

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

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.

Open to Public

Inter	nal Reven	ue Service	► Information about Form 990 and its instruction	s is at	www.irs.ge	ov/form990)	Inspect	ion
A	For the	2013 cale	ndar year, or tax year beginning 1 Janaury , 2	013, a	nd ending	31 De	cember	, 20 13	
В	Check if	applicable	C Name of organization				D Employ	er identification n	umber
	Address	change	Doing Business As Alaska Masonic Foundation for Children					26-3586169	
	Name ch	nange	Number and street (or P.O box if mail is not delivered to street address	5)	Room/suite		E Telepho	ne number	
	Initial ret	_	P.O.Box 180668					907 561-1477	
$\overline{\Box}$	Terminat		City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$	Amende		Anchorage, Alaska 99519-0668			ſ	G Gross re	eceipts \$	18,208
\exists		on pending	F Name and address of principal officer: John Cline			H(a) is this a ci		subordinates? Ves	
	Арріюші	ion pending	P.O. Box 190668 Anchorage, Alaska 99519				-	s included? Tyes	
	Tay ava	mat status	✓ 501(c)(3)	1) or [527	4		list (see instruction	
÷	Website	mpt status:	(insert no / 🗀 4547 (a)(1701 .	<u> </u>	H(c) Group			•
K			Corporation ☐ Trust ☐ Association ☐ Other ►	I Vea	r of formation			of legal domicile.	AK
	art I	Summ		Lica	or idination	2009	IN State	or legal dorniche.	AN
Г	1		escribe the organization's mission or most significant activ	ritios:	To provid	lo echolare	hine for	students in the	
	'	_	-	illes.	10 provid	16 3CHOIAI 3	sinps ior	stadents in the	
ĕ	1	Visual Art	s and Music Fields						
Ë		Oh a ala Ma	is her bound its approximation discontinued its approximate	or dia	noood of	more then	250/ of	to not coocto	
Activities & Governance	2		is box $\blacktriangleright \Box$ if the organization discontinued its operations		* -	more than	1 - 1	ns net assets.	_
Ğ	3		of voting members of the governing body (Part VI, line 1a)				3		
ي 9	4		of independent voting members of the governing body (Pa			TYL	1 4		0
琧	5		nber of individuals employed in calendar year 2013 (Part \			· · · · ·	5		0
훓	6		nber of volunteers (estimate if necessary)		'~!T	2 1 2ni	<u> </u>		11
₹	7a		elated business revenue from Part VIII, column (C), line 12			. : <01	- 		
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u> </u>	·		7.b		
		_			7 77	Prior Ye		Current Ye	
Ð	8		ions and grants (Part VIII, line 1h)			1.17	1.750		<u>17 410</u>
ē	9	_	service revenue (Part VIII, line 2g)				0		0
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)				2.096		798
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1				0		0
	12		enue-add lines 8 through 11 (must equal Part VIII, column				3.846		18 208
	13		nd sımılar amounts paid (Part IX, column (A), lines 1-3) .				1.000		1.000
	14		paid to or for members (Part IX, column (A), line 4)				. 0		0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A),	lines 5	5–10)		0		0
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)				0		0
흜	b		draising expenses (Part IX, column (D), line 25) ▶						
Ü	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)				0		100
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), li	ne 25))		1,000		1,100
	19	Revenue	less expenses. Subtract line 18 from line 12	<u> </u>			2,846		17,108
5 %	3				Beg	inning of Cu	rrent Year	End of Ye	ar
Assets or	20	Total ass	ets (Part X, line 16)				31,567		48,675
Ž.	21	Total liab	ılıtıes (Part X, line 26)				0		0
ž.	22	Net asse	ts or fund balances. Subtract line 21 from line 20				31,567		48,675
P	art II	Signat	ure Block						
Ur	nder pena	ilties of perju	ry, i declare that I have examined this return, including accompanying sch	edules	and stateme	nts, and to tl	ne best of n	ny knowledge and	belief, it is
tru	ie, correc	t, and compl	ete Declaration of preparer (other than officer) is based on all information	of whic	h preparer ha	s any knowl	edge.		
			James N- Bulls				3 -	7-14	
Sig	gn	3190	ature of officer			Da	te	• •	
He	ere		JAMES D. GREIBES GRAND	TRE	EASUR	ER			
		Туре	or print name and title						
D-	id.	Pnnt/Ty	pe preparer's name Preparer's signature		Date		Check	PTIN	
_	aid Sonore						self-emp		
	epare	.	ame ▶	,	•	Firm	's EIN ▶	·	
US	se Onl	· y	ddress ▶				пе по.		
Ma	y the IF		s this return with the preparer shown above? (see instructi	ions)				· · 🔲 Yes	No
_	<u> </u>		ction Act Notice, see the separate instructions.		Cat No.	11282Y		Form 9	90 (2013)

