



**Canton Lodge No. 458**

BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
P.O. Box 354  
Canton, MS 39046-0354

August 14, 2018

Madison County Board of Supervisors  
146 W. Center Street  
Canton, MS 39046

Re: Canton Elks Lodge 458

Dear Sirs:

The Canton Elks Lodge 458, located at 3346 N. Liberty St., Canton, Mississippi is an IRC 501(C) (8) organization.

We would like to request an exemption from ad valorem taxes for the second floor of the building under State code 27-31-1. The second floor is for elk business and related functions only. The parcel numbers that apply to our location are as follows: Parcel 093D-19B-139/00.00 and 093D-19B-140/00.00.

We have included a copy of our most recent tax return for your records.

Sincerely yours,

John Scanlon, Trustee

Mark Snow, Trustee

C. J. Johnson, Trustee



THIS PAGE TO BE COMPLETED BY THE  
AUDIT COMMITTEE OR LODGE SECRETARY

TRANSMITTAL LETTER

Grand Lodge Auditing and Accounting Committee

Dear Committee Member:

In Accordance with Section 13.040, Laws of the Order, enclosed are the results of the examination of the books and records for the fiscal year ended March 31, 2018 of Lodge CANTON ELKS LODGE

Mailing address	PO BOX 354	CANTON	MS	458	39046
	STREET	CITY	STATE	NUMBER	DISTRICT

E-mail address tombutchart@cpabea.com

The enclosures consist of the following (enter an "X" in each box):

- 1. Transmittal Letter and page 1 through 10 of Grand Lodge Annual Financial Report
- 2. Copies of all of Independent Accountant's Reports and Financial Statements if Prepared
- 3. Copy of Federal and State Information and Income Tax Returns (Form 990 and Form 990T as applicable)

Are all Entities of the Lodge included in this report? YES  
(Enter "Yes" or "No") If "No" Explain in Page 7 Notes.

The Report was prepared by MICHAEL R WEST, CPA an Independent Accountant.  
Accountant's Phone # 601-859-4065 E-mail hokeyb@msn.com

The report was presented to the Lodge membership on :

Lodge Auditing and Accounting Committee (For the 2017 - 2018 Lodge Year)

	Name	E-mail	Telephone No.
1	KEN JOHNSON	john535@bellsouth.net	601-879-0990
2	JOHN FOX		601-720-6485
3	DAVID MORGAN		601-720-3625

Please PRINT/TYPE Names, Addresses and E-mail Addresses of the CURRENT (2018 - 2019) Exalted Ruler and Secretary:

	Current Exalted Ruler	Current Secretary
Name	<u>SCOTT EVANS</u>	<u>CHARLES RATCLIFF</u>
Street	<u>303 E PEACE ST</u>	<u>2490 HWY 43 NORTH</u>
City, State, Zip	<u>CANTON MS 39046</u>	<u>CANTON MS 39046</u>
E-mail Address	<u>sevans@renasant.com</u>	<u>cratcl@gmail.com</u>

Retain Copies as follows:

- 1. Retain for Lodge File
- 2. Lodge Auditing Committee

By completing this page and typing my name below I acknowledge that I am electronically signing this transmittal letter.

Fraternally,

KEN JOHNSON

Chairman, Lodge Auditing & Accounting Committee

E-mail Address: john535@bellsouth.net

Year Ending: March 31, 2018

DO NOT MAIL ANY HARD COPIES - ALL SUBMISSIONS MUST BE UPLOADED TO ELKS.ORG

Upload pdf files to: <http://www.elks.org/grandlodge/auditing/submitAudit.cfm>

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2017**

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

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** 04-01, 2017, and ending 03-31, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CANTON ELKS LODGE NO 458</b>		<b>D</b> Employer identification number <b>64-0308431</b>
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(601) 859-2404</b>
	<b>POST OFFICE BOX 354</b>		<b>F</b> Group Exemption Number ▶ <b>1156</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Canton, MS 39046</b>		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(8) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **33,289**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>6,395</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>6,700</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>60</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>8,734</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>2,769</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>5,965</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>11,400</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>30,520</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>3,300</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>8,243</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>22,848</b>
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>34,391</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>(3,871)</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>87,732</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>83,861</b>



