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### Form **990-PF**

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

Department of the Treasury

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

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inter	Al Keve	nue Service Information about Form 990-PF and its se	parate instructions is	at www.ii	rs.gov/torm	190pi. 1996ii	to runne mappendir
For	calend	dar year 2014 or tax year beginning	, 2014, a	nd ending	g	·	, 20
N	ame of f	foundation			A Employer	identification number	
G	RAND	LODGE OF MISSISSIPPI FOUNDATI	<del></del>		27-4648	3159	<del> </del>
N	umber a	and street (or P O box number if mail is not delivered to street address)	Ro	om/suite	· ·	number (see instructions)	)
_ 2	400 2	23RD AVENUE			(601)48	32-2914	· · · · · · · · · · · · · · · · · · ·
С	ity or tov	wn, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pending,	check here
_M	erid	ian, MS 39301					
G	Check a	all that apply: Initial return Initial return	of a former public chant	Ŋ	D 1. Foreig	n organizations, check he	re ▶∐
		Final return Amended ret	turn		2. Foreia	n organizations meeting th	ne 85% test,
		Address change Name chang				here and attach computat	
H	Check 1	type of organization. $X$ Section 501(c)(3) exempt privi				foundation status was terr	
			axable private foundation		section 5	07(b)(1)(A), check here	▶∐
		rket value of all assets at J Accounting method	لــا لــا	Accrual		ndation is in a 60-month te	1 1
		year (from Part II, col. (c), $X$ Other (specify) $M$			under se	ction 507(b)(1)(B), check t	nere ▶
_	ine 16)		e on cash basis )		<u> </u>		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Not	.m.rootmont	4.3.4.444	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment come	(c) Adjusted net income	purposes
		the amounts in column (a) (see instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	23,222				
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	126,468				
	4	Dividends and interest from securities					<del></del>
	5a	Gross rents					
	b	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10		<u> </u>	·····		
ē	b	Gross sales price for all assets on line 6a					······································
Revenue	7	Capital gain net income (from Part IV, line 2)					
-	8	Net short-term capital gain		: ••••••	<del>, </del>		
	9	Income modifications		: :			
		Gross sales less returns and allowances		: 	<del>,,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	b	101 . 101 . 2. E		: ************************************			
	11	Gross profit or (loss) (attach schedule)					
	12	Total. Add lines 1 through 11	149,690		0		
	13	Compensation of officers, directors, trustees, etc	149,090				
s	14	Other employee salaries and wages					
ıse	15	Pension plans, employee benefits	2,882				2,882
ber	16a	Legal fees (attach schedule)	2,002				2,002
Expenses	b	Accounting fees (attach schedule)					
	c	Other professional fees (attach schedule) STM109	65,310				65,310
and Administrative	17	Interest					2-,
str	18	Taxes (attach schedule) (see instructions)					
Ĭ	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy					
∵∀p	21	Travel, conferences, and meetings	832				832
Ĭ	22	Printing and publications		•			·····
		Other expenses (attach schedule) STM103	1,550				1,550
ati.	24	Total operating and administrative expenses.					
e Ge		Add lines 13 through 23	70,574		0		70,574
대한 등을 하면 Operating	25	Contributions, gifts, grants paid	82,820				0
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25 .	153,394		0		70,574
<u> </u>	27	Subtract line 26 from line 12:		<del></del>			
	а	Excess of revenue over expenses and disbursements .	(3,704	)			
	ь	Net investment income (if negative, enter -0-)			0		
	С	Adjusted net income (if negative, enter -0-)	,,		, ,,	0	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

D.	ad fit	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
Fe	111	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	548,023	418,184	
	3	Accounts receivable ▶			
	-	Less: allowance for doubtful accounts	<b>†</b>		
	4	Pledges receivable			· · · · · · · · · · · · · · · · · · ·
	7	Less allowance for doubtful accounts	Ţ		
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	1		
	į	Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SSI	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S. and state government obligations (attach schedule)		· <del></del>	
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			100
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STM118	4,785,553	4,911,688	
	14	Land, buildings, and equipment basis ►		<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·
	'	Less accumulated depreciation (attach scr \$400).	8,627	8,627	
	15	Other assets (describe >	0,027	0,021	
	1 -				
	16	Total assets (to be completed by all filers - see the	5 240 002	E 220 400	
	l	ınstructions. Also, see page 1, item l)	5,342,203	5,338,499	0
	17	Accounts payable and accrued expenses			-
S	18	Grants payable			4
Liabilities	19	Deferred revenue			
豆	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			_
_	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here · · · · · · ▶ X			
S		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted	5,342,203	5,338,499	
<u>a</u>	25	Temporarily restricted			
	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			7
Ŧ	1	and complete lines 27 through 31.			
Assets or Fund B	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
Š	29	Retained earnings, accumulated income, endowment, or other funds			1
ĕ	30	Total net assets or fund balances (see instructions)	5,342,203	5,338,499	1
Net		Total liabilities and net assets/fund balances (see		3,330,133	-
~	31	·	5 342 203	5,338,499	
<u> </u>	4 85	instructions)	5,342,203	5,336,433	<u> </u>
	art II	<u> </u>		<del></del>	
1		net assets or fund balances at beginning of year - Part II, column (a), line			E 240 000
_		of-year figure reported on prior year's return)			5,342,203
		r amount from Part I, line 27a			(3,704)
		lines 1, 2, and 3			5,338,499
		eases not included in line 2 (itemize)	<del></del>		ļ—.—
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	5,338,499
CC.A					Form 990-PF (2014)

