses \$ 4d Code: (Expe	D s	old t	the organization cease conducting, or make significant changes in how it conducts, any program ces?	Yes ☑	No
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$	e	xper	nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio	measure	d by ners,
	(C	Code	e:) (Expenses \$ including grants of \$) (Revenue \$)	
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4c (Code:) (Expenses \$including grants of \$) (Revenue \$					
	(C	Code	e:) (Expenses \$ including grants of \$) (Revenue \$)	
		••••			

) (Revenue \$

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

(Expenses \$ includ Total program service expenses ▶

4e

Part	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 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		1
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 donor-restricted endowments or in 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, VII, 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
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		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	140		_
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
b 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 domestic government on Bart IX, column (A), line 12 if "Yes" complete Schedule I. Parts Land II.	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	1	. ▼

Form **990** (2019)

Part	IV Checklist of Required Schedules (continued)			
`			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
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	<u>.</u> .	<u>.</u> .	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamping (gampling) winnings to prize winners?	10	1	

Part	Statements Regarding Other INS Filings and Tax Compliance (Continued)			Г
•	t I		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 15	_		
þ	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)			
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 on 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	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).	 -		لـــــا
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		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			<u></u> _i
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a		<u> </u>
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			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		√
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
-	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		√
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
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			ì
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
IJ	excess parachute payment(s) during the year?	15	Ì	
	If "Yes," see instructions and file Form 4720, Schedule N.			ĺ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	istruc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or]		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	
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,			
U	stockholders, or persons other than the governing body?	7b	1	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ļ ·	,
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		
		40-	Yes	No ✓
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		 √
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>. </u>	
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u> </u>	10. A
Section	on C. Disclosure			
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-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Jupon request Other (explain on Schedule O)	∫ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f intor	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Glenn Rasberry, 291 Lott Town Rd, Hattiesburg, MS 39402			

Page	

E	000	(2019)	L

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
				(C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard Little]					ĺ			
Governor	10			1	ļ		<u> </u>			
(2) Glenn Rasberry Administrator	20			/				33,800.00		
(3) Stephen Rasberry										
Jr Governor	10	1		1						
(4) Robert Kyzar										
Jr Past Governor	10			✓						
(5) Randall Minton										
Prelate	10		<u>L</u> .	✓						
(6) Tyler Sber										
Treasurer	10			✓	<u> </u>	<u> </u>	<u> </u>			
(7) George Leonard										
Trustee	10			✓						
(8)	<u> </u>									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em			s, an	d r	lignest Compe	nsatea	Embio	yees (CONTI	nuea)
`					•	C) sition			(5)				(5)	
	(A) Name and title	(B)			heck	more	e than o		(D) Reportable	-	(E) Reportable		(F) ated arr	ount
	Name and title	Average hours					ıs both or/trusi		compensation	compen	sation	o	f other	
		per week (list any		T		т —		<u> </u>	from the organization	from re organiz			pensat om the	
	•	hours for	divid	Ě	Officer	y er	ghes	Former	(W-2/1099-MISC)	(W-2/109		organ	ıızatıon	and
		related organizations	Individual trustee or director	Institutional	Ϊ,	Key employee	/ee					related	organız	ations
		below	rust	1	ļ	ě	mpe							
		dotted line)	8	trustee			Highest compensated employee							
			ļ		<u> </u>	<u> </u>	e.	<u> </u>						
(15)			-	l										
(46)				\vdash				-						
(16)		 -	1											
(17)				H									-	
X::/	•	†	1		1									
(18)														
			<u></u>		<u></u>									
(19)		<u> </u>												
		ļ	-	ļ		ļ								
(20)		 	1								1			
(21)		1				_								
(21)		 	1											
(22)					\vdash		<u> </u>	<u> </u>						
	······································	† 	1											
(23)										-				
			<u> </u>	<u> </u>	<u> </u>									
(24)		<u> </u>]											
				<u> </u>	<u> </u>			<u> </u>						
(25)		 												
1b	Subtotal		<u> </u>	L	<u> </u>	<u> </u>	L	<u> </u>	33,800.00					
C	Total from continuation sheets to Part							>	33,800.00					
d	Total (add lines 1b and 1c)							>	33,800.00					
2	Total number of individuals (including but							e) w			00,000	of		
	reportable compensation from the organi	zation >											,	
													Yes	No
3	Did the organization list any former of										ensated	<u> </u>		
	employee on line 1a? If "Yes," complete 3											3		✓
4	For any individual listed on line 1a, is the organization and related organizations												١,	
	individual	greater th	αιι φ 					s,	· · · ·			4		$\overline{}$
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsai	tion	fror	n anv	un	related organizat	ion or inc	dividual			1.0
•	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person .			5		1
Secti	on B. Independent Contractors											_		
1	Complete this table for your five high	nest compe	ensate	ed	ınde	eper	ndent	co	ntractors that r	eceived	more t	han \$	100,0	00 of
	compensation from the organization. Repo	ort compen	sation	n foi	r the	са	lenda	r yo	ar onding with or	within th	e organ	ization'	's tax	year.
	(A)	roce							(B) Description of serv	ncas	,	(C) Compens	ation	
	Name and business add													
			·				·····		·					····
								 						
