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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Dep	artment of	the Treasury	Do not enter social security numbers on this form as it may be	-		Open to Public		
_		ue Service	► Information about Form 990 and its instructions is at www.irs		<u>). </u>	Inspection		
<u>A</u>			ndar year, or tax year beginning , 2016, and endin	<u>g</u>	D Employ	, 20 er identification number		
В		applicable	C Name of organization Hattiesburg Lodge No. 1804 Loyal Order of Moose		D Employ			
H	Address		Doing business as Hattiesburg Moose Lodge #1804 Number and street (or P O box if mail is not delivered to street address) Room/su		64-0645857 E Telephone number			
	Name ch	-	· ·	le.	E reseption			
	Initial ret		308 West Hills Dr City or town, state or province, country, and ZIP or foreign postal code			601-264-7069		
ö	Amende	m/terminated			G Gross re	Mounte \$ 712.051.04		
Η			Hattiesburg MS 39402 F Name and address of pnncipal officer	11(a) to 15 a a a		subordinates? Yes No		
ш	Applicati	ion pending	r Name and address of principal officer	7	•	suncluded? Yes No		
_	Tay aya	mpt status	☐ 501(c)(3)	` '		list. (see instructions)		
<u>;</u>	Website		(insert no) (24947(a)(1) or (2321	H(c) Group	•	•		
K			✓ Corporation Trust Association Other ► L Year of format			of legal domicile MS		
Þ	art l	Summ		1000				
	1		escribe the organization's mission or most significant activities: THE O	RGANIZATIO	N UNITES	SITS MEMBERS IN THE		
æ			F FRATERNITY, BENEVOLENCE AND CHARITY. THIS IS ACCOMPLISHED					
Activitles & Governance	i		AND RECREATIONAL ACTIVITIES FOR THE MEMBERS AND THERE FAMILI					
ērī	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.		
é	3	Number	of voting members of the governing body (Part VI, line 1a)		3	7		
∞	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	6		
ijes	5	Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a) .		5	12		
₹	6	Total nur	nber of volunteers (estimate if necessary)		6	30		
AC	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unre	ated business taxable income from Form 990-T, line 34	<u></u>	7b	0		
				Pnor Ye	ear	Current Year		
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)	720.00	4,695.94			
	9	-	service revenue (Part VIII, line 2g)	57	78,872.96	510,996.89		
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		32.35	81,054.92		
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(-	5,422.46)	(-4,990.00)		
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	74,202.85	587,553.81		
	13		nd sımilar amounts paid (Part IX, column (A), lines 1-3)		9,029.00	4,695.94		
	14		paid to or for members (Part IX, column (A), line 4)		0	0		
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u></u>	92,431.58	84,246.78		
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0		
Š	b		draising expenses (Part IX, column (D), line 25)	.~	`			
) ''		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		51,698.18	438,298.12		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		53,158.76	527,240.84		
	19	nevenue	less expenses. Subtract line 18 from ECEIVED	Beginning of Ci	21,044.09	60,312.97 End of Year		
Assets or	20	Total aca	1 1 121 121					
A336	21		ets (Part X, line 16)		29,785.69	909,191.50		
Net.	22		ts or fund balances. Subtract line 2 from line 20		35,556.03	59,675.29		
	art II		ture Block OGDEN, UT		94,229.66	849,516.21		
			ry, I declare that I have examined this return, including accompanying schedules and state	ments and to t	he hest of	my knowledge and helief it is		
			lete. Declaration of preparer other than officer) is based on all information of which prepare			.,,		
			Ille - Walted		7-2	6-17		
Sig	gn	Sign	agure of officer	Da	até			
	ere	1	Tenn Masherry Aministrator					
		Тур	or print name and title					
D.	aid	Print/Ty	pe preparer's name Preparer's signature D	ate	Check	PTIN		
	epare	. . L			self-em			
	se Onl	1	name ►	Firr	n's EIN ▶			
_			ddress ▶	Pho	one no			
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)		<u> </u>	· · 🗌 Yes 🗌 No		
Fo	r Paperv	vork Redu	ction Act Notice, see the separate instructions. Cat 1	lo 11282Y		Form 990 (2016)		