Page 3

(a) List and describe th 2-story brick warehou	e kind(s) of property sold (e.g., real estate se, or common stock, 200 shs MLC Co)	<del></del>	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a					
b					
С					
d					
<u>e</u>			L	<del>-</del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			ıın or (loss) (f) mınus (g)
a					
b					
С			_		
d			-	<del></del>	
<u>e</u>		<u> </u>	0/04/00		
Complete only for assets showing	gain in column (h) and owned by the	toundation on 12	2/31/69		ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j)			t less than -0-) or from col (h))
_a					
b					
С				<del></del>	
<u>d</u>					
е		1		· · · ·	
2 Capital gain net income or (net cap	nital loce)	nter in Part I, line r -0- in Part I, line	<b>&gt;</b>	2	
3 Net short-term capital gain or (loss	· ·				
If gain, also enter in Part I, line 8, o	column (c) (see instructions) If (loss)	, enter -0- ın			
Part I, line 8	<u> <u></u> <u></u></u>	<u> </u>	<b>.</b>	3	
	er Section 4940(e) for Redu		Net Investme	ent Income	_
(For optional use by domestic private f	oundations subject to the section 49	40(a) tax on net i	nvestment incom	e.)	
If section 4940(d)(2) applies, leave this	nart hlank				
ii 300001 4340(0)(2) applies, leave this	part blank				
Was the foundation liable for the section			the base period?		Yes No
If "Yes," the foundation does not qualif		<u> </u>	<del></del>		
1 Enter the appropriate amount in ea	ach column for each year; see the ins	structions before	making any entrie	es	(d)
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of n	(c) onchantable-use as		tribution ratio divided by col (c))
2013		ļ			
2012			-		·
2011					<del></del>
2010					
2009	<u> </u>				
2 Total of line 1, column (d)				.   2	
3 Average distribution ratio for the 5		-			
number of years the foundation ha	s been in existence if less than 5 year	ars		3	
4 Catastha actualis of accelerately	a una acceta for 2014 from Dark V. II	F			
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X, iii	ne 5		. 4	
5 Multiply line 4 by line 3				. 5	0
• Manuphy line 4 by line 6				.	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			. 6	
<b>7</b> Add lines 5 and 6				. 7	0
8 Enter qualifying distributions from					
•	line 7, check the box in Part VI, line 1	b, and complete	that part using a	1% tax rate See the	•
Part VI instructions					Form 000 DF (2014)

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4946 - see his	ructio	1115)	
1æ	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<del></del>		0
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<del></del>		0
6	Credits/Payments:			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities	<del></del>		
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			·
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.		•	·
C	Did the foundation file Form 1120-POL for this year?	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation.   \$ (2) On foundation managers.   \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers.   \$	2		х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		····	
2	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
5	If "Yes," attach the statement required by General Instruction T.			
•	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<del>                                     </del>
7	Enter the states to which the foundation reports or with which it is registered (see instructions)			<u> </u>
8a				
_	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
þ	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	•
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1		
9	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		F	ĺ
	complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<del></del>	
10	names and addresses	10		х
	Darbes and addresses			

Form	990-PF (2014) GRAND LODGE OF MISSISSIPPI FOUNDATI 27-464	8159	F	age 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11,	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		1	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	;	_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A			
14	The books are in care of ► MICKEY PAUL MCMAHAN Telephone no. ► 601	-482-2	914	
	Located at ▶ P O BOX 1030, Meridian, MS ZIP+4 ▶ 393	02		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90.22.1). If			
	"Yes," enter the name of the foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		Ţ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		[	
	disqualified person?		Ī	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		‡	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		•	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		I	
	the benefit or use of a disqualified person)?		Ī	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a penod after		1	
	termination of government service, if terminating within 90 days ) Yes X No		1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		Ī	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	[	[
	Organizations relying on a current notice regarding disaster assistance check here ▶		1	, ,
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		ŧ	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		Ī	
	6e, Part XIII) for tax year(s) beginning before 2014?		1	
	If "Yes," list the years		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•		Ì	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or		<b>‡</b>	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	foundation had excess business holdings in 2014 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	X
EEA		Form 99	0-PF	(2014)