2	Total number of independent contracto	rs (includir	ng bu	it n	ot I	ımit	ed to	th	ose listed abov	e) who				
	received more than \$100,000 of compens		-											

Par	VIII	Check if Schedule O contains a response of	r note to an [،]	v line in this Pa	rt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts t	1a	Federated campaigns 1a					
E j	b	Membership dues 1b	1,418.00				
5 5	С	Fundraising events 1c					•
ifts ar A	d	Related organizations 1d					
% <u>\</u>	е	Government grants (contributions) 1e					
Si Si	f	All other contributions, gifts, grants,					
를 를		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in					
ΣĒ		lines 1a–1f				ı	
	h	Total. Add lines 1a-1f	siness Code	1,418.00			
ģ	20	Social Quarters	siness code	87,352.20			
ي ځ	2a b	Kitchen		5,712.96	·		
gram Ser Revenue	C	Committee Income		7,932.85	-		
E §	ď	Program Services		138,007.00			
gra Re	e	Misc. Income / Insurance Payment		50,730.16			
Program Service Revenue	f	All other program service revenue		30,733,73			
_	g	Total: Add lines 2a 2f	▶	289,735.17			
	3	Investment income (including dividends, int					
		other similar amounts)	▶[
	4	Income from investment of tax-exempt bond p	roceeds 🟲 📙				
	5	Royalties	▶				<u> </u>
			i) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•				
	7a	Gross amount from	(H) Other				
		sales of assets other than inventory /a					
4)		* - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - 			·	,	
Revenue	b	Less cost or other basis and sales expenses 7b	:				
ve	С	Gain or (loss) 7c					
Ŗ	d	Net gain or (loss)	•	,		<u></u>	
O:her	8a	Gross income from fundraising					
ö	ou	events (not including \$					
		of contributions reported on line	Ĭ				
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming	1				
		activities. See Part IV, line 19 . 9a	59,806.50				
	b	Less. direct expenses 9b	50,692 60				
	С	Net income or (loss) from gaming activities .	▶	9,113.90			
	10a	Gross sales of inventory, less					
	_	returns and allowances					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory .	►				
Sn(44	Bus	siness Code				
Miscellaneous Revenue	11a						
scellanec Revenue	b						<u>.</u>
Se Se	c d	All other revenue		· · · · · · · · · · · · · · · · · · ·			
Ž	_	Total. Add lines 11a–11d	•				
	12	Total revenue. See instructions		300,267.07			
				222,207,07			

	on 501(c)(3) and 501(c)(4) organizations must comp	Note all columns All	other organizations	must complete colu	mn (A)
30000	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, a, 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				
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	7800.00			
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	Other salaries and wages	49,382.21			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,763.33			
11	Fees for services (nonemployees):				
а	Management			ļ	
b	Legal				
C	Accounting	25,350.00			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion	728.00			****************
13	Office expenses	7.0.00			
14	Information technology	120.00			
15	Royalties				
16	Occupancy	190,775.86			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,528.13			
20	Interest	931.11			
21	Payments to affiliates	1,158.00			
22	Depreciation, depletion, and amortization				
23	Insurance	11,557.27			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	Contract Conducted	30,366.02			
a b		6,782.78		-	
C	Committee Expense Tax Paid	4,838.04			
d		4,030.04			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	335,080.75			
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)				