Form 99	D (2013) Page
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide educational scolarships to students in the Visual Arts and Music Fields
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ including grants of \$ 1,000) (Revenue \$)
4a	
	Awarded 1 Scholarship for \$1,000
	······································
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•

	(Code) \(\subseteq (Fyronese \texts \text{(Foronese \text{(F
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Part∃	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		V ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
		Fon	ո 990	(2013)

art	Checklist of Required Schedules (continued)			
	The state of the state of the state of the second of the s		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· ·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
04	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		\
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	,	\
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	·
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	4.		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		/
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		\
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ī	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		▼
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ì	
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		}	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		
	required to file Form 8282?	7c	}	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring]		
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a	İ	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] N/A			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	j	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\Box	✓_
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		ĺ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
			990	(2013)

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
C41	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>		<u> </u>
Section	on A. Governing Body and Management		Yes	No
40	Enter the number of voting members of the governing body at the end of the tax year 1a		100	
1a	If there are material differences in voting rights among members of the governing body, or	İ		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		/
6	Did the organization have members or stockholders?	6	✓	-
7a	one or more members of the governing body?	7.	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	_	-
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
_	the year by the following:	ŀ		
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1
40	District and the second of the	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		/
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			١,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b		12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
4.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		✓
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Alaska			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Alaska Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)e	only
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 50 1(J/(U/3	Oray)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	/. and
	financial statements available to the public during the tax year.	1	,	. ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Jerome P Wassom, P.O. Box 190668, Anchorage, AK 99159-0168			

Form **990** (2013)

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(8)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Cline	1									
President			<u> </u>	✓	L			0	0	0
(2) David Worel	1					Ì		ļ		
Vice-President				✓	_		L	0	0	0
(3) Douglas Teninty	1			ł						
Director		✓			<u> </u>		ļ	0	0	0
(4) Carl Lingstrom	11									
Director		✓		<u> </u>			_	0	0	0
(5) John Bishop	11						1		1	
Director		✓	ļ	<u> </u>			_	0	0	. 0
(6) Jerome P. Wasson	11			١,						
Secretary	<u> </u>			✓	<u> </u>	L	├	0	0	0
(7) James D Grubbs	. 1	ł		,						
Treasurer	ļ	<u> </u>		✓	_		├	0	0	0
(8)	<u> </u>									
(9)										
(10)	 						_			
(11)										
(12)										
(13)										-
(14)	 									-

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	ot ch unles	s pe	tion more	than both strain Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fron related organizations (W-2/1099-MISC)		Estur amo ot compe fron organ and r	nated unt of her ensation the ization elated zations	
(15)							8.				\vdash			
(16)											+			
								_			+			
				-							-			
										· <u> </u>				
(20)											L			
(21)														
(22)														
(23)							!				+			
(24)											+-			
(25)				-	-									
1b	Sub-total			\perp				.	0		,			
c	Total from continuation sheets to Part	VII, Sectio	n A					>	0	(
<u>d</u>	Total (add lines 1b and 1c)	not limited						e) w	ho received me	ore than \$100,0		:		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, dırec										3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?		•				-		•	ation or individ	ual [5	Ī	√
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•											n's ta	х
	(A) Name and business add	ress			<u>.</u>				(B) Description of s	ervices	Coi	(C) mpensa	ition	
								_						
													<u>_</u>	
2	Total number of independent contractor received more than \$100,000 of compens	•	_					th	ose listed abo	ove) who			······································	