FORM 990-PF (2014) GRAND LODGE OF M.						27-3030		r age 0
Part VII-B Statements Regarding Acti	<u>vities for '</u>	<u>Which Forr</u>	n 4720	May Be	Requi	red (continued)	) <u></u>	
5a During the year did the foundation pay or incur ar	ny amount to:							
(1) Carry on propaganda, or otherwise attempt to	o influence le	gislation (section	on 4945(	e))?	[	Yes X No		
(2) Influence the outcome of any specific public	election (see	section 4955);	or to car	ry on,				
directly or indirectly, any voter registration dr	ive <sup>?</sup>					Yes X No		
(3) Provide a grant to an individual for travel, stu	dy, or other s	imilar purposes	s?		[	Yes X No		
(4) Provide a grant to an organization other than	a charitable,	etc., organizati	on desc	nbed in	_			
section 4945(d)(4)(A)? (see instructions)					[	Yes X No		
(5) Provide for any purpose other than religious,	chantable, so	cientific, literary	, or educ	cational	_			
purposes, or for the prevention of cruelty to o	children or an	ımals?			[	Yes X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the	transactions	fail to qualify u	nder the	exceptions	describe	d in		
Regulations section 53.4945 or in a current notice							5b	
Organizations relying on a current notice regarding						▶ 🗍		
c If the answer is "Yes" to question 5a(4), does the						_	\ \	
because it maintained expenditure responsibility					[	Yes No		
If "Yes," attach the statement required by Regula	-						1 1	
6a Did the foundation, during the year, receive any f			pav pre	emiums				
on a personal benefit contract?					[	Yes X No	1 1	
b Did the foundation, during the year, pay premium							6ь	X
If "Yes" to 6b, file Form 8870.	,		<b>P</b> 0.00					
7a At any time during the tax year, was the foundation	on a narty to :	a prohibited tax	shelter	transaction?	ſ	Yes X No		
b If "Yes," did the foundation receive any proceeds					•		7ь	İ
Part VIII Information About Officers,								ovees
and Contractors	Directors	, musices,			ago.	o, mgmy raid	р.	<b>J</b>
1 List all officers, directors, trustees, foundation	managers ar		nsation	/see instru	ctions)			
		<u>·</u>		•	<del>,                                      </del>	Contributions to	(e) Evne	nse account
(a) Name and address	(b) Titi	le, and average irs per week	(c) Co	mpensation ot paid,	(d) empl	oyee benefit plans		ense account, allowances
See 990_OFOV (a) Name and address	(b) Titi	le, and average	(c) Co (If n	ompensation ot paid, ter -0-)	(d) empl			
See 990_OFOV CLYDE E BRITT	(b) Titi	le, and average irs per week ted to position	(c) Co	ompensation ot paid, ter -0-)	(d) empl	oyee benefit plans erred compensation		allowances
See 990 OFOV CLYDE E BRITT P O BOX 743, Escatawpa, MS 39552	(b) Titi	le, and average irs per week	(c) Co (If n en	ompensation oot paid, ter -0-)	(d) empl	oyee benefit plans		
(a) Name and address See 990 OFOV CLYDE E BRITT P O BOX 743, Escatawpa, MS 39552 FRED F BEAN	(b) Titl	le, and average irs per week led to position	(c) Co (If n	ompensation of paid, ter -0-) 01 0	(d) empl	oyee benefit plans erred compensation 0		86
(a) Name and address  See 990 OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393	(b) Titl	le, and average irs per week ted to position	(c) Co (If n en STMA	ompensation of paid, ter -0-)  01  0 .02	(d) empl	oyee benefit plans erred compensation		allowances
(a) Name and address  See 990 OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR	(b) Titl	le, and average urs per week ued to position  1.00	(c) Co (If n en	ompensation of paid, ter -0-)  .01  .02  .03	(d) empl	oyee benefit plans erred compensation 0		86
(a) Name and address  See 990 OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402	(b) Titl	le, and average irs per week led to position	(c) Cc (If n en STMA STMA	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.03	(d) empl	oyee benefit plans erred compensation 0		86
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS	(b) Titl	le, and average urs per week led to position  1.00  1.00  1.00	(c) Co (If n en STMA	mpensation of paid, ter -0-) 01 0002 003 004	(d) empl	oyee benefit plans erred compensation  0  0		86 0 174
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852	(b) Titl hou devot	le, and average less per week led to position  1.00  1.00  1.00	(c) Cc (if n en STMA STMA STMA	mpensation of paid, ter -0-) 01 0000 0000 0000 0000 0000 0000 00	(d) empl and de	oyee benefit plans erred compensation  0  0  0		86
(a) Name and address  See 990 OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees (	(b) Titl hou devot	le, and average less per week led to position  1.00  1.00  1.00	(c) Cc (if n en STMA STMA STMA	mpensation of paid, ter -0-) 01 0000 0000 0000 0000 0000 0000 00	(d) empl and de	oyee benefit plans erred compensation  0  0  0		86 0 174
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852	(b) Titl hou devot	le, and average less per week led to position  1.00  1.00  1.00	(c) Cc (if n en STMA STMA STMA	mpensation of paid, ter -0-) 01 0000 0000 0000 0000 0000 0000 00	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  . If none, enter		86 0 174
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average lers per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  If none, enter	other a	86 0 174 316
(a) Name and address  See 990 OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees (	(b) Title hou devoted as the second s	le, and average les per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  hose included  (b) Title, and hours per very	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 01 0000 0000 0000 0000 0000 0000 00	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  i. If none, enter  (d) Contributions to employee benefit plans and deferred	other a	86 0 174
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average lers per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  If none, enter	other a	86 0 174 316
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  hose included  (b) Title, and hours per very	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  i. If none, enter  (d) Contributions to employee benefit plans and deferred	other a	86 0 174 316
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  hose included  (b) Title, and hours per very	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  i. If none, enter  (d) Contributions to employee benefit plans and deferred	other a	86 0 174 316
(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  hose included  (b) Title, and hours per very	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  i. If none, enter  (d) Contributions to employee benefit plans and deferred	other a	86 0 174 316
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(a) Name and address  See 990_OFOV  CLYDE E BRITT  P O BOX 743, Escatawpa, MS 39552  FRED F BEAN  1966 HWY 19 SOUTH, Meridian, MS 393  HOMER E SULLIVAN JR  2609 CLAYTON PLACE, MS 39402  JERRY LEE LEWIS  391 CR 175, Iuka, MS 38852  2 Compensation of five highest-paid employees ( "NONE."	(b) Title hou devoted as the second s	le, and average per week led to position  1.00  1.00  1.00  1.00  1.00  1.00  hose included  (b) Title, and hours per very	(c) Cc (if n en STMA STMA STMA On line	mpensation of paid, ter -0-) 0.01 0.02 0.03 0.04 0.1 - see instr	(d) empl and de	oyee benefit plans erred compensation  0  0  0  0  i. If none, enter  (d) Contributions to employee benefit plans and deferred	other a	86 0 174 316
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Form 990-PF (2014)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amoun
NI other program-related investments. See instructions	
ni oner program-related investments. See instructions	

EEA

Form 990-PF (2014)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n found	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0_
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0_
6	Minimum investment return. Enter 5% of line 5	6	0
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	founda	tions
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	<del></del>
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI ) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recovenes of amounts treated as qualifying distributions	4	·
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Dai	TXII Qualifying Distributions (see instructions)		
	TARE Qualitying Distributions (see instructions)	*********	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:	-	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	70,574
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .	4	70,574
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	70,574
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	ation
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2014) GRAND LODGE OF MISSISSIPPI FOUNDATI Part XIII Undistributed Income (see instructions) (b) (c)

