Form 990-PF

Return of Private Foundation

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

vate Foundation 2017 as it may be made public.

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0052

For	caler	ndar year 2017 or tax year beginning	, 2017	, and ending	g		, 20	-
N	ame of	foundation			A Employer	Identification number		N
_ G	RAND	LODGE OF MISSISSIPPI FOUNDATI			27-464	8159		2
N	umber	and street (or PO box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions	s)	Ō
2	400	23RD AVENUE			(601)4	82-2914		0
C	ity or to	own, state or province, country, and ZIP or foreign postal code				tion application is pending	check here	Z
М	erid	lian, MS 39301			oxop	and approximation to postating	, and an incre	
			of a former public cha	arity	D 1. Foreig	in organizations, check he	are · · · · [
		Final return Amended re	turn		_	_	•	U\
		Address change Name change	ae "	~ 1		in organizations meeting there and attach compute		
H	Check	type of organization X Section 501(c)(3) exempt priv			1	•	•	∞
	٦		taxable private founda	tion		foundation status was ter 07(b)(1)(A), check here		
•	-	arket value of all assets at J Accounting method	Cash	Accrua			•	
	d of	year (from Part II, col (c), X Other (specify)	ODIFIED CASH	'		ndation is in a 60-month to ction 507(b)(1)(B), check		
	e 16) \$ 0 (Part I, column (d) must be					,	
	t I	Analysis of Revenue and Expenses (The total of					(d) Disbursements	•
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		nvestment	(c) Adjusted net	for charitable	
		the amounts in column (a) (see instructions))	books	l ind	come	income	purposes (cash basis only) 📝	
	1	Contributions, gifts, grants, etc., received (attach schedule)	44,74	0			1	• /
	2	Check X if the foundation is not required to attach Sch B · ·					1	· L =
	3	Interest on savings and temporary cash investments	112,00	3				-
	4	Dividends and interest from securities					-	-
	5a	Gross rents · · · · · · · · · · · · · · · · · · ·						•
	ь	Net rental income or (loss)					-	•
(E)	6a	Net gain or (loss) from sale of assets not on line 10 · · · · ·						•
20	ь	Gross sales price for all assets on line 6a			FAR			•
. 2 ට 20% Revenue	7	Capital gain net income (from Part IV, line 2)			ニンレット	/		•
S. S	8	Net short-term capital gain		11:1				
ЕP	9	Income modifications		121 1	11 20	010		•
S	10a	Gross sales less returns and allowances · ·		1011	~ ~ ~ ~	U18 ! ! 		•
	ь	Less Cost of goods sold · · · · · · ·		1				•
إزا	С	Gross profit or (loss) (attach schedule) · · · · · · · · · ·		4-00	DEM	TIT		•
2/3	11	Other income (attach schedule)						•
CENTAGE OF THE PROPERTY OF THE	12	Total. Add lines 1 through 11	156,74	3	0			
\$ 5	13	Compensation of officers, directors, trustees, etc · · · · ·						
es in	14	Other employee salaries and wages						
sesued:	15	Pension plans, employee benefits	2,88	2				
ğ	16a	Legal fees (attach schedule)	-1-99					•
Ш	b	Accounting fees (attach schedule)						,
Administrative Ex	С	Other professional fees (attach schedule) · · · · STM109	55,52	0		····	55,520	
rat	17	Interest					==,,==	
ist	18	Taxes (attach schedule) (see instructions)						
πġ	19	Depreciation (attach schedule) and depletion						
þ	20	Occupancy						
/ p	21	Travel, conferences, and meetings						
and	22	Printing and publications						
ng	23	Other expenses (attach schedule) · · · STM103 · · · ·	1,20	0				
Operating	24	Total operating and administrative expenses.				<u> </u>		
Эег		Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	59,60	2	o		55,520	
ŏ	25	Contributions, gifts, grants paid	94,54				94,541	
	26	Total expenses and disbursements. Add lines 24 and 25	154,14		0		150,061	
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements .	2,60	o				
	b	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 (2017)