Part	VIII	Statement of Revenue			lima in this	Dort VIII		_
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ध्र ध	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	0				j
S, E	С	Fundraising events	1c	0				ļ
ar fts	d	Related organizations	1d	0				
s, G	е	Government grants (contributions)	1e	0				
ion	f	All other contributions, gifts, grants,						
the	ĺ	and similar amounts not included above	1f	17,410				•
절	g	Noncash contributions included in lines 1a						
Sor	h	Total. Add lines 1a-1f			17,410			
				Business Code				
ent	2a				İ			
Rev	b							
Program Service Revenue	c							
E S	d							
S L	e							– –
gg	f	All other program service revenu				•		
Po Lo	g	Total. Add lines 2a–2f		•		·		l
	3	Investment income (including	divid	ends, interest,	<u> </u>			l ·
		and other similar amounts) .			1,972			
	4	Income from investment of tax-exer		•	0			
	5	Royalties	-	· .	0			
		(i) Real	•	(ii) Personal				
	6a	Gross rents	N/A		-			
	b	Less: rental expenses			1			
	c	Rental income or (loss)			1			
	d	` ' L						1
1	7a	Gross amount from sales of (i) Securit		(ii) Other				
		assets other than inventory	N/A					ľ
	ь	Less cost or other basis						
	~	and sales expenses			i			ļ
	c	` <u> </u>	1,174				•	
	d			▶	(1,174)			
ē	8a	Gross income from fundraising	•		(1,11-1)			
Revenue		events (not including \$	ō					
		of contributions reported on line 1 See Part IV, line 18	· a					
Other	b	Less: direct expenses				:		
	C	Net income or (loss) from fundra		events . >	0			
	9a	Gross income from gaming activi			ł			
		See Part IV, line 19	_	<u></u>				
		Less: direct expenses						
		Net income or (loss) from gamin		ivities ▶				
	10a	Gross sales of inventory, returns and allowances		0				
	b	Less: cost of goods sold						
	_ c	Net income or (loss) from sales	of inv	entory ▶	0			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	0			
	12	Total revenue. See instructions			18,208			

Form 9	90 (2013)				Page 10
Par	t IX Statement of Functional Expenses		II - Al-		
Section	on 501(c)(3) and 501(c)(4) organizations must com				
Do no 8b, 9	Check if Schedule O contains a respon- of include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses			-	
14	Information technology				
15	Royalties				

100

1,000

1,100

16

17

18

19

20

21 22

23

24

25

Occupancy

All other expenses

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings .

Depreciation, depletion, and amortization .

Other expenses, Itemize expenses not covered

above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Payments to affiliates

 Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 25,227 Savings and temporary cash investments 7,326 Pledges and grants receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Inventories for sale or use οl Prepaid expenses and deferred charges . . . ol 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 16,119 17,265 Investments—program-related. See Part IV, line 11. 7,836 6,186 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . 31,567 48,675 Accounts payable and accrued expenses 1,000 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. n Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 1,000 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 31,567 48,675 Total liabilities and net assets/fund balances 31,567 48,675 Form **990** (2013)