	0 (2016)				Page 2
Part I		nent of Program Service A			
				art III <u> </u>	<u> L</u>
1		ribe the organization's mission		IEVOLENCE AND CHADITY	
			S IN THE BONDS OF FRATERNITY, BEN ROUND SCHEDULE OF SOCIAL AND R	RECREATIONAL ACTIVITIES FOR THE I	AFMRERS
		FAMILES ESTAIMATED TO NU		CONCATIONAL AOTHMICS FOR THE	ILINDLICO
2			icant program services during the ye		
	•			· · · · · · · · · · · · · · · · · · ·	'es ☑No
3		scribe these new services on	schedule O. or make significant changes in h	ow it conducts any program	
Ū	services? .		or make significant changes in in	_	es ☑No
		scribe these changes on Sche			63 110
4	Describe the expenses. S	e organization's program sen section 501(c)(3) and 501(c)(4	rice accomplishments for each of its	three largest program services, as r t the amount of grants and allocation	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	morading grants or \$		
4c	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$			

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ►

Part I	V 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	-	√
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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	-	7	g ¹ ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	√	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	!	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	ļ !	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		√
	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?			
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		_	<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			· '
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~ ·
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	l	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	100		-
-	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1 —	\vdash
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	{	1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	,
9E -	or IV, and Part V, line 1	34	-	/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├ <u></u>
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1330	\vdash	 *
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	ļ	✓
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	<u> </u>	<u> </u>
		For	m ササし	(2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	1	1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			[. }
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Yes," enter the name of the foreign country: ▶	70		
U	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		,	1 -
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	١.		,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		/
7	gifts were not tax deductible?	OD	 ,	-
7 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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	√
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ	· 	ئـــــــــــــــــــــــــــــــــــــ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		1
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organizations maintaining donor advised rands. Bid a donor advised rands as sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	1
9	Sponsoring organizations maintaining donor advised funds.		ļ —	<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	1	÷	, 4
а	Initiation fees and capital contributions included on Part VIII, line 12	Ĵ.	ľ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		1:
11	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders	-		1 .
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		•
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.		T .	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	,		
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand	1	1.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		↓ —
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	00	0.0045
		For	m サザ	0 (2016

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions. . \square					
Secti	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 1a								
	If there are material differences in voting rights among members of the governing body, or			1 1					
	if the governing body delegated broad authority to an executive committee or similar	} }							
	committee, explain in Schedule O.			1 1					
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b								
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?		-						
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		 					
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		 _ _					
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		· •	\vdash					
	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,								
	stockholders, or persons other than the governing body?	7b	✓	<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-	.]					
	the year by the following:		ئەدىسىتە						
a	The governing body?	8a	√	<u> </u>					
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
section B. Policies (This Section B requests information about policies not required by the Internal Revenue C									
	on bit office (The occurr b requests information about policies not required by the internal reven	200	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
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 filling the form?	11a	✓						
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,"								
40	describe in Schedule O how this was done	12c		 					
13	Did the organization have a written whistleblower policy?	13		1					
14 15	Did the organization have a written document retention and destruction policy?	14		V					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		~						
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b		1					
	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		-oa -	ا ــا					
Cast!	organization's exempt status with respect to such arrangements?	16b		L					
<u>Secu</u>	on C. Disclosure 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 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(J)	only					
	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(حرب رب	, or ity)					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and					
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶						
	Glenn Pasherry 291 Lott Town Pd. Hattieshurg. MS 30402								