1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
•	line 7				0
2	Undistributed income, if any, as of the end of 2014.				
a	Enter amount for 2013 only			-	
b					
3	Total for pnor years:,,,,			**************************************	<del></del>
a	From 2009				
b	From 2010	1			
c	From 2011				1
ď	From 2012	-[			
e	From 2013				•
f	Total of lines 3a through e		•	^	
4	Qualifying distributions for 2014 from Part XII,				
•	line 4 <sup>.</sup> ▶\$ 70,574				<b></b>
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
-	(Election required - see instructions)				-
С	Treated as distributions out of corpus (Election		· · · · · · · · · · · · · · · · · · ·		
	required - see instructions)				
d	Applied to 2014 distributable amount			, , , , , , , , , , , , , , , , , , ,	
е	Remaining amount distributed out of corpus	70,574			
5	Excess distributions carryover applied to 2014				
_	(If an amount appears in column (d), the same		***************************************		
	amount must be shown in column (a) )			<b></b>	
6	Enter the net total of each column as				
	indicated below:	-			1
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5 .	70,574			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	1		[	
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2013. Subtract line				
	4a from line 2a Taxable amount - see				
	ınstructions		·····		
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1 This amount must be	1			
	distributed in 2015		######################################	.,	0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			1	1
	required - see instructions)			<del></del>	
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)		<del></del>		<u> </u>
9	Excess distributions carryover to 2015.			•	
	Subtract lines 7 and 8 from line 6a	70,574	<b></b>		
10	Analysis of line 9	1			1
а	Excess from 2010	-[		<b>‡</b>	1
b	Excess from 2011	_[		1	1
С	Excess from 2012	4		1	1
ď	Excess from 2013	_[		<b>1</b>	1
e_	Excess from 2014	4		<u> </u>	Farm 000 DE (004.0)
FFA					Form 990-PF (2014)

Part	XIV Private Operating Four	ndations (see inst	tructions and Par	t VII-A, question 9	)	
1a	If the foundation has received a ruling or	determination letter tha	it it is a private operati	ng		
	foundation, and the ruling is effective for	2014, enter the date of	the ruling		2011-09-	16
٠b	Check box to indicate whether the found	ation is a private operat	ting foundation describ	oed in section	4942(j)(3) or 4	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(-) T-A-1
	Income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	each year listed	0				0
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed	70,574				70,574
d	Amounts included in line 2c not used directly for active conduct of exempt activities .	-				
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	70,574				70,574
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(4) Gross investment income					
Part	XV Supplementary Informa	tion (Complete t	his part only if t	he foundation ha	d \$5,000 or more	in assets at
<u> </u>	any time during the yea	•	•		40,000 01 111010	
1	Information Regarding Foundation M					
a	List any managers of the foundation who before the close of any tax year (but only	have contributed mor	e than 2% of the total ed more than \$5,000)	contributions received I (See section 507(d)(2)	by the foundation	
	N/A,					
b	List any managers of the foundation who ownership of a partnership or other entit				portion of the	
	N/A,					<u> </u>
2	Information Regarding Contribution, Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the four other conditions, complete items 2a, b, c	/ makes contributions t	o preselected chantat	ole organizations and do		
a	The name, address, and telephone num		of the person to whom	applications should be	addressed:	
	990APP					
b	The form in which applications should be	e submitted and inform	ation and materials the	ey should include		·
С	Any submission deadlines		<u> </u>			
d	Any restrictions or limitations on awards factors:	, such as by geographi	ical areas, chantable f	ields, kınds of institution	ns, or other	

Form 990-PF (2014) Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approve	d for Future f	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year				
JOHNNY WAYNE NEVELS				
3681 JACKSON LIBERTY DR SW				
Summit, MS 39666			RELIEF AID	2,000
ROBERT EARL HAVARD JR				
11273 OLD HWY 63 S		1		
Lucedale, MS 39452			RELIEF AID	1,000
TANDY MIGROM				
JANEY TIGERT				
1227 W 5TH STREET			RELIEF AID	2,000
Laurel, MS 39443			RELIEF AID	2,000
PAUL COURTNEY JONES				
104 MAIN STREET				
Florence, MS 39073			RELIEF AID	1,000
110101100, 112 070.0				_,,
MARVIN CLAY BRITT				
192 HWY 15 S		•		
Pontotoc, MS 38863			RELIEF AID	1,000
SARA CARPENTER				
111 SUMMIT STREET		1		
Winona, MS 38967		i	RELIEF AID	490
ADAM TATE GRAHAM				
1227 W 5TH STREET				
Laurel, MS 39443		1	RELIEF AID	1,000
STEVEN VICTOR BOND				
128 NORTH GUYTON				
Blue Mountain, MS 38610			RELIEF AID	1,000
Bide Modicain, MB 30010			KENTER ALD	1,000
Total			▶ 3a	
b Approved for future payment				
	1			
Total		<u> </u>	h 2L	
Total		· · · · · · · · · ·	▶ 3b	

B Grants and Contributions Paid During t	If recipient is an individual,			<u> </u>
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ROBERT ANTHONY STILES JR				
1995 SCR 132-A				
Raleigh, MS 39153			RELIEF AID	1,038
RICHARD WALLACE LEE				
77 OLD MILL CREEK ROAD			201100	500
Enterprise, MS 39330			RELIEF AID	500
ANDREW RAY RUSHING				
77 OLD MILL CREEK ROAD			DELTER ATD	500
Enterprise, MS 39330			RELIEF AID	500
THELBERT F HILL				
511 CHILDS STREET			DEL TER 11D	2 000
Corinth, MS 38834			RELIEF AID	2,000
SUE FRAZIER				
415-B CENTER AVENUE			RELIEF AID	1,500
Philadelphia, MS 39350			RELIEF AID	1,500
HENRY FORD SMITH				
604 SCHOOLHOUSE ROAD			DELTER ATD	2 000
Pinola, MS 39149			RELIEF AID	2,000
CATHY HAVARD				
11273 OLD HWY 53 S			DELTEE LID	1 000
Lucedale, MS 39452			RELIEF AID	1,000
ALBERT D BUSBY				
18 STRENGTHFELLOW/COOLEY ROAD				1 000
Laurel, MS 39443			RELIEF AID	1,000
Total			▶ 3a	
b Approved for future payment				
Total			▶ 3b	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient or substantial contributor Name and address (home or business) a Paid during the year DOUGLAS WAYNE GRAHAM 86 CAMERON STREET RELIEF AID Petal, MS 39465 1,000 JOHNNIE KAY COFFEY 86 CAMERON STREET RELIEF AID 750 Petal, MS 39465 SARA ANN LATHAM 110 FIRST STREET RELIEF AID Kilmichael, MS 39747 1,000 JAMES ROBERT HODGE 105 1/2 BUCHANNAN STREET Laurel, MS 39440 RELIEF AID 2,000 ERIC JOHN COOPER 904 E F HALE DRIVE Senatobia, MS 38668 RELIEF AID 1,000 CYNTHIA D CUEVAS 2388 HWY 53 Poplarville, MS 39470 RELIEF AID 2,000 NAOMI BROWN CAMPBELL 141 N 1ST STREET Gloster, MS 39638 RELIEF AID 2,000 DAVID JOSEPH CHERAMIE 5017 MAIN STREET Moss Point, MS 39562 RELIEF AID 1,000 За Approved for future payment 3b Total