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
<u> </u>		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	659,786	589,251	
	3	Accounts receivable			
	1	Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			<u> </u>
	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)			
	ĺ	Less allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
	13	Investments - other (attach schedule) STM118	4,630,543	4,703,678	
	14	Land, buildings, and equipment basis8,627			
		Less accumulated depreciation (attacs Third (8))	8,627	8,627	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
	ļ	Instructions Also, see page 1, item I)	5,298,956	5,301,556	l X _o
_	17	Accounts payable and accrued expenses			1
	18	Grants payable			1 '\
es	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·			1
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			1
Liabilities	21	Mortgages and other notes payable (attach schedule)			1
J	22	Other liabilities (describe			1
	23	Total liabilities (add lines 17 through 22)	0	0	1
es		Foundations that follow SFAS 117, check here X and complete lines 24 through 26, and lines 30 and 31.			
ű	24	Unrestricted	7,627	11,953	Ì
alances	25	Temporarily restricted	306,825	305,099	1
Ω	26	Permanently restricted	4,984,504	4,984,504]
Assets or Fund		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ö	27	Capital stock, trust principal, or current funds	}		
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances (see instructions)	5,298,956	5,301,556	1
Net	31	Total liabilities and net assets/fund balances (see]
_		instructions)	5,298,956	5,301,556]
Pa	rt III	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30	(must agree with		
		f-year figure reported on prior year's return)		<u>1</u>	5,298,956
		amount from Part I, line 27a			2,600
		increases not included in line 2 (itemize)		3	
		nes 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		4	5,301,556
5	Decre	ases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30	6	5,301,556
_					

Part IV Capital Gains a	and Losses for Tax on Inve	estment Incom		Τ	<u> </u>
	e the kind(s) of property sold (for example house, or common stock, 200 shs_MLC		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
<u>C</u>					
d			_		
θ					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus expe	other basis nse of sale		in or (loss) (f) minus (g))
a					
b					
<u>c</u>					
<u>d</u>					
Complete only for appete about	use care in column (b) and award by	the foundation on 1	12/21/60		
Complete only for assets snow	ing gain in column (h) and owned by	I	-		ol (h) gain minus t less than -0-) or
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col		Losses (f	rom col (h))
а					
b					
С					
d					
е					
2 Capital gain net income or (net	capital loss)	so enter in Part I, lin enter -0- in Part I, lin		2	
3 Net short-term capital gain or ()	oss) as defined in sections 1222(5)	·	10 7	_	
	8, column (c) See instructions If (lo				
•		•	}	3	
	nder Section 4940(e) for Re		Net Investme	ent Income	
(For optional use by domestic priva	te foundations subject to the section	1 4940(a) tax on net	investment income	e)	
		` ,		•	
If section 4940(d)(2) applies, leave	this part blank				
Was the foundation liable for the se	ction 4942 tax on the distributable a	mount of any year ir	n the base period?		Yes No
If "Yes," the foundation doesn't qual	ify under section 4940(e) Do not co	mplete this part			
1 Enter the appropriate amount in	n each column for each year, see the	e instructions before	making any entri	es	
(a) Base period years	(b)		(c)	Dist	(d) inbution ratio
Calendar year (or tax year beginning	in) Adjusted qualifying distribution	ns Net value of	noncharitable-use as	ssets (col (b)	divided by col (c))
2016					
2015					· <u>-</u>
2014					
2013					
2012	L				
				2	
	e 5-year base period - divide the tota ition has been in existence if less tha			3	
the number of years the founda	tion has been in existence in less the	all 5 years			
4. Enter the net value of negebori	table-use assets for 2017 from Part	Y line 5		4	
4 Enter the net value of noncham	able-use assets for 2017 from 1 are	Д, што о			
5 Multiply line 4 by line 3				5	0
3 Widtiply line 4 by line 3					<u></u>
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	
Citter 178 of the timestiment inco	770 011 art 1, mic 2707			-	
7 Add lines 5 and 6				7	0
. Add inted 5 and 6				<u> </u>	
8 Enter qualifying distributions fro	m Part XII, line 4			8	
	an line 7, check the box in Part VI, li			<u> </u>	
Part VI instructions	· · · · · · · · · · · · · · · · · · ·	<u> </u>			

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see	instructio	ons)	
1a					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0
	here and enter 1% of Part I, line 27b	ł			
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	3			
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-	5			0
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	- 1			
b	Exempt foreign organizations - tax withheld at source 6b	1			
C	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	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9			
11		10			
	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded t VII-A Statements Regarding Activities	-11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		. 1a	162	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	• • •	· 'a	 	
	instructions for the definition		. 1b	1	Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		· 10	-	
	published or distributed by the foundation in connection with the activities				
_	Did the foundation file Form 1120-POL for this year?		. 1c	ł	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		` <u>"</u>		
	(1) On the foundation \$ (2) On foundation managers \$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-	ĺ	Į į	
	on foundation managers \$		1		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 2		Х
	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				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		. 3	İ	Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		. 4b	<u> </u>	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5		X
	If "Yes," attach the statement required by General Instruction T			1	-
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ł		
	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	x	
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 I	Part X	V. 7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions				
	MS				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_		
	(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				
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See instructions for Part XIV)? If "Yes,"				7
	complete Part XIV · · · · · · · · · · · · · · · · · · ·		. 9	х	
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		. 10		Y

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27-4648159

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 2017?