Form 990 (2016)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d org	<u>aniz</u>	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				((C)					
(A)	(B)	(40.0	ot of		ition	than o	200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	-	rect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	nst	Officer	<u>§</u>	emg Higi	Former	the	organizations	compensation
	related organizations	lrec	Institutional trustee	£	Key employee	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	o = 1	onal		망	မြိမ္မ		(** 2 1033 111103)		and related
	line)	uste	trus		8	l pen				organizations
		6	ë	1	<u> </u>	Highest compensated employee	1			
	 		_	<u> </u>	-	<u> </u>	-			
(1) William Delancy	ļ									
Governor	10		L_	✓	<u> </u>		_			
(2) Glenn Rasberry	ļ	ļ	1		i					
Administrator	40			✓	ļ		_	31,550.00		
(3) David Oxner	ļ	1		١.				İ		
Jr Governor	10		_	1	ļ.,	<u> </u>	_	ļ	ļ	
(4) Wayne Ladd	ļ			١.						
Jr Past Governor	10		<u> </u>	✓	Ļ.,	<u> </u>		ļ		
(5) Harry Goza	ļ		ĺ	١,	İ					
Prelate	10	├	┝	✓	_		_	ļ	<u> </u>	
(6) Robert Kyzar	ļ	ł	ĺ	,					į į	
Treasurer (7)	10	├	⊢	✓	├-	 	-	 	<u> </u>	
(7) Randy Minton	T	ł	ł	1						
Trustee	10	├	┢	-			-	 		
(8)		1								
(9)	 		┢╌	H	-	-				
				<u>l</u>						
(10)										
(11)			\vdash		\vdash	_	-	<u> </u>		
V:://				ļ	<u>L</u> .					
(12)										
(13)	 -	-	\vdash			 		 	 	
<u> </u>	<u> </u>					L		<u></u>		
(14)	ļ							Ţ		
	1	1	1	ì	ì	1	1	1	1	1

rart	Section A. Officers, Directors, Trust	es, Key E	mploy	yees		_	iignes	sτ C	ompensated E	mpioyees (co	ontinued T)		
						C) iition				-	ł			
	(A) Name and title	(B) Average			neck	more	than c		(D) Reportable	(E) Reportable			F) nated	
	Name and title	hours per					ıs both or/trust		compensation	compensation t	4		unt of	
		week (list any hours for		_		⊼		Form	from the	related organization		ot compe	her nsatio	n
		related	물	i iii	Officer	en en	ghes ploy	me	organization	(W-2/1099-MIS		fron	n the	
		organizations below dotted	of the state	iona		employee	e co		(W-2/1099-MISC)				ızatıon elated	
		line)	Individual trustee or director	Institutional trustee		yee	nper				ŀ	organı		
			8	stee			Highest compensated employee				İ			
(15)			ļ					-			\dashv			
(16)					_									
<u>(10)</u>														
(17)														
(18)			_			-		<u> </u>			_			
(19)	· · · · · · · · · · · · · · · · · · ·					 		-	-		-			
			ļ					L			_			
(20)		 			ĺ					}				
(21)														
(22)			<u> </u>	\vdash	 			┢			_			
(23)				-	\vdash	 		L						
(23)		<u> </u>												
(24)														
(25)							-	<u> </u>			-			
1b	Sub-total	l		<u> </u>					31,550.00	ļ				
c	Total from continuation sheets to Part							•	01,000.00					
d	Total (add lines 1b and 1c)	•						▶	31,550.00					
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) v	vho received m	ore than \$10	0,000 o	f		
	reportable compensation from the organ	IZALION P							··				Yes	No
3	Did the organization list any former of							emı	ployee, or high	nest comper	sated			
4	employee on line 1a? If "Yes," complete							·	· · · · · ·	· · · ·	· ·	3		1
•	For any individual listed on line 1a, is the organization and related organizations	areater th	porta an \$	150	ວດຕ	11Pe	risaud f "Ye	ות פ S. "	and other comp complete Scl	nedule J for	such			,`~
	individual										•	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m any	y ur	nrelated organi			-	,	->-
Section	on B. Independent Contractors	111 165, 0	Jonip	1616	301	ieu	uie J		such person			5		✓
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	conti	ract	tors that receive	ed more thar	\$100,0	000 of		
	compensation from the organization. Repear.	port compe	nsati ,	on f	or t	he c	alend	dar	year ending w	th or within t	he orgai	nizatio	on's t	ax
	(A)							Γ	(B)			(C)	ation	
	Name and business add				_		-	+	Description of s	DEL VICES		mpens		
		····						Ļ						
								+						
		<u> </u>						╁╴						
2	Total number of independent contractor	•	-					o t	hose listed ab	ove) who			1	
	received more than \$100,000 of compens	sation from	the o	rgar	nizat	tion	▶					~		

Form **990** (2016)