Forn	n 990 (2	019)			Page 1 1
P	art X	Balance Sheet			
`		Check if Schedule O contains a response or note to any line in this Pai	rt X	<u></u>	<i></i> 🔲
			(A) 、 Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10,103.99	1	42,333.57
	2	Savings and temporary cash investments	7,703.66	2	(
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from any current or former officer, director,	1		6
Assets		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	1 1
	_	· · · · · · · · · · · · · · · · · · ·	0	13	
	6	Loans and other receivables from other disqualified persons (as defined		 - -	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	 	
	7	Notes and loans receivable, net	0	-	
	8	Inventories for sale or use	5,298.60		4,552.14
	9	Prepaid expenses and deferred charges	0	9	 (
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	784,225.38	10c	784,225.38
	11	Investments—publicly traded securities	0		(
	12	Investments—other securities. See Part IV, line 11	0	12	(
	13	Investments—program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	. (
	15	Other assets. See Part IV, line 11	0	15	(
	16	Total assets. Add lines 1 through 15 (must equal line 33)	807,394.63	16	831,111.09
	17	Accounts payable and accrued expenses	0		(
	18	Grants payable	0	18	(
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	(
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	(
Ś	22	Loans and other payables to any current or former officer, director,			
iţie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	3,192.00	23	17,457.89
	24	Unsecured notes and loans payable to unrelated third parties	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	1,301.45	25	712.63
	26	Total liabilities. Add lines 17 through 25	4,493.45		18,170.52
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	802,901.18	27	812,940.57
Bal	27 28	Net assets with donor restrictions	002,301.10		012,940.37
ᅙ	20			-5	
Ē	İ	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
<u>~</u>	20	· · · · · · · · · · · · · · · · · · ·		29	
ts (29	Capital stock or trust principal, or current funds		30	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	31	Retained earnings, endowment, accumulated income, or other funds .	000 004 40		042.040.50
Ě	32	Total net assets or fund balances	802,901.18		812,940.57
_	33	Total liabilities and net assets/fund balances	807,394.63	33	831,111.09

812,940.57 831,111.09

Page	12

0.,,,					-
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· ·	• •	_Ц
1	Total revenue (must equal Part VIII, column (A), line 12)	ļ		300,2	67.07
2	Total expenses (must equal Part IX, column (A), line 25)			335,0	<u>80.75</u>
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>		-34,8	13.68
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<u> </u>		802,9	01.18
5	Net unrealized gains (losses) on investments	<u> </u>			
6	Donated services and use of facilities	ļ			
7	Investment expenses	L			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	ļ			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	<u> </u>		768,0	87.50
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				ſ
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			- 1
	Schedule O.	-			لبِد
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year woro compiled	d or		- 1	}
	reviewed on a separate basis, consolidated basis, or both.	1			- 1
	Separate basis Consolidated basis Both consolidated and separate basis	-			
b	Were the organization's financial statements audited by an independent accountant?	· -	2b		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited o	na			1
	separate basis, consolidated basis, or both		- 1		- 1
	Separate basis Consolidated basis Both consolidated and separate basis	-			
С			2c		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		1
	If the organization changed either its oversight process or selection process during the tax year, explain	i on			- 1
	Schedule O.	Alb a -			لــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	tne	3а		,
_	Single Audit Act and OMB Circular A-133?	·	od		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	tne	зь		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2015)
			Forn	1 990	(2019)

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.

► 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

<u>Hattie</u> :	sburg Moose Lodge #1804		64-0645857
Pai	t I Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef	nd donor advisors in writing that gran	t funds can be used
Par	t II Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the	· · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register .		
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to conser	vation easement is located ►	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspec		
·	Total and volunteer nound devoted to morntoning, mopele	string, richalling or violations, and officions	g conservation casements during the year
7	Amount of expenses incurred in monitoring, inspectin \$ \(\)	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text or organization's accounting for conservation easeme	conservation easements in its revenue f the footnote to the organization's fina	and expense statement and
Part	Organizations Maintaining Collections Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
10	If the organization elected, as permitted under FAS		us statement and halance sheet works
ıa	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	·	
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar	
а			▶ \$
	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$