Form 990-PF (2017) GRAND LODGE OF MISS Part VII-B Statements Regarding Activities				0 May Be	Requi	27-464		F	age 6
5a During the year, did the foundation pay or incur any an				<u>.</u>			-/	Yes	No
(1) Carry on propaganda, or otherwise attempt to influ			on 4945(e))? · ·		Yes X No		103	-10
(2) Influence the outcome of any specific public election	on (see	section 4955),	or to car	ry on,					
directly or indirectly, any voter registration drive?						Yes X No			
(3) Provide a grant to an individual for travel, study, or	other s	ımılar purposes	?			Yes X No	- 1	1	
(4) Provide a grant to an organization other than a ch	arıtable,	etc , organizat	on desc	ribed in			- 1	l	
section 4945(d)(4)(A)? See instructions					'	Yes X No	1		
(5) Provide for any purpose other than religious, chart	table, so	cientific, literary	, or educ	cational					
purposes, or for the prevention of cruelty to childre	n or an	ımals?				Yes ⊠ No	- 1	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions	fail to qualify u	nder the	exceptions of	lescribe	d in			
Regulations section 53 4945 or in a current notice rega	ardıng d	ısaster assıstar	nce? See	e instructions		· · · · · · · <u>· ·</u>	5b		
Organizations relying on a current notice regarding dis	aster as	sistance check	here				İ		
c If the answer is "Yes" to question 5a(4), does the found	dation cl	aım exemption	from the	tax				ĺ '	
because it maintained expenditure responsibility for the	e grant?					Yes No			
If "Yes," attach the statement required by Regulations	section !	53 4945-5(d)					1	}	
6a Did the foundation, during the year, receive any funds,	directly	or indirectly, to	pay pre	miums)		
on a personal benefit contract?						Yes X No		1	
b Did the foundation, during the year, pay premiums, dire	ectly or i	ndirectly, on a j	personal	benefit conti	act?		6b		Х
If "Yes" to 6b, file Form 8870									
7a At any time during the tax year, was the foundation a p	arty to a	prohibited tax	shelter t	ransaction?		Yes X No	ļ		
b If "Yes," did the foundation receive any proceeds or ha							7b		
Part VIII Information About Officers, Dire	ctors,	Trustees,	Found	lation Ma	nager	s, Highly Paid	l Emplo	yees	,
and Contractors	.,								
1 List all officers, directors, trustees, and foundation r									
(a) Name and address		e, and average rs per week		mpensation ot paid,		Contributions to loyee benefit plans		ense ac	
See 990 OFOV	devot	ed to position		ter -0-)		ferred compensation	other	allowan	
MICHAEL D BRYANT					ì				
266 AUGUST DRIVE, Brandon, MS 39042		1.00		0		0	<u> </u>		_0_
THOMAS L CUMBERLAND							į.		
3405 HWY 53, Poplarville, MS 39470		1.00	ļ	0_		0			0_
WILLIAM R ROBINSON			1		}		1		
509 NORTH STREET, Brandon, MS 39042		1.00		0		0	<u> </u>		0_
FLOYD T JONES							İ		
P O BOX 1030, Meridian, MS 39302		2.00		0		0			0
2 Compensation of five highest-paid employees (other	than th	nose included	on line	1 - see instr	uctions). If none, enter			
"NONE."		,				,			
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and a hours per w devoted to po	eek 🖁	(c) Comper	sation	(d) Contributions to employee benefit plans and deferred	(e) Expe	ense acc allowan	
		devoted to be				compensation			
NONE									
		 		ļ		ļ	 		
							1		
		 				ļ — — —	 		
						1	1		
							ļ		
							1		
						 	 -		
							[
Total number of other employees paid over \$50,000 · · ·		L				<u> </u>	 		0
	· · · · ·		· · · ·	- , , ,	····		Form 99	0-PF /	
EEA							00	(,

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and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See in	structions If some onter "NONE "	
		(a) Composition
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
· · · · · · · · · · · · · · · · · · ·		
 		