Part	VIII	Statement of Heve		. va			D=:43.00		_
1		Check if Schedule O	contains	ı res	onse or note to				· · · · L
				- 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	3	1a					
ig ig	b	Membership dues .		1b	492.00				į
S, C	С	Fundraising events .]	1c			-		•
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	;	1d					
in.	е	Government grants (con		1e					
tior er S	f	All other contributions, g							-
ibu Yth		and similar amounts not included above 1f							, , , ,
ontr id C	g	Noncash contributions include							,
	h	Total. Add lines 1a-1	f			492.00			
Program Service Revenue					Business Code			anno mandos esas essente	
eve	2a	Social Quarters					102,449.65		
ĕ	b	Kitchen					3,450.70		
<u>S</u> .	C	Committee Income			· · · · · · · · · · · · · · · · · · ·	15,756.72			
Š	d		-			386,880.57			
뗥	е					2,459.25			
<u>o</u>	, t	All other program sen							
	<u>g</u> 3	Total. Add lines 2a-2				510,996.89			· · · · · · · · · · · · · · · · · · ·
	3	Investment income and other similar amo			enas, interest,				
	4	Income from investmen				54.92			
	5								
	"	noyalues	(i) Real		(II) Personal				
	6a	Gross rents	()		(7,			,	
	b	Less. rental expenses					, ,	•	,
	C	Rental income or (loss)	<u> </u>			~ ' , ,	- "	. 4	
	d	Net rental income or	(loss)		•				
	7a	Gross amount from sales of	(i) Securit	· ·	(ii) Other			,	
	'-	assets other than inventory	**		81,000.00				
	Ь	Less: cost or other basis			01,000.00				+ pr-
		and sales expenses .				is a	,	- 1	
	c	Gain or (loss)			81,000.00				~ -
	d	Net gain or (loss) .	·		>	81,000.00	and the second second and the second		And the second
one.	8a	Gross income from fu	ındraising				, ', '		
ē	"	events (not including \$	211010101119			,			
ě		of contributions report	ed on line 1	c).		•			F . *
ř]		, ,		
Other Revel	ь	Less: direct expenses	s	. b	· .		. 0	,	·
0	C	Net income or (loss) 1		isina	events . >	47			
	1	Gross income from ga				,	Tay to		
		See Part IV, line 19		. а	120,308.00	, ' , " ,,,			
	ь	Less: direct expenses	s	. b	-	İ	1	. *	
	С	Net income or (loss) 1				(-4,990.00)			
	10a	Gross sales of in	-	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		returns and allowanc	es	. a		,		-	
	ь	Less: cost of goods s	sold	. b		1		-	<u> </u>
	c_	Net income or (loss) t		of inv	entory ►				
		Miscellaneous F	Revenue		Business Code			,	, , , , , , , , , , , , , , , , , , , ,
	11a								
	Ь								
	c								
	d	All other revenue .							
	e	Total. Add lines 11a-	-11d		▶		,		
	12	Total revenue See i	netructions		•	507 552 04			

Form 99			··		Page 10
	X Statement of Functional Expenses	-1.7. 11. 1			
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
Do no	Check if Schedule O contains a respons tinclude amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u>.</u> (D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4695.94			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	31,550.00			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		i		
7	Other salaries and wages	46709.47			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5987.31	·		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		,	•	
f g	Investment management fees				
	(A) amount, list line 11g expenses on Schedule O) .				!
12	Advertising and promotion	1,935.05			
13	Office expenses				
14	Information technology	110.00			
15	Royalties				
16	Occupancy ,	352199.95			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,600.70			
20	Interest	2,400.09			
21	Payments to affiliates	2,397.00			
22	Depreciation, depletion, and amortization .				
23	Insurance	12,719.36			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				t ,
	line 24e amount exceeds 10% of line 25, column				- 1
	(A) amount, list line 24e expenses on Schedule O)	,		<u>'</u>	
а	Cost of Goods Sold	43,441.63			
b	Committee Expense	14,174.15			
С	Tax Paid	5320.19			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	527240.84			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	32/240.04			