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 18,208 2 1,100 3 16,208 2 1,100 3 17,108 4 1,100 4 1,100 4 31,557 5 1,100 4 1,100 4 1,100 4 1,100 4 1,100 4 1,100 5 1,100 4 1,100 4 1,100 4 1,100 5 1,100 4 1,100 5 1,100 4 1,100 5 1,100 4 1,100 4 1,100 5 1,100 4 1,100 4 1,100 4 1,100 5 1,100	Form 99	0 (2013)	Page 12				
1 Total revenue (must equal Part VIII, column (A), line 12). 1 18,208 2 Total expenses (must equal Part IX, column (A), line 25). 2 1,100 3 Revenue less expenses. Subtract line 2 from line 1 3 17,108 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 31,567 5 Net unrealized gains (losses) on investments 5 5 0 0 Donated services and use of facilities 6 0 0 linvestment expenses 7 0 0 0 0 other changes in net assets or fund balances (explain in Schedule O) 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part						
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Pror period adjustments Revenue lesses Revenue lesses Revenue lesses Revenue lesses Revenue lesses Revenue lesses or fund balances at beginning of year (must equal Part X, line 33, column (A)) Revenue lesses Revenue lesses or fund balances (explain in Schedule O) Revenue lesses or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Revenue lesses or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Revenue lesses lesses lesses lesses or fund balances (explain in Schedule O) Accounting method used to prepare the Form 990: Cash Accrual Cher If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: Cash Accrual Cher If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Chot consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Consolidated basis Revenue and separate basis on the separate basis of both: Separate basis Consolidated basis Both consolidated and separate basis or the sequence of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process							
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 31,597 Net unrealized gains (losses) on investments . 5 0 Donated services and use of facilities . 6 0 Investment expenses . 7 7 0 Properiod adjustments . 8 0 Properiod adjustments . 8 0 Other changes in net assets or fund balances (explain in Schedule O) . 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1		18,208				
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 31,567 Net unrealized gains (losses) on investments 5 0 Donated services and use of facilities 7 1 Donated services and use of facilities 8 7 Pror period adjustments 9 Chre changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vert assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash Accrual Cher If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 13 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? 16 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements and selection of an independent accountant? 17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 18 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated	2		1,100				
Separate basis Consolidated basis Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated Consolidate	3		17,108				
6 Donated services and use of facilities	4		31,567				
7 Novestment expenses 7 0 0 8 Pror period adjustments 8 0 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 48,675 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5						
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 48,675 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6						
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990:	7						
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b ✓	8	Prior period adjustments					
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . □ Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	9	Other changes in net assets or fund balances (explain in Schedule O)	(
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	48,675				
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	XII Financial Statements and Reporting					
Accounting method used to prepare the Form 990: Accrual Accrual Accrual The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII	🗆				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			Yes No				
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash Accrual Other	7				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed its method of accounting from a prior year or checked "Other," explain in					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Schedule O.	4				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 🗸				
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.							
Described basis Described Consolidated Dasis Described Both consolidated and separate basis Described Both Consolidated and separate basis Described Both Consolidated and separate basis Described Both Consolidated and Separate basis Described Both Consolidated Both C		· · · · · · · · · · · · · · · · · · ·					
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	h						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b **Text			1.15				
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·	1 3 3 3 5				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<u> </u>	- 1- jak - 1				
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		. 1.4				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C		1 1 1				
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
the Single Audit Act and OMB Circular A-133?	25						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	38		1 1 1				
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		· ·					
	D		1 5 1				
		required addit of addits, explain why in Schedule O and describe any steps taken to undergo such addits.	30 √ Form 990 (2013				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public
__Inspection___

Employer Identification number Name of the organization Alaska Masonic Foundation For Childred 26-3586169 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III–Functionally integrated d Type III-Non-functionally integrated b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) is the in col (i) listed in your the organization in col (i) of your organization in col organization (described on lines 1-9 governing document? (i) organized in the above or IRC section support? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

anization fails to qualify under the tests listed below, please complete Part III.)	org	It the	111	अध	d