Total number of others receiving over \$50,000 for professional services		······································
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 EDUCATIONAL SCHOLARSHIP PROGRAMS		
		38,215
2 RELIEF AID PROGRAMS	Ì	
		£1 210
3		51,318
	ł	
4		
	j	
Dod IV D O	1	
Part IX-B Summary of Program-Related Investments (see ins		A
Describe the two largest program-related investments made by the foundation during the tax year 1	on mes i and z	Amount
	İ	
2		
All other aggrees soleted aggreements. Congress of the		
All other program-related investments See instructions 3]	
	1	
Total. Add lines 1 through 3		
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Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	lations,
	' see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		1
	purposes	1 1	ı
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
θ	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 charitable 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
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundat	ions
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017 (This does not include the tax from Part VI) 2b]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries 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,	1	
	line 1	7	0
Pa	rt XII Qualifying Distributions (see instructions)		
_		г —	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	150,061
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.,		
	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable 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	150,061
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	150,061
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	founda	tion
	qualifies for the section 4940(e) reduction of tax in those years		
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1 4	olidistributed in	come (see msire	10110113)			T
4	Distributable amount for 2017 fro	m Port VI	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 fro	j	Corpus	Tears prior to 2010		
_	line 7					
2	Undistributed income, if any, as o		ľ			
a	Enter amount for 2016 only					
b						
3	Excess distributions carryover, if	any, to 2017	ĺ			}
a	From 2012	ļ <u></u> -				
b	From 2013					
C	From 2014					1
d	From 2015	100 155				
9	From 2016 · · · · · · · · · · · · · · · · · · ·	180,155	100 155	ĺ		1
f 4	Total of lines 3a through e	, ·	180,155			
4	Qualifying distributions for 2017 fi					
_	line 4 \$ 150		Ì			1
a	Applied to 2016, but not more that	F				
D	Applied to undistributed income o	· · · · I				}
	(Election required - see instructio	· •			- 	
С	Treated as distributions out of cor	, , ,				
	required - see instructions) · ·	<u>-</u>				
d	Applied to 2017 distributable amo					
- 0	Remaining amount distributed our	·	150,061			
5	Excess distributions carryover ap	·				
	(If an amount appears in column					
	amount must be shown in column	` ' '				
6	Enter the net total of each colu	mn as				
_	indicated below:	0				
a	Corpus Add lines 3f, 4c, and 4e	F	330,216		······································	
D	Prior years' undistributed income					
	line 4b from line 2b	F				
С	Enter the amount of prior years' u	í				
	income for which a notice of defic	· .				
	been issued, or on which the sect					
	tax has been previously assessed	H-				
d	Subtract line 6c from line 6b Taxa	1				
	amount - see instructions · · ·	-				ļ
е	Undistributed income for 2016 S		,			1
	4a from line 2a Taxable amount -	i				
	instructions	<u>-</u>				
f	Undistributed income for 2017 St					•
	4d and 5 from line 1. This amount					
_	distributed in 2018 · · · · ·	 				
7	Amounts treated as distributions of	' 1				
	to satisfy requirements imposed b	· 1				
	170(b)(1)(F) or 4942(g)(3) (Election					
	required - see instructions)					
8	Excess distributions carryover from					
	applied on line 5 or line 7 (see ins	· -				
9	Excess distributions carryover	1				1
	Subtract lines 7 and 8 from line 6a		330,216			
10	Analysis of line 9	}	1			
а	Excess from 2013 · · · · ·]
b	Excess from 2014 · · · · ·					1
С	Excess from 2015 · · · ·					1
d	Excess from 2016 · · · · ·	180,155				
8	Excess from 2017	150,061				<u> </u>

		GE OF MISSISSI			27-464815	9 Page 10
Par	XIV Private Operating Four)	
1a	If the foundation has received a ruling or			ng		
	foundation, and the ruling is effective for	1			09-16-20	
b	Check box to indicate whether the foundation		ing foundation describ	ed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(8) 10(8)
	each year listed	0		<u> </u>		0
b	85% of line 2a					
С	Qualifying distributions from Part XII,				1	
	line 4 for each year listed · · · · ·	150,061		/		150,061
d	Amounts included in line 2c not used directly for active conduct of exempt activities			1 200		
9	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	150,061				150,061
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
a	(1) Value of all assets · · · · ·	A			}	<u> </u>
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b	"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) · · · ·					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			<u></u>		1
Part				e foundation had	l \$5,000 or more	in assets at
	any time during the year	r - see instructio	ns.)			
1 a	Information Regarding Foundation Ma List any managers of the foundation who before the close of any tax year (but only	have contributed more				
	AVA					
b	List any managers of the foundation who ownership of a partnership or other entity				portion of the	
	NA					
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	olarship, etc., Progra	ams:		
	Check here if the foundation only unsolicited requests for funds if the foundation complete items 2a, b, c, and d See instr	idation makes gifts, gra				
а	The name, address, and telephone number	ber or email address of	the person to whom a	pplications should be a	ddressed	
	990APP		<u>,</u>			·
b	The form in which applications should be	submitted and informa	ation and materials the	y should include		•
С	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geographic	cal areas, chantable fie	elds, kinds of institutions	, or other	-