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	14,309.23	1	105,895.24
	2	Savings and temporary cash investments	21,587.88	2	11,642.80
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	480.00	4	490.00
	5	Loans and other receivables from current and former officers, directors,			
ļ		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	5	0
Assets	7	Notes and loans receivable, net			<u> </u>
Ass	8	Inventories for sale or use			7,505.14
•	9		9,750.26		7,303.14
	10a	Prepaid expenses and deferred charges	0	-	<u>_</u>
	102	other besis Complete Dort VI of Cabadula D			,
	b	Less: accumulated depreciation	783,658.32	100	783,658.32
	11	Investments—publicly traded securities	783,038.32		783,038.32
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	829,785.69		909,191.50
	17	Accounts payable and accrued expenses	0	$\overline{}$	0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	-	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
တ္	22	Loans and other payables to current and former officers, directors,	ļ		
Liabilities		trustees, key employees, highest compensated employees, and	-		- T
喜		disqualified persons. Complete Part II of Schedule L	0	22	0
ڐ	23	Secured mortgages and notes payable to unrelated third parties	33,956.63		58,190.60
	24	Unsecured notes and loans payable to unrelated third parties	0		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			
	00		1,599.40	_	1,484.69
	26	Total liabilities. Add lines 17 through 25	35,556.03	26	59,675.29
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	794,229.66	27	849,516.21
Bal	28	Temporarily restricted net assets	0		0
귳	29	Permanently restricted net assets	0	29	0
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			,
ts c	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	794,229.66	33	849,516.21
_	34	Total liabilities and net assets/fund balances	829,785.69	34	909,191.50
					Form 990 (2016)

Form 9	90 (2016)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			553.81
2	Total expenses (must equal Part IX, column (A), line 25)	2		527,2	240.84
3	Revenue less expenses. Subtract line 2 from line 1	3		60,3	12.97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		849,5	16.21
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		909.8	329.18
Par	XII Financial Statements and Reporting	_ _			
	Check if Schedule O contains a response or note to any line in this Part XII		. . .		
		- -		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in	1	ļ,	
	Schedule O.	•		1	! .
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 were con		, ===		· ·
	reviewed on a separate basis, consolidated basis, or both:		1]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		} '	,	\
b			2b	7	~~~~
_	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a		-	<u> </u>
	separate basis, consolidated basis, or both:			,	
	Separate basis Consolidated basis Both consolidated and separate basis			1	_

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain in

Form **990** (2016)

2c

3a

3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name c	of the or	ganization		Employer	identification number
Hatties	sburg N	Noose Lodge #1804		L	64-0645857
Par		Organizations Maintaining Donor Adv			ccounts.
		Complete if the organization answered			
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year) .			
4		egate value at end of year			
5		he organization inform all donors and donor are the organization's property, subject to the			
6	only '	ne organization inform all grantees, donors, a for charitable purposes and not for the bene rring impermissible private benefit?		for any o	ther purpose
Par	t II	Conservation Easements.			
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	<u>. </u>	
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).		
	□ P	reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	of a histor	ically important land area
	□ P	rotection of natural habitat	☐ Preservation of	of a certifi	ed historic structure
		reservation of open space			
2		olete lines 2a through 2d if the organization he	eld a qualified conservation contributi	ion in th <u>e</u>	form of a conservation
	ease	ment on the last day of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements		[2a
b	Total	acreage restricted by conservation easemen	ts	[2b
C	Numl	per of conservation easements on a certified	historic structure included in (a)	[2c
d	Num	per of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
		3			2d
3	Numi tax y	ber of conservation easements modified, tran ear ►	sferred, released, extinguished, or ter	minated	by the organization during the
4	_	ber of states where property subject to conse	rvation easement is located >		
5	Does	the organization have a written policy retions, and enforcement of the conservation ea	garding the periodic monitoring, in		
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserva	tion easements during the year
7	Amoi	unt of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	g conserva	ation easements during the year
			O(-l) -lti-f- the negricoments of	d anation	170/L\(4\(D\(i\)
8		each conservation easement reported on line section 170(h)(4)(B)(ii)?	• •		
_					□ ·•• □ ··•
9		rt XIII, describe how the organization reports			
		nce sheet, and include, if applicable, the text on nization's accounting for conservation easem		manciai s	tatements that describes the
Dor	t III	Organizations Maintaining Collection		r Othor	Similar Assats
rai	ι ΙΙΙ				Sittilai Assets.
	F Al-	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·		s statement and balance sheet
1a		e organization elected, as permitted under SF			
		s of art, historical treasures, or other simila c service, provide, in Part XIII, the text of the			
b	work	e organization elected, as permitted under S s of art, historical treasures, or other simila c service, provide the following amounts relat	r assets held for public exhibition, e		
	(i) R	evenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) A	ssets included in Form 990, Part X			. ▶ \$
2	If the	e organization received or held works of art	, historical treasures, or other simila	ar assets	for financial gain, provide the
_	follov	ving amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items [.]	
а	Reve	nue included on Form 990, Part VIII, line 1 .			. ▶ \$
b		ts included in Form 990. Part X			. > \$