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of TOM BUTCHART Telephone no. 601-859-3275 Located at 729 E CENTER ST, Canton, MS ZIP + 4 39046
b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**TREASURER**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: MICHAEL R WEST CPA  
Preparer's signature: \_\_\_\_\_ Date: 06-07-2018  
Check  if self-employed PTIN: P01222329  
Firm's name: MICHAEL R WEST CPA  
Firm's address: PO BOX 826  
Canton MS 39046  
Firm's EIN: \_\_\_\_\_  
Phone no. 601-859-4065

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

CANTON ELKS LODGE NO 458

Employer identification number

64-0308431

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 8 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>CANTON ELKS LODGE NO 458</b>	Employer identification number <b>64-0308431</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p><u>HEATHER EVINS</u></p> <p><u>MAIN STREET</u></p> <p><u>Canton, MS 39046</u></p>	\$ <u>2,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<p><u>ELKS NATIONAL FOUNDATION</u></p> <p><u>2750 NORTH LAKE AVENUE</u></p> <p><u>Chicago, IL 60614</u></p>	\$ <u>2,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **CANTON ELKS LODGE NO 458** Employer identification number **64-0308431**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	CHARITABLE, COMMUNITY BETTERMENT	SCHOLARSHIPS, COMMUNITY IMPROVEMENTS, VETERANS	BANK DEPOSIT ACCOUNT
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
VARIOUS SELECTED RECIPIENTS PO BOX 354 Canton, MS 39046		NONE	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	CHARITABLE, COMMUNITY BETTERMENT	SCHOLARSHIPS, COMMUNITY IMPROVEMENTS, VETERANS	BANK DEPOSIT ACCOUNT
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
VARIOUS SELECTED RECIPIENTS PO BOX 354 Canton, MS 39046		NONE	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**CANTON ELKS LODGE NO 458**

**64-0308431**

**01. Description of other revenue (Part I, line 8)**

Description	Amount
RENTAL REAL ESTATE INCOME	11,400

**02. Description of other expenses (Part I, line 16)**

Description	Amount
Depreciation from 4562	1,187
INSURANCE/BONDS	4,352
SUPPLIES	1,956
GRAND LODGE FEES	1,520
STATE LODGE FEES	546
TAXES	2,451
PUBLIC CHARITY/SERVICE	6,731
TRAVEL AND DELEGATE EXPENSE	737
SCHOLARSHIPS	500
JANITORIAL	1,400
CONVENTION	1,352
MEMORIALS	116

**03. Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	5,022	0
DEFERRED DUES & FEES	5,740	5,490

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning 04-01, 2017, and ending 03-31, 2018.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

A  Check box if address changed

B Exempt under section

<input checked="" type="checkbox"/> 501(c)(8)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 408A	
<input type="checkbox"/> 529(a)	

Name of organization (  Check box if name changed and see instructions.)  
**CANTON ELKS LODGE NO 458**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**POST OFFICE BOX 354**

City or town, state or province, country, and ZIP or foreign postal code  
**Canton, MS 39046**

D Employer identification number (Employees' trust, see instructions.)  
**64-0308431**

E Unrelated business activity codes (See instructions.)  
**531120**

C Book value of all assets at end of year  
**89,351**

F Group exemption number (See instructions.) ▶ **1156**

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ▶ **REAL ESTATE RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **TOM BUTCHART** Telephone number ▶ **(601) 859-3275**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6	11,400	9,592
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	11,400	9,592
				1,808

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,808
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	1,808
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	808

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit (41a-41e), Other taxes (42-43), Total tax (44), Payments (45a-45g), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Refunded (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: [Date], Title: TREASURER.

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL R WEST CPA, Preparer's signature: [Signature], Date: 06-07-2018, Check self-employed: [Box], PTIN: P01222329, Firm's name: MICHAEL R WEST CPA, Firm's address: PO BOX 826, Canton MS 39046, Firm's EIN: [Box], Phone no.: 601-859-4065.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	7	
3	Cost of labor . . . . .	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		Yes No
4a	Additional section 263A costs (attach schedule) . . . . .	4a					
b	Other costs (attach schedule) . . . . .	4b					
5	Total. Add lines 1 through 4b . . . . .	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) **COMMERCIAL REAL ESTATE**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	11,400	Statement #11 9,592
(2)		
(3)		
(4)		
Total	11,400	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
11,400		9,592

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

  

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

  

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
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**Totals** . . . . . ▶

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

  

Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).	
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**Totals** . . . . . ▶

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

  

Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.	
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**Totals** . . . . . ▶

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

  

**Totals (carry to Part II, line (5))** . . . . . ▶

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> . . . . . ▶			

**Federal Supporting Statements**

**2017 PG01**

Name(s) as shown on return

CANTON ELKS LODGE NO 458

FEIN

64-0308431

**990-T - Schedule C - Line 3  
Deductions Directly Connected with Income**

Statement #11

<u>Description</u>	<u>Amount</u>
ACCOUNTING	\$800
BOOKKEEPING	\$2,500
SUPPLIES	\$1,956
OFFICE EXPENSE	\$1,055
REPAIRS & MAINTENANCE	\$3,908
TAXES-ADVALOREM	\$2,026
INSURANCE	\$4,352
JANITORIAL	\$1,400
DEPRECIATION (FORM 4562)	\$1,187
LESS ONE-HALF (1/2)	<u>\$-9,592</u>
<b>Total</b>	<u><u>\$9,592</u></u>



## Tax Computation Worksheet For Tax Exempt UBI

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

CANTON ELKS LODGE NO 458

64-0308431

LOWER END OF BRACKET	UPPER END OF BRACKET	TAX RATE	INCOME IN BRACKET	INCOME TAX BY BRACKET
0	50,000	15 %	808	121
50,000	75,000	25 %		
75,000	100,000	34 %		
100,000	335,000	39 %		
335,000	10,000,000	34 %		
10,000,000	15,000,000	35 %		
15,000,000	18,333,333	38 %		
18,333,333	AND UP	35 %		
<b>TOTALS</b>			<b>808</b>	<b>121</b>

### TAX COMPUTATION FOR CONTROLLED GROUPS

50,000 BRACKET	15 %		
25,000 BRACKET	25 %		
9,925,000 BRACKET	34 %		
ADD'L 5% TAX AMOUNT	100 %		
ADD'L 3% TAX AMOUNT	100 %		
10,000,000 + BRACKET	35 %		
<b>TOTALS</b>			

### TAX COMPUTATION FOR TRUST

Lower End	Upper End	Tax Rate	Income in Bracket	Income Tax by Bracket
0	2,550	15%		
2,550	6,000	25%		
6,000	9,150	28%		
9,150	12,500	33%		
12,500	AND UP	39.6%		
<b>TOTALS</b>				

# Blended Tax Rate Worksheet for Fiscal Year Filers

Form 990

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

CANTON ELKS LODGE NO 458

64-0308431

1. Unrelated business taxable income (page 1, Part II, line 34)	1.	808
2. Tax on line 1 figured using the tax rate schedule or Tax Computation worksheet for Members of a Controlled Group	2.	121
3. Tax on line 1 figured using 21% rate	3.	170
4. Multiply line 2 by the number of days in the corporation's tax year before January 1, 2018	4.	33,275
5. Multiply line 3 by the number of days in the corporation's tax year after December 31, 2017	5.	15,300
6. Divide line 4 by the total number of days in the corporation's tax year	6.	91
7. Divide line 5 by the total number of days in the corporation's tax year	7.	42
8. Add lines 6 and 7. This is the corporation's total tax for the fiscal tax year	8.	133

RANDY  
Jerome

- 1) They will need a letter addressed to the Madison County Board of Supervisors including the following:
  - Name of organization
  - Type of organization *IRC 501(c)(6)*
  - State that this is a request for exemption from ad valorem taxes. *for the second floor of bldg*
  - Parcel number(s)
  - State how the property is being used.
  - State which portion of code 27-31-1 applies to their organization. *27-31-1(d)*

Also include any supporting documentation, like 501 c documents or mission statement of organization.

- 2) Request to be added to the Board of Supervisors agenda for a future meeting to be considered for property tax exemption (meetings are first Monday of each month at 9:00 AM or third Monday of each month at 5:00 PM). Two ways to request to go before board:
  - a. Online Request:
    - i. Visit [www.madison-co.com](http://www.madison-co.com) and click on the "Register for Agenda" button on the right hand side of page (about half way down).
    - ii. From the Register for Agenda page, click on link "Click here to request being added to the agenda"
    - iii. Complete the form, and then click on the "Submit" button. You will not be able to attach your documents to the form at this time, but you can mention that you have a letter and documentation to share as part of this request. When they respond via email, you could then attach the letter and documentation in response.
  - b. Email Request:
    - i. Send an email to Kesha Buckner in the County Administrator's office and let her know you are requesting to go on the agenda to have the board consider a tax exemption request and attach the letter and documents when you email her. [Kesha.buckner@madison-co.com](mailto:Kesha.buckner@madison-co.com).