∠ ◀							
	his box and s	or 17b, check t	.s7f .d9f .s9l	f .£f anil no xo	not check a b	Private foundation. If the organization did	81
J ,◀ `.						supported organization	
						Explain in Part IV how the organization me	
						15 is 10% or more, and if the organization	~
and bas	16b. or 17a.	.691 .Et anii no	среск в рох с	ton bib noitesir	1S If the organ	10%-facts-and-circumstances test-20f	q
□ ∢ .						organization	
						Part IV how the organization meets the "fa	
						10% or more, and if the organization mee	
si 41 en	or 16b, and li	, 163, 16a, 16a,	среск в рох с	ton bib noitszii	13. If the organ	10%-facts-and-circumstances test-201	67T
□ • .		noutszin	nbboueq olga	sa s publicly s	safilsup noits:	check this box and stop here. The organiz	
or more,	o %e√e£ ei 3	16a, and line 1	no Et anil no	среск в рох с	zation did not	331/3% support test-2012. If the organic	q
□ • .						box and stop here. The organization qualif	
eck this	e or more, ch	%e∖f£E ai 4f 9nıl	n line 13, and	heck the box o	ation did not cl	331/3% support test-2013. If the organiza	6 91
% 0.88	S	<u> </u>				Public support percentage from 2012 Sche	91
% T.89	Þ	<u> </u>	. column (f)	, f f enil yd bebi	vib (f) divi	Public support percentage for 2013 (line 6,	44
					Percentage	on C. Computation of Public Support	Secti
					е	organization, check this box and stop here	
(5)(5) 105 (. sa s aection	or fifth tax year	third, fourth,	e first, second,	organization's	First five years. It the Form 990 is for the	13
24,424	2	 7				Gross receipts from related activities, etc.	15
724,424	1					10t al support. Add lines 7 through 10	44
		1			1	Explain in Part IV.) (Explain in Part IV.)	
						loss from the sale of capital assets	
	ļ		-		ŀ	Other income. Do not include gain or	10
				1	1	is regulatly carried on	
			-			activities, whether or not the business	
		İ				Net income from unrelated business	6
159,7	867	2,096	2,930	708,r	 	sonices	•
	[rents, royalties and income from similar	
	}	-	-	ŀ		payments received on securities loans,	
	l					Gross income from interest, dividends,	8
£6 <u>7,</u> 91	3,312	094'1	501,8	979'9		Amounts from fine 4	ï
lstoT (1)	(e) 2013	(4) 2012	(c) 5011	(p) S010	6002 (e)	dar year (or fiscal year beginning in)	
lotol (i)	1 5100	C100 (P)	1 1100 (0)	1 0100 (4)	1 3000 (9)	on B. Total Support	
£6 <i>L</i> '91			1		Τ	Public support. Subtract line 5 from line 4.	9
COL 31	 			-	 		9
		1			1	shown on line 11, column (f)	
	[ļ	line 1 that exceeds 2% of the amount	
	İ		1	1		supported organization) included on	
						governmental unit or publicly	
			i			The portion of total contributions by	g
							3
£67,81	3.312	09L'L	201,a	979'9	<u> </u>	Total. Add lines 1 through 3.	Þ
0	0	0	0	0	0	organization without charge	
		· ·	İ		}	furnished by a governmental unit to the	
						The value of services or facilities	3
0	0	0	0	0	0	to or expended on its behalf	
		1	1			organization's benefit and either paid	
		1	<u></u>			Tax revenues levied for the	2
£67,81	3,312	05L,1	S01,8	979'9		nclude any "unusual grants.")	
	1	1				membership fees received. (Do not	
	İ					Giffs, grants, continbutions, and	L
(f) Total	(e) 2013	Sros (b)	(c) 2011	(p) 5010	6002 (s)	dar year (or fiscal year beginning in) 🖊	Calen
			1			nodene Suppor	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Saati	on A Public Support	under the te	sis listed beit	w, piease co	mpiete Fart	11.)				
	on A. Public Support	(=) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 0012	(6) T-1-1			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
•	received. (Do not include any "unusual grants.")				4 750					
2	Gross receipts from admissions, merchandise		5,626	6,105	1,750	3,312	16,793			
_	sold or services performed, or facilities									
	furnished in any activity that is related to the		1							
_	organization's tax-exempt purpose	. <u>.</u>	0	0	0	0	0			