Schedule D	(Form 990)	2016

Page	2

_, Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Oth	ner Similar	Asse	ts (cor	tinue	ed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, checl	k any of the	follow	ing that are	a sign	ificant	use o	of its
а	☐ Public exhibition		d l	Loan	or exchange	e progra	ams				
b	☐ Scholarly research		e l	Other							
С	☐ Preservation for future generations	3									••
4	Provide a description of the organizat XIII.	tion's collections a	and expla	in how th	ney further t	the orga	anization's e	xempt	purpos	e in	Part
5	During the year, did the organization assets to be sold to raise funds rather							milar 	☐ Yes	s_ 🔲	No
Part				· · · · ·	" -						
	Complete if the organization 990, Part X, line 21.								ınt on	Form	n
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ Ye	s 🗆	No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	ible:			Amo	unt		
С	Beginning balance					1c				_	
d	Additions during the year					1d					
е	Distributions during the year					1e			_		
f	Ending balance					1f					_
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21, for e	scrow or cu	istodial	account liab	ility?	☐ Ye	s 🔲	No
b	If "Yes," explain the arrangement in P.	art XIII. Check her	e if the ex	cplanation	n has been	provide	d on Part XII	1 . <u> </u>			
Part	V Endowment Funds.										
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	10.					_
		(a) Current year	(b) Pro	or year	(c) Two years	s back	(d) Three years	back	(e) Four y	ears b	ack
1a	Beginning of year balance										
ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)) held a	ns:				
а	Board designated or quasi-endowmer		%	, ,							
b	Permanent endowment	%	· 								
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and		00%.								
3a	Are there endowment funds not in the			zation tha	at are held	and adr	ministered fo	r the			
	organization by:	•	J						٦.	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related o							•	3b		
4	Describe in Part XIII the intended uses							•	L <u>3-</u> .L		
Part			011001100								
, en	Complete if the organization		" on For	m 990 F	Part IV line	11a S	See Form 9	90 P:	art X li	ne 1	n
	Description of property	(a) Cost or or (investm	ther basis	(b) Cost o	or other basis ther)	(c) A	Accumulated preciation		(d) Book		
	Land	_ +						+		126 O	00.00
b	Buildings				·			+			87.93
c	Leasehold improvements	·		l						1,0	
d	Equipment	`									
e	Other	·		 				+-		152 F	70.39
	Add lines 1a through 1e. (Column (d) r.		90 Part	K column	(R) line 10)c)		+-			58.32
· Otali	, as mos re unough re. (Column (u)).	nuar oquar i Omi 9	Ju, i ait /	, countil	. ,— <i>,, ,,,,,,</i> , , ,	,	<u> </u>			, 00,0	JU.JE