Sincerely yours

Scanlon, Trustee  
Snow, Trustee  
CJ Johnston, Trustee

ATTACH  
THE LAST  
990 filed 3/2018

LRMINQ01 TAXCY  
Library MADISON COUNTY TAX 2018  
ELKS LODGE  
P O BOX 354

LANDROLL INQUIRY - BASIC DATA

LRWINQ01/M5

Parcel 093D-19B-139/00.00 ← PPIN 29709  
Alt Parcel 0931921390000  
Exempt Code JD 0 Tax District 5CC  
Subdivision ADDENDUM

CANTON MS 39046 Neighborhood Map  
Sect/Twn/Rng 19 09N 03E B1k St Addr 3346 LIBERTY ST N  
Cls C-Acres C-Value U-Acres U-Value T-Acres Improved True Assessed  
1 15600 15600 2340  
2 35180 35180 5277  
15600 35180 50780 7617  
Homestead Type 1=065 2=DAV 3=DIS 4=Reg Reg 100 DAV  
Mtg Group Eligible C11 N (Y/N)  
New Value Added F-Fire O-Override Deed Bk 0254 Pg 372 Ext  
Drainage Code Benefit Price Total Deed Date 7 25 1989 Type D  
11 PARKING DIST 7617.00 F Current 2012 Yr Added 11 12 2001  
L 15600 CNV  
B 35180 Chged 2 2 2018  
Levee Benefits X = Use1 6950 Use2 6950 DSVM  
F3-NEXT PARCEL F5-LEGAL F6-ADDENDUM F7-DEEDS F8-FLAGS F9-OPTIONS F24-EXIT  
F3 next record, Page-Up prev record, F13 Paperlink

LRMINQ01 TAXCY  
Library MADISON COUNTY TAX 2018  
ELKS LODGE  
P O BOX 354

LANDROLL INQUIRY - BASIC DATA

LRWINQ01/M5

Parcel 093D-19B-140/00.00 < PPIN 29710  
Alt Parcel 0931921400000  
Exempt Code JD 0 Tax District 5CC  
Subdivision ADDENDUM

CANTON MS 39046 Neighborhood Map  
Sect/Twn/Rng 19 09N 03E Blk St Addr 3346 LIBERTY ST N  
Cls C-Acres C-Value U-Acres U-Value T-Acres Improved True Assessed  
1 15600 33000 15600 2340  
2 15600 33000 33000 4950  
33000 48600 7290  
Homestead Type 1=065 2=DAV 3=DIS 4=Reg Reg 100 DAV  
Mtg Group Eligible C11 N (Y/N)  
New Value Added F-Fire 0-Override Deed Bk 0254 Pg 372 Ext  
Drainage Code Benefit Price Total Deed Date 7 25 1989 Type D  
11 PARKING DIST 7290.00 F Current 2012 Yr Added 11 12 2001  
L 15600 CNV  
B 33000 Chged 2 2 2018  
Levee Benefits X = Use1 6950 Use2 6950 DSVM  
F3-NEXT PARCEL F5-LEGAL F6-ADDENDUM F7-DEEDS F8-FLAGS F9-OPTIONS F24-EXIT  
F3 next record, Page-Up prev record, F13 Paperlink

## § 27-31-1. Exempt property

The following shall be exempt from taxation:

(a) All cemeteries used exclusively for burial purposes.

(b) All property, real or personal, belonging to the State of Mississippi or any of its political subdivisions, except property of a municipality not being used for a proper municipal purpose and located outside the county or counties in which such municipality is located. A proper municipal purpose within the meaning of this section shall be any authorized governmental or corporate function of a municipality.

(c) All property, real or personal, owned by units of the Mississippi National Guard, or title to which is vested in trustees for the benefit of any unit of the Mississippi National Guard; provided such property is used exclusively for such unit, or for public purposes, and not for profit.