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513		0	0	0	0	0			
4	Tax revenues levied for the					1				
	organization's benefit and either paid		1			İ				
	to or expended on its behalf		o	o	0	o	0			
5	The value of services or facilities									
	furnished by a governmental unit to the		Ì		-	ŀ				
	organization without charge		l ol	o	О	ol	0			
6	Total. Add lines 1 through 5		5,626	6,105	1,750	3,312	16,793			
7a	Amounts included on lines 1, 2, and 3									
	received from disqualified persons .		l ol	o	o	o	0			
b	Amounts included on lines 2 and 3	•				1				
_	received from other than disqualified			İ		Í				
	persons that exceed the greater of \$5,000									
	or 1% of the amount on line 13 for the year		o	o	o	اه	0			
С	Add lines 7a and 7b		0	0	0	0	0			
8	Public support (Subtract line 7c from	· · · · · · · · · · ·								
	line 6.)			ļ		ł	16,793			
Secti	on B. Total Support		<u></u>	-		<u>_</u>	10,700			
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
9	Amounts from line 6	(4) = 000	5,626	6,105	1,750	3,312	16,793			
10a	Gross income from interest, dividends,		3,020	0,103	1,730	3,312	10,733			
	payments received on securities loans, rents,									
	royalties and income from similar sources .		1,807	2,930	2,096	798	7,631			
h	Unrelated business taxable income (less		1,007	2,930	2,090	730	7,031			
	section 511 taxes) from businesses									
	acquired after June 30, 1975		0	o	o	اه	•			
_	Add lines 10a and 10b		1,807	2,930	2,096	798	6,683			
11	Net income from unrelated business		1,607	2,930	2,030	/50	0,003			
••	activities not included in line 10b, whether]		ļ				
	or not the business is regularly carried on			Ì						
10	Other income. Do not include gain or									
12	loss from the sale of capital assets			Ì		1				
	(Explain in Part IV.)			Ì						
13	Total support. (Add lines 9, 10c, 11,		 		-					
13	and 12.)		7 400	0.005	2042		04.45			
14	First five years. If the Form 990 is for th	e organization	7,433	9,035]	3,846	4,110	24,424			
14	organization, check this box and stop her									
Saati	on C. Computation of Public Suppor			<u> </u>	<u> </u>		🕨 🗸			
15	Public support percentage for 2013 (line 8			3 column (ft)		15	68.7 %			
16			-	5, COIGITITI (1 <i>))</i>		16				
	16 Public support percentage from 2012 Schedule A, Part III, line 15									
17				line 13 colum	nn (fl)	17	27.9 %			
18	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)									
19a	331/3% support tests—2013. If the organi									
134										
h	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . 33½% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and									
b										
00	line 18 is not more than 33½%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									
20	Fire organization de	a not oneck a	DOX OIT IIIIE 14,	13a, UL 19D, C	HECK THIS DOX	and see mstruc	tions			

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**13**

Open to Public Inspection

Employer identification number

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

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

Alaska Masonic Foundation for Children 26-3586169 Part III 4(a) We provide no other services than Scholarships Part V 3(b) We had no unrelated income, we have no other businesses Part V 13(a) We are not an insurance Organization Part V 14(b) We are not in the Tanning Business, we dd not receive any Income Part VI 6 All members of the Most Worshipful Grand Lodge of Free and Accepted Masons of Alaska are members of this Corporation Part VI 7(a) Board Members are elected by member of the Grand Lodge Part VI 11(a) Copies of the tax returns are kept in the office for review Part VI 18 All forms are available upon request Part vi 19 if someone wants to review the documents they make a request to the Secretary Part VII (a&b) No compensation is given to any officer Part IV 24 No other expenses in 2013