Part VII	Investments — Other Securities Complete if the organization ans		m 990), Part IV, line	e 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)			Book value	(c) Me	ethod of valuation d-of-year market value
(1) Financial	derivatives					
	neld equity interests	[
(3) Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
(A)						
(B)						
(C) (D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12) ▶					. ,
Part VIII	Investments - Program Related	<u>d.</u>				
	Complete if the organization ans	wered "Yes" on For	m 990), Part IV, line	11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value		ethod of valuation d-of-year market value
(1)						
(2)			<u> </u>			
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 13)				۳	
Part IX	Other Assets.				, , , , , , , , , , , , , , , , , , , 	
	Complete if the organization ans	wered "Yes" on For	m 990), Part IV, line	11d. See Forn	n 990, Part X, line 15.
		a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5) (6)						-
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			.	
Part X	Other Liabilities.				 	
	Complete if the organization ans	wered "Yes" on For	m 990), Part IV, line	e 11e or 11f. Se	ee Form 990, Part X,
	line 25.					
1	(a) Description of liability	(b) Book value			,	,
(1) Federal II	ncome taxes	1,3	61.69	,	4	
	ose International	1	23.00		7	•
(3)						
(4)		<u> </u>		,	,	• • • • • • • • • • • • • • • • • • • •
(5)				<i>;</i>	»	
(6)						
(8)		 	 -⊦	~	, ,	
(9)		 		•		
	(b) must equal Form 990, Part X, col (B) line 25.)		94.50	,		,
	r uncertain tax positions. In Part XIII, provi	1,4	84.69	ha araaninatian	e financial statem	ante that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per	Return.	Page
	Complete if the organization answered "Yes" on Form 990, F				
1 To	al revenue, gains, and other support per audited financial statements			1	
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Ne	unrealized gains (losses) on investments	2a			
b Do	nated services and use of facilities	2b			
c Re	coveries of prior year grants	2c		[[
d Otl	ner (Describe in Part XIII.)	2d			
e Ad	d lines 2a through 2d		·	2e	
3 Su	otract line 2e from line 1			3	
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:			4	
a Inv	estment expenses not included on Form 990, Part VIII, line 7b .	4a		1 1	
b Oth	ner (Describe in Part XIII.)	4b		1 - 1	
c Ad	d lines 4a and 4b			4c	
5 To	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part XII	Reconciliation of Expenses per Audited Financial Statem	ents With Ex	kpenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12	2a.		
1 To	al expenses and losses per audited financial statements			1	
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25:				
	nated services and use of facilities	2a		-	
b Pri	or year adjustments	2b		1. 1	
c Otl	ner losses	2c			
d Otl	ner (Describe in Part XIII.)	2d		1:	
e Ad	d lines 2a through 2d			2e	
3 Su	otract line 2e from line 1			3	
4 An	ounts included on Form 990, Part IX, line 25, but not on line 1.			1:	
a inv	estment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	ner (Describe in Part XIII.)			1	
	d lines 4a and 4b			4c	
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	-
art XIII				<u> </u>	
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, line	es 1b and 2b	; Part V, line	4; Part X, lir
Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any	additional in	formation	

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Schedulê D (For	n 990) 2016	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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

iame c	or the organization					Employer identific	cation number
	sburg Moose Lodge #1804					64-	0645857
Par					vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are	not required to	complete	this part.			
1	Indicate whether the organizat	ion raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations				ion of non-govern		
b	☐ Internet and email solicitati	ons	fΓ		ion of government		
С	☐ Phone solicitations		g [_	fundraising events	=	
ď	☐ In-person solicitations		5 -	_ 0 000	and a		
2a	Did the organization have a workey employees listed in For						
b	If "Yes," list the 10 highest pa compensated at least \$5,000 l	d individuals or	entities (fund		•	~	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	 	· · · · · · · · · · · · · · · · · · ·	
1		,					
2							
3			ļ ·				
4			 				
5					1		
6							
7				<u> </u>			
8			<u> </u>	<u> </u>			ļ
9							
10							<u> </u>
		<u> </u>		<u> </u>	 		
otal		<u> </u>		<u> ▶</u>			<u> </u>
3	List all states in which the org registration or licensing.	ganization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt fro
		· · · · · · · · · · · · · · · · · · ·					

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		д. сес госоры длам.	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
æ			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
æ		Lance On Wile Co				
	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages .			:	
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	dd lines 4 through 9 in ca act line 10 from line 3. c	olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer	red "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue		(Hall \$13,000 011 0111 3	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Rev	1	Gross revenue	120,308.00			120,308.00
ses	2	Cash prizes	115,882.90			115,882.90
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .	9,415.10			9,415.10
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		125,298.00
_	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		(-4,990.00)
9		nter the state(s) in which the or	-			[7] V- a [7] N-
		the organization licensed to co				🗹 Yes 🗌 No
10		ere any of the organization's g	gaming licenses revoked	•	•	? . ☐ Yes ☑ No

chedul	le G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
14	An outside facility
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ▶
	Address►
16	Gaming manager information:
	Name ► Glenn Rasberry
	Gaming manager compensation ► \$ 31,550.00
	Description of services provided ► Manage Employees and supplies and Books
	☑ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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 2016