Par	Organizations Maintaining	Collections of	Art, His	storical '	Treasures, o	r Oth	ner Similar Ass	ets (cont	inued)
`3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther reco	ords, chec	ck any of the f	ollow	ing that make si	gnificant u	se of its
а	☐ Public exhibition		d		or exchange p				
b	Scholarly research		е	Other	r				
С	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections	and expl	laın how t	they further the	e orga	anization's exem	pt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Par	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	on Fo	rm 990, l	Part IV, line 9), or r	eported an am	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							∷ ☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the f	ollowing t	able:				
							Am	ount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	1 1 1 1 1 1 1 1 1 1		
2a	Did the organization include an amount								⊢ No
	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check hei	re it the e	xpianalio	n nas been pro	ovide	d on Part XIII .	<u> </u>	<u> </u>
Par		anawarad "Vaa	" on Fo	··· 000 I	Dort IV Jupo 1	Λ			
-	Complete if the organization						(d) Three years back	(e) Four yea	
10	Deginning of year helenge	(a) Current year	(B) Pr	or year	(c) Two years ba	ack ((d) Three years back	(e) Four yea	ers back
1a	Beginning of year balance		 			-			
b	Contributions		 						
С .	Net investment earnings, gains, and losses								
đ	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 t			ce (line 1g	ı, column (a)) h	eld as	s:		
а	Board designated or quasi-endowmen		%						
b	Permanent endowment ▶	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of the	ne organi	ization tha	at are held and	d adm	ninistered for the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	• • • • • • • • • • • • • • • • • • • •							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	•	•					3b	
4	Describe in Part XIII the intended uses		on's end	owment fu	unds.				
Part									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	1a. S	ee Form 990, F	Part X, line	10.
	Description of property	(a) Cost or of (investm		1 ' '	or other basis ther)		ocumulated preciation	(d) Book va	lue
1a	Land							100	0,000.00
b	Buildings							530	0,087.93
С	Leasehold improvements								
d	Equipment							154	4,137.45
е	Other		-	Ī					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, column	(B), line 10c.)		>	784	1.225.63

Part VII	Investments-Other Securities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, Iın	e 11b. See Form 990	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(B)				
(C)				
(D)			<u> </u>	
(E)				
(F)				
(G)				
(H)	(h) (D) (in 10)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.	<u> </u>	<u> </u>	
Part VIII	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	a 11c. See Form 990) Part Y line 13
		(b) Book value	(c) Method o	
	(a) Description of investment	(b) book value	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				·
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 13.) . 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 990	
	(a) Description			(b) Book value
(1)				
(2)				
(3)	-	<u></u>		
(4)				
(5)				
(6)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	·		.,
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See Fo	rm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			572.63
(2) Mortgage	e			17,457.89
(3) Due Moo	se International			140.00
_(4)				
(5)				
(6)				
_(7)				·
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25)			18,170.52
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	there is the text of the	nounote has been provi	ueu III Fait Aill .

Parl	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		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	, . ,	. 3	
4	Amounts included on Form 990, Part 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		
С	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			s per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
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 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
¢	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	 -	
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.	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	 	
b	Add lines 4a and 4b		4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
	XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b an	d 2b, Part V, line 4	. Part X. line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
•				
 -			•	
		•••••		•••••

ocueanie 'n (Lo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization 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 b ☐ Internet and email solicitations ☐ Solicitation of government grants □ Phone solicitations Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (or retained by) fundraiser listed in col. (i) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (ii) Activity from activity organization 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.