Grants and Contributions Paid During the	If recipient is an individual,			
Recipient	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		
a Paid during the year				
JEFFERY ALLEN GARDNER				
1227 W 5TH STREET				
Hattlesburg, MS 39401	NONE	I	RELIEF AID	2,00
JAMES EDLEY SNYDER				
135 PUBLIC SQUARE		_		
Batesville, MS 38606	NONE	I	RELIEF AID	2,00
EUDEAN ATES				
121 1ST AVENUE		_		
Magee, MS 39111	NONE	I	RELIEF AID	744
JESSIE E MILLS				}
121 1ST AVENUE	NOVE	_	DEL TER 3	
Magee, MS 39111	NONE	I	RELIEF AID	744
MATTHEW HAROLD SUMRALL				
7388 HIGHWAY 84 WEST		l _	1	
Taylorsville, MS 39168	NONE	I	RELIEF AID	1,000
JAMES DANIEL SAVELL				
LITTLE ROCK COUNTY LINE RD				
Little Rock, MS 39337	NONE	I	RELIEF AID	2,000
CHARLES RICHARD CARTER				
80 CAMERON STREET			1	
Petal, MS 39465	NONE	I	RELIEF AID	1,000
WINNIE RUTH MOSS				
201 N FRONT STREET			1	
Sandersville, MS 39477	NONE	I	RELIEF AID	1,000
Total			3a	
b Approved for future payment				
	,			
				•
			1	•

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	· indani
Paid during the year				
FOY LYNN BATES			1	
1240 BETTY DALE DRIVE				
Iuka, MS 38852	NONE	I	RELIEF AID	1,00
EARL EDWARD BOOKER				
1240 BETTY DALE DRIVE		ĺ	1	
Iuka, MS 38852	NONE	I	RELIEF AID	1,00
ALAN DALE NECAISE				
125 MAIN STREET		}	1	
Bay Saint Louis, MS 39521	NONE	I	RELIEF AID	2,17
THERON BRENT MALONE				
18 STRENGTHFORD/COOLEY ROAD				
Laurel, MS 39440	NONE	I	RELIEF AID	1,10
DARWIN OWENS) 			
389 MAIN STREET		}	1	
Sumrall, MS 39482	NONE	I	RELIEF AID	2,00
CHARLES ROBERT IRWIN				
2300 11TH STREET				
Meridian, MS 39302	NONE	I	RELIEF AID	1,00
TONY R YARBER SR				
18 STRENGTHFORD/COOLEY ROAD		_		
Laurel, MS 39440	NONE	I	RELIEF AID	2,00
JOHN PHILLIP MADGWICK				
2140 OLD LIBERTY ROAD		-		0.00
McComb, MS 39648	NONE	I	RELIEF AID	2,00
Total			3a	
3 Approved for fature payment				
				•
Total				

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
Paid during the year				
JOSEPH VALENTINE MEYER				
303 W CANAL STREET		ļ		
Picayune, MS 39466	NONE	I	RELIEF AID	500
ANTHONY WAYNE BERRY				
104 MAIN STREET				
Florence, MS 39073	NONE	I	RELIEF AID	2,000
MICHAEL LEE GRACE				
110 W CHURCH STREET				
Quitman, MS 39355	NONE	I	RELIEF AID	2,000
WILLIAM MICHAEL JONES				
9089 HILLVIEW DRIVE		_	DD1 700 3-50	
Meridian, MS 39305	NONE	I	RELIEF AID	2,000
BILLY LANE HOUSTON				
110 NATIONAL PALLET CIRCLE		_		
Memphis, TN 38151	NONE	I	RELIEF AID	2,000
TRESSIE DURR				
213 SOUTH JACKSON STREET		_		0.000
Brookhaven, MS 39603	NONE	I	RELIEF AID	2,000
GARY LANE BARNES				
111 S MADISON STREET		_		1 000
Kosciusko, MS 39090	NONE	I	RELIEF AID	1,260
BOBBY ALFRED HEARN				
115 MAIN STREET		_	777 777 777	0.000
Indianola, MS 38751	NONE	I	RELIEF AID	2,000
Total			3a	
Approved for fature payment				
			1	•
Total			3b	•

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Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

3 Grants and Contributions Paid During th	e Year or Approve	d for Future P	ayment	
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		
a Paid during the year				
CHRISTOPHER RAYMOND B			ł	
P O BOX 311				
Waveland, MS 39576	NONE	I	RELIEF AID	2,000
LARRY GENE WESTBROOK			1	
603 2ND STREET				
Pelahatchie, MS 39145	NONE	I	RELIEF AID	200
JOHN DAVID HEGWOOD				1
121 1ST AVENUE SE			ļ	
	NONE	I	RELIEF AID	600
Magee, MS 39111	NONE	1	RELIEF AID	800
GEORGE ROBERT SMITH				
115 MAIN STREET				
Indianola, MS 38751	NONE	I	RELIEF AID	2,000
·				_,
WALTER CALEB STALLINGS		1		
8735 COUNTY ROAD 280			EDUCATIONAL	
Vossburg, MS 39366	NONE	ı	SCHOLORSHIP	4,301
LODEN BLAKE PORTER SNELL		j		
104 WESTFIELD ROAD			EDUCATIONAL	
Ridgeland, MS 39157	NONE	I	SCHOLARSHIP	5,000
NATLIE ELYSE EAKIN				
P O BOX 1100			EDUCATIONAL	
Raymond, MS 39154	NONE	I	SCHOLARSHIP	4,414
BAYLEIGH SHARRON HERRINGTON		ĺ		
840 WALKER AVENUE			EDUCATIONAL	
Stonewall, MS 39363	NONE	I	SCHOLARSHIP	500
Total	 			
b Approved for future payment				
			1	
				-
	<u></u>			
Total		· · · · · · · · · · · · · · · · · · ·	3b	Form 000 BE (2017)