Open to Public Inspection

Hattiesburg Moose Lodge #1804	64-0645857
Part VI Line 6 Moose Units have Members	
Part VI Line 7a Members elect the board of Officers	
Part VI Line 7b The Lodge as a whole, approves the recommendations of the Officers	
Part VI Line 11b The Administrator furnishes the board members a copy of the 990 return for there r	eview at a regular board meeting
Part VI Line 19 We did not make our governing documents, conflict of interest policy, and financial s	tatements available to the public
•••••••••••••••••••••••••••••••••••••••	
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Schedule O (Form 990 or 990-EZ) (2016)	F	Page 2
Name of the organization	Employer identification number	
Hattiesburg Moose Lodge #1804	64-0645857	
	· -	

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		·
		-
•••••		

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SCHEDULE R (Form 990)

Name of the organization

Hattiesburg Moose Lodge #1804

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public 2016

64-0645857

OMB No 1545-0047

Inspection Employer Identification number ▶ Attach to Form 990.

	(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	6
(1)								
(2)								
(6)								
(4)								
(5)								
(9)								1
Part II 6	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.	utions. Complete if the ray year.	ie organization a	Iswered "Yes" on	Form 990, Parl	: IV, line 34 beca	ause it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(13)
		:					Yes	
(1) Moose Internation Mooseheart, IL 60539	al, Inc. 155 S. International Drive	Faternal Organization	II.	501(C)8		Sole Member		
(2)								l
(3)								
(4)								
(5)			÷					
(9)								
(2)								1
For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.	Cat P	Cat No 50135Y		Schedule	Schedule R (Form 990) 2016	016

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (k) Percentage ownership £ 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 General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? Ŷ (f) Share of total Yes Income (g) Share of end-of- D year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
I Direct controlling entity (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV € 0 E ପ € <u>@</u> ପ S) 9 E 9 E Ξ 2

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
The state of the s	s listed in Parts II, III, or IV of this schedule.				. X	Yes No
Unring the tax year, did the o	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?	more related orga	ınizations listed in Par	ts II–IV?		
a Receipt of (i) interest, (ii) annu	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19	^
b Gift, grant, or capital contribution to related organization(s)				•	4	
Giff grant or capital contribu	Gift grant or capital contribution from related organizations				,	<u> </u>
					2 ;	1
 caris or loan guarantees to or tor related organization(s) 	r tor related organization(s)				P	`
e Loans or loan guarantees by related organization(s) .	elated organization(s)				-	
					;	+
I DIVIDENTES IFORTI FEIRIGO OFGANIZATIONI(S)					=	>
g Sale of assets to related organization(s) .	inzation(s)				19	
h Purchase of assets from related organization(s)	ed organization(s)	•			÷	
	d organization(s)				÷	1,
i Lease of facilities, equipment	Lease of facilities, equipment, or other assets to related organization(s)	•	· · · ·	•	=	,
						-
k lease of facilities equipment	l pase of facilities pruipment or other assets from related organization(s)				1	13
	months of the property of the			- - - -	<u> </u>	
	Ferrormance of services of membership of infidatishing solicitations for related organization(s)				=	<u>`</u>
m Performance of services or m	Performance of services or membership or fundraising solicitations by related organization(s)				TE,	`
n Sharing of facilities, equipmer	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1	
		•	•		ç	1
					2	-
	Reimbligsement paid to related organization(s) for expenses				5	
				- - -	2 ,	<u> </u>
	neimbursement pain by related organization(s) for expenses				5	`
					-	1
 Other transfer of cash or property to related organization(s) 	erty to related organization(s)				-	>
 Solution of cash or properties. 	Other transfer of cash or property from related organization(s)				18	_
2 If the answer to any of the about	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	plete this line, inc	luding covered relation	nships and transad	ction thresh	olds.
		(4)	3		5	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) ning amount in	volved
(1)						
					1	
(4)						
(5)						
3						

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

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

of gross revertible that was not a related organization. See instructions regarding exclusion for certain provestitient partnerships.	gamzanon. Se	a irisiruciioris r	sgarding exclusion	or for cert	ain investment pa	irinersnips.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners		(g) Share of	(h) Disproportion	(f) ttel Code V—UBI	(I) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	_	allocations?	10 -	managing partner?	
			from tax under	organizations?						
			(1) 210 01000	Yes No			Yes No		Yes No	
(1)										
(2)				_						
(3)				-					+	
(6)			-							
(4)										
(5)										
(9)										
(٦)										
(8)										
(6)									-	
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	Jule R (For	Schedule R (Form 990) 2016

Schedule R (I	Form 990) 2016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
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