27-4648159

GRAND LODGE OF MISSISSIPPI FOUNDATI

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea

3 Grants and Contributions Paid During the	Year or Approve	d for Future F	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
<ul> <li>Paid during the year</li> </ul>				
SAMMIE GENE POLLAN				
24353 HWY 8 EAST		•		
Grenada, MS 38902			RELIEF AID	700
			1	
STANLEY BERNICE BREWER				
3015 MARKET STREET				
Pascagoula, MS 39581			RELIEF AID	1,000
CHARLES ALTON BRADSHAW				-
7 LOWER OVETT ROAD				
Ovett, MS 39464			RELIEF AID	1,400
DONNIE LOU CHURCHWELL				
401 ST FRANCIS STREET				
Leakesville, MS 39451			RELIEF AID	500
DONALD JEFFERY FAUVER				
3681 JACKSON LIBERTY DR SW			1	
Summit, MS 39666			RELIEF AID	1,000
Building MB 33000				_,,,,,
JAMES HAROLD KEITH				
192 HWY 15 SOUTH				
Pontotoc, MS 38863			RELIEF AID	1,000
FORCOCOC, MS 30003			KEDIEF AID	1,000
KEITH CHARLES BUCKLEY				
77 OLD MILL CREEK ROAD				•
			RELIEF AID	2,000
Enterprise, MS 39330			REDIEF AID	2,000
CHARLES FRANK WALKER				
306 MASONITE LAKE ROAD				
Laurel, MS 39441			RELIEF AID	1,000
Laurer, MS 39441			REDIEF AID	1,000
Total			<b>&gt; 3</b> a	
b Approved for future payment	T	<u> </u>		
b Approved for factore payment				
		!		
			1	
	<u> </u>		<u> </u>	
Total	<u></u>	<u> </u>		<u> </u>

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
IANNAH E CARVO				
10 OLIVIA LANE			EDUCATIONAL	
Ellisville, MS 39437			SCHOLARSHIP	50
TAYLOR KATHRYN GILMORE				
3518 KITES AVENUE			EDUCATIONAL	
Pearl, MS 39208			SCHOLARSHIP	50
LAUREN BROOKE HARRIS				
67 HARMONY HILL ROAD			EDUCATIONAL	
Burnsville, MS 38833			SCHOLARSHIP	50
KARLA LYNN HIGGINBOTHAM				
738 SULLIVAN ROAD			EDUCATIONAL	
Preston, MS 39354			SCHOLARSHIP	50
COREY DONOVAN HOLLOWAY				
1192 SHILOH ROAD			EDUCATIONAL	
Brandon, MS 39042			SCHOLARSHIP	50
CHLOE DOMONIQUE HOLZINGER				
204 SOUTH 4TH STREET			EDUCATIONAL	
Lumberton, MS 39455			SCHOLARSHIP	50
MORRIS ANDREW HUFFMAN				
32574 HWY 45 NORTH			EDUCATIONAL	
Aberdeen, MS 39730			SCHOLARSHIP	50
SHELBY LYNNE LEACHMAN				
1070 HIGHWAY 9 NORTH			EDUCATIONAL	
Banner, MS 38913			SCHOLARSHIP	50
Total			▶ 3a	
b Approved for future payment				

3 Grants and Contributions Paid During the	Year or Approve	d for Future f	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year		}		
DANIEL HAYES MCMAHAN				
7242 LITTLE ROCK DECATUR ROAD			EDUCATIONAL	
Little Rock, MS 39337			SCHOLARSHIP	500
MARY MORGAN MOHAMED			ł	
5412 FLETCHER'S CHAPEL ROAD			EDUCATIONAL	
Yazoo City, MS 39194			SCHOLARSHIP	500
<u>-</u>				
NICHOLAS RYAN MYERS				
15541 OLD OAK COURT			EDUCATIONAL	
Gulfport, MS 39503			SCHOLORSHIP	500
•				
ALYSSA KATELYN PRITCHETT				
P O BOX 455		ļ	EDUCATIONAL	
Ackerman, MS 39735			SCHOLARSHIP	500
HALEY BROOKE SISSON				
336 CR 322			EDUCATIONAL	
Enterprise, MS 39330		{	SCHOLARSHIP	500
ALBERT DEANE TILLEY				
1970 TUSCOLA DRIVE			EDUCATIONAL	
Grenada, MS 38901			SCHOLARSHIP	500
30001	Í			300
SAMANTHA MICHELLE WHITTLE				
729 PEACH ORCHARD ROAD			EDUCATIONAL	
Senatobia, MS 38668			SCHOLARSHIP	500
AMANDA BROOKE WILDER				
1188 CR 515			EDUCATIONAL	
Myrtle, MS 38650			SCHOLARSHIP	500
Total			▶ 3a	<u></u>
b Approved for future payment				
	ļ	1		
			i	
			1	
Total		<u> </u>	)	<del></del>
Total	· · · · · · · · · · · · · · · · · · ·	<del></del> .	▶ 3b	F 000 DE (0044)