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approve	d for Future P	ayment	
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		
a Paid during the year			i	
BRYNN ABIGAIL LATHAM				
334 COOK ROAD		_	EDUCATIONAL	
Stewart, MS 39767	NONE	I	SCHOLARSHIP	500
BAILEY RACHAEL MCCARVER				
12 THORNGATE DRIVE			EDUCATIONAL	
Brandon, MS 39042	none	I	SCHOLARSHIP	500
KELLI JADE REPULT				
200 N THOMAS STREET			EDUCATIONAL	
Tupelo, MS 38801	NONE	ı	SCHOLARSHIP	500
JESSICA NICOLE RODGERS				
P O BOX 9			EDUCATIONAL	
Houston, MS 38851	NONE	I	SCHOLARSHIP	500
LOGAN MACKENZIE RYALS				
680 OLD HWY 49 WEST		1	EDUCATIONAL	
Hattlesburg, MS 39401	NONE	I	SCHOLARSHIP	500
JACOB LEE STOVALL				
721 PIONEER VILLAGE ROAD		_	EDUCATIONAL	
Senatobia, MS 38668	NONE	I	SCHOLARSHIP	500
SAVANAH GRACE WALLACE				
3696 OLYMPIA ROAD SE			EDUCATIONAL	
Mc Call Creek, MS 39647	NONE	I	SCHOLARSHIP	500
HEATHER RENEA GAMMEL				
1349 CR 88			EDUCATIONAL	
New Albany, MS 38652	NONE	I	SCHOLARSHIP	500
Total				
b Approved for future payment				
				•
				_
Total				

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		
a Paid during the year				
LOGAN MACY SPAYDE				
4459 WEST GAY ROAD		1	EDUCATIONAL	
Diberville, MS 39540	NONE	I	SCHOLARSHIP	500
JOHN TYLER BASS				
1808 NORTH MAIN STREET			EDUCATIONAL	
Water Valley, MS 38965	NONE	I	SCHOLARSHIP	500
alyssa lynn carr				
260 WEST MEADE STREET			EDUCATIONAL	
Pearl, MS 39208	NONE	I	SCHOLARSHIP	500
HANNAH MARIE COX				
868 RED LICK ROAD			EDUCATIONAL	
Lorman, MS 39096	NONE	I	SCHOLARSHIP	500
KYLE BRADLEY CUPIT				
P O BOX 3386			EDUCATIONAL	
Brookhaven, MS 39603	NONE	I	SCHOLARSHIP	500
JOSEPH RUDY FERGUSON				
65 CR 275		_	EDUCATIONAL	
Water Valley, MS 38965	NONE	I	SCHOLARSHIP	500
ANNA KATE GAINES				
392 CR 512		_	EDUCATIONAL	
Corinth, MS 38834	NONE	I	SCHOLARSHIP	500
JESSICA MARIE HASTY				
110 EDGEWATER DR	NOVE	(<u>-</u>	EDUCATIONAL	500
Vicksburg, MS 39183	NONE	I	SCHOLARSHIP	500
Total		.	3a	
Approved for facility payment				
				-
Total	1		3b	•

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Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	e Year or Approve	d for Future P	ayment	
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	10CIPIOTIC		
a Paid during the year				
COLE DANIEL HILL				
27 RAY BOONE ROAD			EDUCATIONAL	
Purvis, MS 39475	NONE	I	SCHOLARSHIP	500
BRENDON CARL HOLLIMON				
147 SHOEMAKE ROAD		1	EDUCATIONAL	
Ovett, MS 39464	NONE	I	SCHOLARSHIP	500
ALLAYNA LEIGH LOVORN				
815 POTTER FULTON ROAD			EDUCATIONAL	
Louisville, MS 39339	NONE	I	SCHOLARSHIP	500
BRYANNA SELENA LUKE				
1962 CROSBY ROAD			EDUCATIONAL	
Lake, MS 39092	NONE	I	SCHOLARSHIP	500
KAYLA LILLIAN MCCRORY				
261 MEADOW RIDGE DRIVE			EDUCATIONAL	
Kosciusko, MS 39090	NONE	I	SCHOLARSHIP	500
CHARLES WAYNE SPENCER IV				
190 CR 416			EDUCATIONAL	
Woodland, MS 39776	NONE	I	SCHOLARSHIP	500
LAURA CAROLINE FIELDS				
311 COUNTRY LANE			EDUCATIONAL	
Holcomb, MS 38940	NONE	I	SCHOLARSHIP	500
BAILEY CAROLYN MCHALE				
172 WRIGHTS MILL DRIVE			EDUCATIONAL	
Madison, MS 39110	NONE	I	SCHOLARSHIP	500
Total				
b Approved for future payment				
				-
Total				