Cat No 50083H

P	art ÌI	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	ion answered "Yes" o and gross income or	on Form 990, Part IV, III n Form 990-EZ, Iines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
e		•	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
8		Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ad Net income summary. Subtra				
Pa	rt II	Gaming. Complete if the	e organization answe		990, Part IV, line 19,	or reported more than
	1	\$15,000 on Form 990-E2		(b) Pull tabs/instant	1	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Re	1	Gross revenue	,59806.50			59,806.50
ses	2	Cash prizes	49,800.00			49,800.00
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	892.60			892.60
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	\$
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		50692.60
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	>	9113.90
9	a l	Enter the state(s) in which the organization licensed to co	onduct gaming activities	s in each of these state		
10			amıng licenses revoked	l, suspended, or termir	nated during the tax year	? . □ Yes ☑ No

Schedu	ule G (Form 990 or 990-EZ) 2020		Page 3
11	Does the organization conduct gaming activities with nonmembers?	✓ Yes	☐ No
12		☐ Yes	✓ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		100 %
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		
		☐ 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.		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	return the state gammig members at the state of the state	✓ Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part	spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	and (val inform	v); and mation.
	······································		

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

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

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

Open to Public Inspection

Employer identification number

Hattiesburg e Lodge #1804	64-0645857
Part VI Line 6 Moose Units have Members	
Part VI Line 7a Members elect the borad of officers	
Part VI Line 7b The Lodge as a whole approves the recommendations of the board of officers	
Part VI Line 11b The Administrator furnishes the board members a copy of the 990 return for there review	w at a regular board meeting
Part VI Line 19 WEW did not make our governing documents, conflict of interest policy and financial star	tements avaliable to the public
,	
,	

Scriedule O (FORM 990 of 990-E2) (2019)	Page Z
Name of the organization	Employer identification number
Hattiesburg e Lodge #1804	64-0645857

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) controlled entity? ŝ Employer identification number (f) Direct controlling 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, line 33. (d) Exempt Code section 501(C)8 (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity Faternal Organization (b) Primary activity (1)Moose International, Inc. 155 S. International Drive (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Hattiesburg e Lodge #1804 Mooseheart, IL 60539 Name of the organization Partl Part II ල Ξ

Schedule R (Form 990) 2019

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (I) General or managing partner? å (h) Percentage ownership Yes (I)
Code V—UBI
amount in box 20
of Schedule K-1 (9) Share of end-of-year assets (Form 1065) (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (9) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling | entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b)
Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV Ξ 8 ପ୍ର € 9 8 E 2 <u>ල</u> € 9 9 E

Schedule R (Form 990) 2019

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

	(Farm 0)	School D (Earn 900) 201			
					(5)
					(4)
					(3)
					(2)
					(1)
volved	amount in	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
olds.	n thresh	ships and transaction	including covered relationships and transaction thresholds.	mplete this line, incl	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,
	18				G
>	<u> </u>			•	r Other transfer of cash or property to related organization(s)
>	19				q Reimbursement paid by related organization(s) for expenses
>	9			•	p Reimbursement paid to related organization(s) for expenses
>	9				o Sharing of paid employees with related organization(s)
>	1n				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
>	1m				m Performance of services or membership or fundraising solicitations by related organization(s)
>	=				I Performance of services or membership or fundraising solicitations for related organization(s)
>	 -		•		k Lease of facilities, equipment, or other assets from related organization(s)
\	 				j Lease of facilities, equipment, or other assets to related organization(s)
>	i+				i Exchange of assets with related organization(s)
>	4				h Purchase of assets from related organization(s)
>	1g	•			g Sale of assets to related organization(s)
>	#	•			f Dividends from related organization(s)
>	1e				e Loans or loan guarantees by related organization(s)
>	1d	•			d Loans or loan guarantees to or for related organization(s)
>	10	· · · · · · · · · · · · · · · · · · ·			c Gift, grant, or capital contribution from related organization(s)
>	1b				b Gift, grant, or capital contribution to related organization(s)
>	1a				
			nizations listed in Parts	r more related orga	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
s No	Yes	L			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership. Complete of 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) (e) (f) (f) (f) (f) (f) (g)	(b)	(c)	(b)	(E)		(l)		ε		3	-
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all par	rtners	Share of		Disproportionate		General or	
		(state or loreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	(3)	total income	end-or-year assets	anocations	of Schedule K-1 (Form 1065)	managing partner?	ownersnip
			₹	Yes No	g			Yes No		Yes No	-1
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(2)											
(8)											
(6)											
(10)	-										
(11)	-										
(12)							!				
(13)	-										
(14)											
(15)	i										
(16)	-										
									Sch	edule R (Fo	Schedule R (Form 990) 2019

chedule R (F	(Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Trovide additional information for responses to questions on confedure in economics.	
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