27-4648159

3 Grants and Contributions Paid During th	e Year or Approve	d for Future	Payment	
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CONNER SCOTT BANCROFT				
4501 7TH AVENUE			EDUCATIONAL	
Meridian, MS 39305			SCHOLARSHIP	500
MYRANDA ROSE BRANTLEY				
2574 ATTLA RD 2240			EDUCATIONAL	
Mc Cool, MS 39108			SCHOLARSHIP	500
LAUREL MORGAN BYNUM				
2005 WALDEN PLACE			EDUCATIONAL	
Brandon, MS 39042			SCHOLARSHIP	500
JENNA NICOLE CAMPBELL				
220 CR 446-AVERA ROAD			EDUCATIONAL	
Vardaman, MS 38878			SCHOLARSHIP	500
BAILEY VICTORIA EASTERLING				
1300 TADPOLE ROAD			EDUCATIONAL	
Forest, MS 39074			SCHOLARSHIP	500
KELLY DANIELLE GAVIN				
5 SHELBY LANE			EDUCATIONAL	
Laurel, MS 39443			SCHOLARSHIP	500
SHELBY NICOLE HOWE				
167 FRANKS ROAD			EDUCATIONAL	
Coldwater, MS 38618			SCHOLARSHIP	500
JENNA LYNN LOVORN				
815 POTTER FULTON ROAD	ĺ		EDUCATIONAL	
Louisville, MS 39339			SCHOLARSHIP	500
Total			▶ 3a	<del></del>
<b>b</b> Approved for future payment				
Total				_
Total	<u></u>	<del></del>		

Form 990-PF (2014)

27-4648159

Continued   Contributions Paid During the Year or Approved for Future	n Purpose of grant or contribution	Amount
Recipient  Name and address (home or business)  Paid during the year  JUSTIN DAVID MILLS  8509 HIGHWAY 57  If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year  JUSTIN DAVID MILLS 8509 HIGHWAY 57	EDUCATIONAL	
JUSTIN DAVID MILLS 8509 HIGHWAY 57		
8509 HIGHWAY 57		
Vancleave, MS 39565	SCHOLARSHIP	
		50
GREGORY RAYBURN O'NEAL		
8692 BOBWHITE DRIVE	EDUCATIONAL	
Hernando, MS 38632	SCHOLARSHIP	50
MAKENZIE NICOLE ROWZĒE		
10662 HWY 503	EDUCATIONAL	
Hickory, MS 39332	SCHOLARSHIP	50
CALEB ADAM STEAD		
P O BOX 145	EDUCATIONAL	
Roxie, MS 39661	SCHOLARSHIP	50
VILLIAM CHASE STOGNER		
1124 DEERFIELD ROAD	EDUCATIONAL	
Summit, MS 39666	SCHOLARSHIP	50
LAURA LEIGH VANHORN		
184 GRAYSPORT ROAD	EDUCATIONAL	
Winona, MS 38967	SCHOLARSHIP	50
JULIE KEI BLANCHARD		
140 HADDOX ROAD	EDUCATIONAL	
Columbia, MS 39429	SCHOLARSHIP	2,18
ERIC GRAY FORD		
110 ENLOW DRIVE	EDUCATIONAL	
Columbus, MS 39702	SCHOLARSHIP	69
Total		
Approved for future payment		
Total	▶ 3b	

Part XV | Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager recipient or substantial contributor Name and address (home or business) a Paid during the year BRANDI SYLVIA JAMES 2361 HWY 29 SOUTH EDUCATIONAL Ellisville, MS 39437 SCHOLARSHIP 3,977 ROBBYE ANN LEE EDUCATIONAL 3021 LAKE NORRIS ROAD Lake, MS 39092 SCHOLARSHIP 5,000 LODEN BLAKE PORTER SNELL EDUCATIONAL 104 WESTFIELD ROAD SCHOLARSHIP 2,500 Ridgeland, MS 39157 WALTER CALEB STALLINGS EDUCATIONAL 8735 CR 280 SCHOLARSHIP 2,260 Vossburg, MS 39366 SARAH J ZABINSKI 1812 SUNRISE LANE **EDUCATIONAL** SCHOLARSHIP 8,000 Toomsuba, MS 39364 PALMER HOME FOR CHILDREN P O BOX 746 CONTRIBUTIONS 1,000 Columbus, MS 39703 MSA INFORMATION CENTER 8120 FENTON STREET STE 203 CONTRIBUTION 1,500 Silver Spring, MD 20910 ORDER OF DEMALOY P O BOX 7116 1,000 CONTRIBUTION Jackson, MS 39282 За Approved for future payment 3b Total 

Part XV   Supplementary Information (conting Grants and Contributions Paid During the	ued)	d for Fritzen	Downant	
3 Grants and Contributions Paid During the		a for Future I	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
MASONIC SERVICE ASSOCIATION				
3905 NATIONAL DRIVE SUITE 280			CONTRIBUTION	1,326
Burtonsville, MD 20866			CONTRIBUTION	1,320
		ł		
Total			▶ 3a	82,820
b Approved for future payment		Ì		
				1
	1		1	

3b

Total

27-4648159

Form 990-PF (2014) GRAND LODGE OF MISSISSIPPI FOUNDATI

Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	1 -	business income	Excluded by s	ection 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					
b					
С					
d					
е			!		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ <u></u>		
3 Interest on savings and temporary cash investments .		·			126,46
4 Dividends and interest from securities					_
5 Net rental income or (loss) from real estate.		<u></u>			
a Debt-financed property					
<b>b</b> Not debt-financed property			ļ		
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
<b>0</b> Gross profit or (loss) from sales of inventory			<u> </u>		
1 Other revenue: a					
b					
С					
d	·				
e					
<del>-</del>					
2 Subtotal Add columns (b), (d), and (e)					126,46 126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46
2 Subtotal Add columns (b), (d), and (e)	Accomp	lishment of Ex	empt Purpo Part XVI-A cont	oses  nbuted importantly to the	126,46