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3 Grants and Contributions Paid During the	Year or Approve	d for Future P	ayment	
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				
KAYLEY LANE WILLIAMS				
63 COUNTRY ROAD 407			EDUCATIONAL	ĺ
Iuka, MS 38852	NONE	I	SCHOLARSHIP	500
KAYLA BRIANNA SARTIN				
102 MAUN COVE			EDUCATIONAL	
Clinton, MS 39056	NONE	ı	SCHOLARSHIP	500
JESSIE ALEXANDRA DICKSON				
6933 MARGARET WAY CV			EDUCATIONAL	
Walls, MS 38680	NONE	I	SCHOLARSHIP	500
SAVANNAH MARIE BRYANT				
112 KUYRKENDALL PLACE			EDUCATIONAL	
Long Beach, MS 39560	NONE	I	SCHOLARSHIP	500
MURPHY MARTIN HIGHER EDUCATIONAL				
2400 23RD STREET	UNDER GLOM		EDUCATIONAL	
Meridian, MS 39301	FOUNDATIO	POF	SCHOLARSHIP	10,000
GLOM RELIEF FUND				
2400 23AR AVENUE	UNDER GLOM			
Meridian, MS 39301	FOUNDATIO	POF	RELIEF AID	10,000
NATIONAL MASONIC CHILD FOUNDATION				
P O BOX 41540				
Arlington, VA 22204			CONTRIBUTION	150
PALMER HOME FOR CHILDREN				
P O BOX 746				
Columbus, MS 39703			CONTRIBUTION	1,000
Total			3a	
b Approved for future payment				
				,
Total				

Recipient	if recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution		Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	SSA IN IDUNOT		
a Paid during the year					
RAINBOW FOR GIRLS OF MISSISSIPPI					
1316 HARDY STREET					
Hattiesburg, MS 39401			CONTRIBUTION		2,000
MSA INFORMATION CENTER 8120 FENTO STREET STE 230				1	
Silver Spring, MD 20910			CONTRIBUTION		1,500
Silver Spring, ND 20310			CONTRIBUTION		1,500
ORDER OF DEMOLAY					
P O BOX 7116					
Jackson, MS 39282		:	CONTRIBUTION		358
		l			
				1	
Total	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	3a	94,541
b Approved for future payment				Ì	
				ĺ	
				1	
				į	
				ļ	
				}	
				ľ	
Total				3h	

EEA

	amounts unless otherwise indicated	Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(e)
		(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program	m service revenue	code	Amount	LXCIUSION COOR	Amount	,
a						
				-		
ė						
T	a and analysis from accommon and accommon					
-	s and contracts from government agencies · · ·	<u> </u>				
	rship dues and assessments	<u> </u>	110 000			
	on savings and temporary cash investments of and interest from securities		112,003			
	tal income or (loss) from real estate t-financed property	·				S
	debt-financed property					
	tal income or (loss) from personal property · · ·					
	estment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events · · · · · ·					
	profit or (loss) from sales of inventory · · · ·					
	evenue a					
_		-				
					· · · · · · · · · · · · · · · · · · ·	
d						
e						
·	I Add columns (b) (d) and (e)		112 003			
	Add columns (b), (d), and (e)				13	112,003
See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which inco	Accompl	shment of Exe	mpt Purpos	ses	
See worksh	neet in line 13 instructions to verify calculations) -B Relationship of Activities to the	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses	3
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses buted importantly to the	
See worksh Part XVI	reet in line 13 instructions to verify calculations) -B Relationship of Activities to the Explain below how each activity for which inco	Accompl me is reporte	ishment of Exer	mpt Purpos	ses buted importantly to the	

Form 990-PF (2017)