(d) All property, real or personal, belonging to any religious society, or ecclesiastical body, or any congregation thereof, or to any charitable society, or to any historical or patriotic association or society, or to any garden or pilgrimage club or association and used exclusively for such society or association and not for profit; not exceeding, however, the amount of land which such association or society may own as provided in Section 79-11-33. All property, real or personal, belonging to any rural waterworks system or rural sewage disposal system incorporated under the provisions of Section 79-11-1. All property, real or personal, belonging to any college or institution for the education of youths, used directly and exclusively for such purposes, provided that no such college or institution for the education of youths shall have exempt from taxation more than six hundred forty (640) acres of land; provided, however, this exemption shall not apply to commercial schools and colleges or trade institutions or schools where the profits of same inure to individuals, associations or corporations. All property, real or personal, belonging to an individual, institution or corporation and used for the operation of a grammar school, junior high school, high school or military school. All property, real or personal, owned and occupied by a fraternal and benevolent organization, when used by such organization, and from which no rentals or other profits accrue to the organization, but any part rented or from which revenue is received shall be taxed.

(e) All property, real or personal, held and occupied by trustees of public schools, and school lands of the respective townships for the use of public schools, and all property kept in storage for the convenience and benefit of the State of Mississippi in warehouses owned or leased by the State of Mississippi, wherein said property is to be sold by the Alcoholic Beverage Control Division of the Department of Revenue of the State of Mississippi.

(f) All property, real or personal, whether belonging to religious or charitable or benevolent organizations, which is used for hospital purposes, and nurses' homes where a part thereof, and which maintain one or more charity wards that are for charity patients, and where all the income from said hospitals and nurses' homes is used entirely for the purposes thereof and no part of the same for profit.

(g) The wearing apparel of every person; and also jewelry and watches kept by the owner for personal use to the extent of One Hundred Dollars (\$ 100.00) in value for each owner.

(h) Provisions on hand for family consumption.

(i) All farm products grown in this state for a period of two (2) years after they are harvested, when in the possession of or the title to which is in the producer, except the tax of one-fifth of one percent (  $\frac{1}{5}$  of 1%) per pound on lint cotton now levied by the Board of Commissioners of the Mississippi Levee District; and lint cotton for five (5) years, and cottonseed, soybeans, oats, rice and wheat for one (1) year regardless of ownership.

(j) All guns and pistols kept by the owner for private use.

(k) All poultry in the hands of the producer.

(l) Household furniture, including all articles kept in the home by the owner for his own personal or family use; but this shall not apply to hotels, rooming houses or rented or leased apartments.

(m) All cattle and oxen.

(n) All sheep, goats and hogs.

(o) All horses, mules and asses.

(p) Farming tools, implements and machinery, when used exclusively in the cultivation or harvesting of crops or timber.

(q) All property of agricultural and mechanical associations and fairs used for promoting their objects, and where no part of the proceeds is used for profit.

(r) The libraries of all persons.

(s) All pictures and works of art, not kept for or offered for sale as merchandise.

(t) The tools of any mechanic necessary for carrying on his trade.

(u) All state, county, municipal, levee, drainage and all school bonds or other governmental obligations, and all bonds and/or evidences of debts issued by any church or church organization in this state, and all notes and evidences of indebtedness which bear a rate of interest not greater than the maximum rate per annum applicable under the law; and all money loaned at a rate of interest not exceeding the maximum rate per annum applicable under the law; and all stock in or bonds of foreign corporations or associations shall be exempt from all ad valorem taxes.

(v) All lands and other property situated or located between the Mississippi River and the levee shall be exempt from the payment of any and all road taxes levied or assessed under any road laws of this state.

(w) Any and all money on deposit in either national banks, state banks or trust companies, on open account, savings account or time deposit.

(x) All wagons, carts, drays, carriages and other horse-drawn vehicles, kept for the use of the owner.

(y) (i) Boats, seines and fishing equipment used in fishing and shrimping operations and in the taking or catching of oysters.

(ii) All towboats, tugboats and barges documented under the laws of the United States, except watercraft of every kind and character used in connection with gaming operations.

(z) All materials used in the construction and/or conversion of vessels in this state; vessels while under construction and/or conversion; vessels while in the possession of the manufacturer, builder or converter, for a period of twelve (12) months after completion of construction and/or conversion, and as used herein the term "vessel" shall include ships, offshore drilling equipment, dry docks, boats and barges, except watercraft of every kind and character used in connection with gaming operations.