Meridian MS 39303-3395

			ISSISSIPPI FOUNDATI			27-46481			ge 13
Part X			sfers To and Transac	tions an	d Relationships	With Non	charit	able	
•		ganizations					<u>,</u>		
			in any of the following with an					Yes	No
ın s	ection 501(c) of the C	ode (other than section	501(c)(3) organizations) or in	section 527	7, relating to political				
_	anızations?								
			charitable exempt organization						7,
							1a(1)		X
							1a(2)	ļ.,	X
	er transactions.						41.74		v
			ganization				1b(1)		X
			cempt organization				1b(2)		$\frac{\hat{x}}{x}$
			s				1b(3) 1b(4)		X
							1b(4)		X
	_		undraising solicitations				1b(6)		X
			er assets, or paid employees				1c		X
	-	<del>-</del>	ete the following schedule Co					<u> </u>	
	•	•	en by the reporting foundation		•		t		
	-	_	show in column (d) the value						
	(b) Amount involved	T T	aritable exempt organization		cription of transfers, trai			angeme	ents
(-,	(5) [	(5/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del> -			
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				<u> </u>			_		
			th, or related to, one or more t		organizations			r <del></del> -	1
des	cribed in section 501	(c) of the Code (other th	an section 501(c)(3)) or in sec	ction 527?			Y€	es <u>[X</u>	No
<u>b</u>  f"\	es," complete the fol	lowing schedule.	····						
	(a) Name of organ	nization	(b) Type of organization	<u></u>	(c) De	scription of relati	onship		
	<del></del>								
<del></del>	<del> </del>					-f ttd	- d h-at-ad-s	1	
S	Under penalties of penjury, I correct, and complete Decl	declare that I have examined a aration of preparer (other than	this return, including accompanying so taxpayer) is based on all information of	nequies and si which prepare	er has any knowledge	or my knowledge ar	ia beller, it	is irue,	
Sign∣j̇̃	, m 6.	Pm. M.	1 .7 0 10	1	11.1		RS discus		
Here	/ / /wy	1. Mil Tilenan	<u> </u>	Tilla	ad secretary	(see inst	reparer sh	Yes	ow ∏ No
L	Signature of officer or the		Date	Title			PTIN		
Paid	Print/Type prepar		Preparer's signature		Date	Check X if		0015	
_	H LEE HAR		17/ Justa	w	07-07-2015		P0018	9346	
Prepa		► H LEE HARRIS	CPA		Firm's El		<del></del>		
Hea O	nlv   Firm's address	▶ P O BOX 3395			Phone no	)			

601-485-8016

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the	year even if they v	ver	e not compensated	,	
(a) Name and title	(b) Average hours per week devoted to position		(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and	(e) Estimated amount of other compensation
m BANT (INDEPENDE			(if not paid, enter -0-) (A05	deferred compensation	
T EARL CREEKMORE		TI	0	o	60
4421 21ST STREET, Meridian, MS 39307 MICKEY PAUL MCMAHAN	1.00	יייי.	A06		
	2.00	,11,	0	o	0
P O BOX 1030, Meridian, MS 39302 EDDIE RHODES		יתיי	A07		<u> </u>
411 GUILDE ROAD, Brandon, MS 39042	1.00	, 11	0	o	53
BILLY W SLOAN		יייי	A08		
18160 WARD'S LANE, Gulfport, MS 39503		, 11	0	o	0
	1.00		A09		
BOBBY R AINSWORTH		117	0	0	68
78 JORDAN LOOP, Ellisville, MS 39437	1.00				
		-			
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				-	
	<u>.                                    </u>				
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		_			

Federal Supporting Statements **2014** PG 01 Name(s) as shown on return GRAND LODGE OF MISSISSIPPI FOUNDATI 27-4648159 Form 990PF, Part II, Line 13 Statement #118 Investments: Other Schedule Book value (BOY) Book value (EOY) FMV (EOY) Category INVESTMENT ACCT 4,785,553 4,911,688 4,785,553 4,911,688 Total PG01 Form 990PF, Part VIII Statement #A01 Compensation Explanation Name CLYDE E BRITT Explanation BOARD MEETING TRAVEL PG01 Form 990PF, Part VIII Statement #A02 Compensation Explanation <u>Name</u> FRED F BEAN Explanation BOARD MEETING

Federal Supporting Statements

Name(s) as shown on return

GRAND LODGE OF MISSISSIPPI FOUNDATI

2014 PG01

FEIN

27-4648159

Form 990PF, Part VIII Compensation Explanation Statement #A03

Name

HOMER E SULLIVAN JR

Explanation

BOARD MEETING TRAVEL

PG01

Statement #A04

Form 990PF, Part VIII
Compensation Explanation

Name

JERRY LEE LEWIS

Explanation

BOARD MEETING TRAVEL

PG01

Statement #A05

Form 990PF, Part VIII Compensation Explanation

Name

T EARL CREEKMORE

Explanation

BOARD MEETING TRAVEL

Federal Supporting Statements

Name(s) as shown on return

GRAND LODGE OF MISSISSIPPI FOUNDATI

2014 PG01

FEIN

27-4648159

Form 990PF, Part VIII Compensation Explanation

Statement #A06

<u>Name</u>

MICKEY PAUL MCMAHAN

Explanation

BOARD MEETING

PG01

Statement #A07

Form 990PF, Part VIII
Compensation Explanation

Name

EDDIE RHODES

Explanation

BOARD MEETING TRAVEL

PG01

Statement #A08

Form 990PF, Part VIII
Compensation Explanation

Name

BILLY W SLOAN

Explanation

BOARD MEETING

•	Federal Supporting Statements	2014 PG01
Name(s) as shown on return		FEIN
GRAND LODGE	OF MISSISSIPPI FOUNDATI	27-4648159