Part	XVII	Information Organization		sfers to and Transa	ctions and R	elationships	With No	oncharita	ble Exem	pt	
1 0	and the or			ge in any of the following	with any other	organization de	scribed			Yes	No
		-) organizations) or in sec	•	-	Scribed		1	103	
	rganizati		man section 50 r(c)(5)) organizations) or in sec	Mon 527, relatii	ig to political					
	•		tina faundation to a n	oncharitable exempt org	anization of				1	ł	}
									10/4		l 🕡
•	•								· · 1a(1)	-	X
•	•								· · 1a(2)	 -	X
		nsactions							45.44		v
	•		•	t organization · · · ·					· · 1b(1)	1	X
•	•			e exempt organization					· · 1b(2)		X
•	•		• •	sets					1b(3)		X
	•		•				• • • •		1b(5)	 	X
	•	=		or fundraising solicitation					1b(5)	_	
-				other assets, or paid emp							X
	-			nplete the following sche	•						
		· ·		given by the reporting for	•	-					
		-	-								
			T	ent, show in column (d) the		Description of tran					
(a) Line	10 (B) A	mount involved	(c) Name or non	icharitable exempt organiza	tion (a)	Description of train	isiers, trar	isactions, an	o snaring arra	ingeme	กเร
											
	-					·					
	_				-						
	_										
											
									,		
											
			-								
	_ [
2a is	the four	idation directly	or indirectly affiliated	with, or related to, one of	r more tax-exe	mpt organization	s				
d	escribed	in section 501(c) (other than section	n 501(c)(3)) or in section	527?				· · 🔲 Ye:	s X	No
b If	"Yes," co	omplete the foll	owing schedule	··							
	(a	a) Name of organ	ization	(b) Type of org	janization		(c) De	scription of r	elationship		
											
	[]		dless that the same			ad statements and to	. the boot of	m. kanadada	a and balant its		
C:	correct, a	indicomplete Decla	declare that I have examine gration of preparer (other th	ed this return, including accomp an taxpayer) is based on all infi	ormation of which pi	eparer has any know	ledge	my knowledg	e and bener, it is	s vue,	
Sign	· /	- 70.0.	Janes Clares	1.7-17-	18	3-mind s	scretz	May	the IRS discuss		
Here		TROSE	OUNCES DO						the preparer shi	Yes Yes	₩ ⁷ No
	Signa	ature of officer or tru		Date Date	Title	Data		\ _		L	===
Paid		Print/Type prepar		Preparer's signature	11-1	Date		Check X			
		H LEE HAR		1 A-see	-4xam	<u> </u>	T	self-employe		346	
Prep		Firm's name	H LEE HARRI			<u> </u>	Firm's EIN	- • · · ·	~0830°	(34	<u></u>
Use (Jnly	Firm's address	P O BOX 339				Phone no		E 0016		
		ı	Meridian MS	39303-3395			1	りひょー4 と	35-8016		

	(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimated amount of
(a) Name and title	hours per week	compensation (Form W-2/1099-MISC)	contributions to employee benefit plans, and	other compensation
	devoted to position	(if not paid, enter -0-)		outer companion
HOMER E SULLIVAN				
2609 CLAYTON PLACE, Hattiesburg, MS 39402	1.00	0	0	0
MICKY P MCMAHAN				
3815 HWY 494, Little Rock, MS 39337	1.00	0	0	0
KENNETH E DYER		J	J	
20 SHADY VALE LANE, Columbus, MS 39705	1.00	0	0	0
JERRY L LEWIS				
P O BOX 1097, Iuka, MS 38852	1.00	0	0	0
BOBBY R AINSWORTH	1		ĺ	
78 JORDAN LOOP, Ellisville, MS 39437	1.00	0	0	0
JASON A JEFCOAT				
2283 HWY 29 N, Laurel, MS 39443	1.00	0	0	0
EDWARD W RHODES]			
411 GUIDE ROAD, Brandon, MS 39042	1.00	0	0	0
				_
	<u>_</u>	<u></u>		
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1	Federal Supporting Statements	2017 PG01
Name(s) as shown on return		FEIN
GRAND LODGE	OF MISSISSIPPI FOUNDATI	27-4648159

Form 990PF - Part II - Line 13 Investments: Other Schedule

Statement #118

Category	Book value (BOY)	Book value (EOY)	FMV (EOY)
INVESTMENT ACCT	4,630,543	4,703,678	
Total	<u>4,630,543</u>	4,703,678	========

		Federal Su	Federal Supporting Statements	nents	2017 PG01
Name(s) as shown on return GRAND LODGE OF MISSISSIPPI FOUNDATI	II:				1% 0
		Form 990PF - Part I - Line	- Line 1 - Subsidiary Schedule	dule	Subsidiary Statement
Description CONTRIBUTION FROM LOCAL LODGES	Revenue and expenses 20,744	Net investment	Adjusted net income		
CONTR FROM MURPHY MARTIN EDUCA Totals	23,396	0	0		
	Form 990Pl	Form 990PF - Part I - Line 2	- Line 23 - Other Expenses Schedule	chedule	PG01 Statement #103~
Description ALUMNI REUNION VA REPS XMAS	Revenue and expenses 600	Net investment 0	Adjusted net income 0	Charıtable purpose 0	
Totals	1,200	0	0	0	