(aa) Sixty-six and two-thirds percent (66-2/3%) of nuclear fuel and reprocessed, recycled or residual nuclear fuel by-products, fissionable or otherwise, used or to be used in generation of electricity by persons defined as public utilities in Section 77-3-3.

(bb) All growing nursery stock.

(cc) A semitrailer used in interstate commerce.

(dd) All property, real or personal, used exclusively for the housing of and provision of services to elderly persons, disabled persons, mentally impaired persons or as a nursing home, which is owned, operated and managed by a not-for-profit corporation, qualified under Section 501(c)(3) of the Internal Revenue Code, whose membership or governing body is appointed or confirmed by a religious society or ecclesiastical body or any congregation thereof.

(ee) All vessels while in the hands of bona fide dealers as merchandise and which are not being operated upon the waters of this state shall be exempt from ad valorem taxes. As used in this paragraph, the terms "vessel" and "waters of this state" shall have the meaning ascribed to such terms in Section 59-21-3.

(ff) All property, real or personal, owned by a nonprofit organization that: (i) is qualified as tax exempt under Section 501(c)(4) of the Internal Revenue Code of 1986, as amended; (ii) assists in the implementation of the national contingency plan or area contingency plan, and which is created in response to the requirements of Title IV, Subtitle B of the Oil Pollution Act of 1990, Public Law 101-380; (iii) engages primarily in programs to contain, clean up and otherwise mitigate spills of oil or other substances occurring in the United States coastal or tidal waters; and (iv) is used for the purposes of the organization.

(gg) If a municipality changes its boundaries so as to include within the boundaries of such municipality the project site of any project as defined in Section 57-75-5(f)(iv)1,



Section 57-75-5(f)(xxi) or Section 57-75-5(f)(xxviii) or Section 57-75-5(f)(xxix), all real and personal property located on the project site within the boundaries of such municipality that is owned by a business enterprise operating such project, shall be exempt from ad valorem taxation for a period of time not to exceed thirty (30) years upon receiving approval for such exemption by the Mississippi Major Economic Impact Authority. The provisions of this paragraph shall not be construed to authorize a breach of any agreement entered into pursuant to Section 21-1-59.

(hh) All leases, lease contracts or lease agreements (including, but not limited to, subleases, sublease contracts and sublease agreements), and leaseholds or leasehold interests (including, but not limited to, subleaseholds and subleasehold interests), of or with respect to any and all property (real, personal or mixed) constituting all or any part of a facility for the manufacture, production, generation, transmission and/or distribution of electricity, and any real property related thereto, shall be exempt from ad valorem taxation during the period as the United States is both the title owner of the property and a sublessee of or with respect to the property; however, the exemption authorized by this paragraph (hh) shall not apply to any entity to whom the United States sub-subleases its interest in the property nor to any entity to whom the United States assigns its sublease interest in the property. As used in this paragraph, the term "United States" includes an agency or instrumentality of the United States of America. This paragraph (hh) shall apply to all assessments for ad valorem taxation for the 2003 calendar year and each calendar year thereafter.

(ii) All property, real, personal or mixed, including fixtures and leaseholds, used by Mississippi nonprofit entities qualified, on or before January 1, 2005, under Section 501(c)(3) of the Internal Revenue Code to provide support and operate technology incubators for research and development start-up companies, telecommunication start-up companies and/or other technology start-up companies, utilizing technology spun-off from research and development activities of the public colleges and universities of this state, State of Mississippi governmental research or development activities resulting therefrom located within the State of Mississippi.

(jj) All property, real, personal or mixed, including fixtures and leaseholds, of start-up companies (as described in paragraph (ii) of this section) for the period of time, not to exceed five (5) years, that the start-up company remains a tenant of a technology incubator (as described in paragraph (ii) of this section).

(kk) All leases, lease contracts or lease agreements (including, but not limited to, subleases, sublease contracts and sublease agreements), and leaseholds or leasehold interests, of or with respect to any and all property (real, personal or mixed) constituting all or any part of an auxiliary facility, and any real property related thereto, constructed or renovated pursuant to Section 37-101-41, Mississippi Code of 1972.

(ll) Equipment brought into the state temporarily for use during a disaster response period as provided in Sections 27-113-1 through 27-113-9 and subsequently removed from the state on or before the end of the disaster response period as defined in Section 27-113-5.