Form 990PF, Part VIII
Compensation Explanation

Statement #A09

Name

BOBBY R AINSWORTH

Explanation

BOARD MEETING TRAVEL

			7 7 7			
		rederal Si	rederal Supporting Statements	ments	2014 PG 01	
Name(s) as shown on return GRAND LODGE OF MISSISSIPPI FOUNDATI	L				Your Social Security Number 27-4648159	
	Form 990PF, Part I,	, Part I, Line 23 -	Line 23 - Other Expenses Schedule	ule	Statement #103	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
ALUMNI REUNION MISCELLANEOUS EXPENSE	500	0	0	500 1,050		
Totals	1,550	0	0	1,550		
	Form 990PF, Part I, Line		16(c) - Other Professional Fees Schedule	Schedule	PG 01 Statement #109	
Description	Revenue and expenses	<b>7</b> (i)	Adjusted net income	Charitable purpose		
MANAGEMENT FEE Totals	65,310	0	0 0	65,310		
						<u> </u>
STM-LD					-	

		Federal S	Federal Supporting Statements	2014 PG01
Name(s) as shown on return GRAND LODGE OF MISSISSIPPI FOUNDATI				Your Social Secunty Number 27-4648159
	Form 990PF,	, Part II, Line 1	Form 990PF, Part II, Line 14 - Land Etc. Schedule	Statement #119
Description	Cost or other basis	Accumulated depreciation	End of year book value FMV	
EQUIPMENT	8,627			
Total	8,627		8,627	
	Form 990PI	F, Part I, Line 1	Form 990PF, Part 1, Line 1 - Subsidiary Schedule	PG 01 Subsidiary Statement
Description CONTRIBUTION FROM LOCAL LODGES	Revenue and expenses 23,222	Net investment 0	Adjusted net income	
Totals	23,222	0	0	

Federal Supporting Statements

2014 PG 01

Name(s) as shown on return

GRAND LODGE OF MISSISSIPPI FOUNDATI

27-4648159

### Form 990PF, Part XV, Line 2 <u>Application Submission Information</u>

Grant Program
EDUCATIONAL SCHOLARS

Applicant Name DANNY O ALEXANDER

Address 2400 23RD AVENUE Meridian, MS 39301

Telephone 601-482-2914

Email Address

Form & Content APPLICATION

Submission Deadline NONE

Restrictions on Award

Federal Supporting Statements

Name(s) as shown on return

GRAND LODGE OF MISSISSIPPI FOUNDATI

2014 PG 02

Your Social Secunty Number
27-4648159

## Form 990PF, Part XV, Line 2 Application Submission Information

Grant Program RELEIF AID

Applicant Name MICKEY McMAHAN

Address
2400 23RD AVENUE
Meridian, MS 39301

Telephone 601-482-2914

Email\_Address

Form & Content SUBMISSION

Submission Deadline NONE

Restrictions on Award NONE

#### Form **8868**

(Rev January 2014)

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

			<del></del>				
	iling for an Automatic 3-Month Extension, com						▶ 🏻
	iling for an Additional (Not Automatic) 3-Month						
Do not comp	lete Part II unless you have already been grante	ed an automa	atic 3-month extension on a p	reviously filed Form	8868	١.	
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not est an extension of time to file any of the forms lis insfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	t automatic) ( ited in Part I t Contracts, v	3-month extension of time. Yo or Part II with the exception of which must be sent to the IRS	u can electronically Form 8870, Inform in paper format (se	file F ation e	orm	
Part I	<b>Automatic 3-Month Extension of T</b>	ime. Only	submit original (no cor	ues needed).			
	required to file Form 990-T and requesting an au						
•							▶ □
	prations (including 1120-C filers), partnerships, R			request an extensi	on of	time	_
to file income		·		•			
			Ente	r filer's identifying	num	ber, sec	instructions
Type or	Name of exempt organization or other filer, se	e instruction			tification number (EIN) or		
print	GRAND LODGE OF MISSISSIPPI FO						
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O.		nstructions Social security num			(SSN)	
	2400 23RD AVENUE					` ,	
		City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions	Meridian, MS 39301						
				·			
Enter the Retu	urn code for the return that this application is for (	(file a separa	ite application for each return)				0 4
Application Return Application							Return
Is For		Code	Is For				Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)				07
Form 990-BL		02	Form 1041-A				08
Form 4720 (individual)		03	Form 4720 (other than individual)				09
Form 990-PF		04	Form 5227				10
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069				11
Form 990-T (trust other than above)		06	Form 8870			12	
1 01111 330-1	(udst outer diair above)		1 01111 0070				
Telephone If the organ If this is for for the whole a list with the	are in the care of ► MICKY MCMAHAN, 2  No ► 601-482-2914  Inization does not have an office or place of busing a Group Return, enter the organization's four digroup, check this box	F. less in the Ulgit Group Ex it is for part of	AX No. ▶				▶□
until	08-17 , 20 15 , to file the exempt or				nsior	ı ıs	
for the o	organization's return for:						
<b>▶</b> 🗓	calendar year 20 14 or						
▶ 🗆	tax year beginning	, 20	, and ending	,	20_	_	
2 If the ta	x year entered in line 1 is for less than 12 months	s, check reas	son: 🗌 Initial return 📗	Final return			
	nge in accounting period		<u> </u>				
3a If this a	pplication is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069	, enter the tentative tax, less	any			
	indable credits. See instructions				3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$							0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instructions.					3c	\$	0
	ou are going to make an electronic funds withdray	wal (direct de	ebit) with this Form 8868, see	Form 8453-EO and	Form	ı 8879-E	O for
payment instr	uctions						