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Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 Revenu	e Service	► Information about Form 990 and its instructions is at www.	irs.gov/form9	90.	Inspection
A	For the	2013 cale	ndar year, or tax year beginning 1 January , 2013, and en	ding 31 Dec	ember 31	, 20 13
В	Check if a	pplicable	C Name of organization Most Worshipful Grand Lodge of Free& Accepted M	ason of AK	D Employ	er identification number
	Address of	hange	Doing Business As		1	92-0082478
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telepho	ne number
	Initial retu	m	P.O. Box 190668			907 351-2669
	Terminate	ed 1	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$	Amended	1	Anchorage, Alaska 99519-0668		G Gross re	eceipts \$ 169,567
$\overline{\Box}$			F Name and address of principal officer:	Hist is this a		subordinates? Yes No
		,	·			s included? Yes No
-	Tax-exem	not status	☐ 501(c)(3)			a list (see instructions)
j	Website:		ska-Masons.org		p exemption	
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			
_	art I	Summ		1982	, IN State	of legal domicile. AK
			escribe the organization's mission or most significant activities: To p	rovide day to	day sarvic	es of 20 member
ø		-	nd other Grand Lodges	Tovide day to	udy Scivic	es of 20 member
Ĕ	<u> </u>	Louges a	ilu other Grand Louges			
Ě	2	Check th	is box ▶☐ if the organization discontinued its operations or dispose	d of more the	n 25% of	ito not goodto
Activities & Governance						j−₹
95	1			ILUEIV		6
Se	1		of independent voting members of the governing body (Part VI, line 1 nber of individuals employed in calendar year 2013 (Part V, line 2a)	b)),
Ę			nber of individuals employed in calendar year 2013 (Fart V, line 2a) .	4AR 2 7	014 60	·
ŧ	ł		•	itut = . 5		85
•	1		elated business revenue from Part VIII, column (C), line 12		7a'	<u> </u>
	b	ver unrei	ated business taxable income from Form 990-T, line 34	Prior Y	7b ²	0
		O = == 4 == 1 =	wans and avanta (Dark VIII. Gas als)	- Filor i		Current Year
Ð	1		tions and grants (Part VIII, line 1h)		67,281	100,265
Revenue	1	_	service revenue (Part VIII, line 2g)		0	0
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		33,470	33,577
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,735	35,725
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		136,486	169,567
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
			paid to or for members (Part IX, column (A), line 4)		0	0
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,776	13,776
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		6,721	0
홄	b '	Total fund	draising expenses (Part IX, column (D), line 25) ▶			
ш	17 (Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,471	92,167
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		107.968	105,972
		Revenue	less expenses. Subtract line 18 from line 12		28,518	63,595
Vet Assets or und Balances				Beginning of C	urrent Year	End of Year
Sets Sets	20	Total ass	ets (Part X, line 16)		909,971	1,078,365
A P	21	Total liab	ılıties (Part X, Inne 26)		13,584	5,112
Ž₽	22	Net asset	ts or fund balances. Subtract line 21 from line 20		896,387	1,073,253
Pa	art II	Signat	ture Block			
Un	der penalt	ies of perju	ry, I declare that I have examined this return, including accompanying schedules and sta	atements, and to	the best of r	ny knowledge and belief, it is
tru	e, correct,	and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knov	viedge.	
		$\mathbf{L} \subseteq$	Comes at Dubber		3-8	-14
Siç	ın	Stort	ature of officer		ate	
He	re		TAMES D. GRUBBS GRAND TR	EASURE	_	
		Type	or print name and title			
Pa	id	Print/Tyj	pe preparer's name Preparer's signature	Date	Check	T If PTIN
	eparer	.			self-emp	
	eparer se Only		ame ▶	Fir	m's EIN ▶	
U	e Cilly	<i>,</i> – – –	ddress ▶		one no.	
Ma	y the IR		s this return with the preparer shown above? (see instructions)			· · Yes No
_				t. No 11282Y		Form 990 (2013)



Form 99	0 (2013)		Page 2
Part			
		r note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:		
	To provide day to day services to 20 member lodges a masons and affiliated bodies. Provide council, guidar		
2	Did the organization undertake any significant progrior Form 990 or 990-EZ?		
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or make services?	e significant changes in how it conducts, any	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accor expenses. Section 501(c)(3) and 501(c)(4) organiza the total expenses, and revenue, if any, for each program of the total expenses and revenue, if any, for each program of the total expenses are the total expenses.	tions are required to report the amount of grant	
4a	(Code:) (Expenses \$ind	cluding grants of \$) (Revenue	\$)
4b	(Code:) (Expenses \$ind	cluding grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$index	cluding grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶		

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			lo
2	complete Schedule A	2	✓	
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	<i>,</i>
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	/	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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	1	,
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	/	,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			_
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	,
	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	<u>, </u>
	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	/	,
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	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
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	/	,
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		,
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		<u> </u>
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	/	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		_
		Form	990 (20) 13)

Part	Checklist of Required Schedules (continued)			
24	Did the experientian report more than \$5,000 of greate or other equiptones to any democks organization or		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		✓
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		→
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
b c	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		1
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		1
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	:	1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
24	conservation contributions? If "Yes," complete Schedule M	30		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
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	1	
		For	" aar	(2012)

art	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>		<u> </u>
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	i	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	ŀ	_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		_
10	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		j	
	account)?	4a		✓
Þ	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		√
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		√
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).	į	1	
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?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		1
h	If the organization received a contribution of qualified intellectual property, and the organization rife in 1098-C?	79 7h		✓
8	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			
_	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a 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			
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:		ĺ	
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		1
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		✓_
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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		✓
		Form	₁990	(2013)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	
Section	on A. Governing Body and Management			
4		$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	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 any other officer, director, trustee, or key employee?	2		1
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		1
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	✓	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part Vil, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	√ /	NO
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		1
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?			
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	The same of the sa			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sort:	organization's exempt status with respect to such arrangements?	16b		I ✓
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Jerome P. Wasson. P.O. Box 190668, Anchorage, Alaska 99519-0668	or the	;	

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Form **990** (2013)

Form 990 (2013)

		· -	
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compension	sated 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.
	ļ			(0	C)					
(A)	(B)	(do o		Pos		than o		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any		r and			or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	ᇙ	Officer	<u>@</u>	りま	Former	the	organizations	compensation
	related organizations	l red	₹	Cer	917	Beg heg	He	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	ğ <u>a</u>	욻		Key employee	8 8		(W-2/1099-MISC)	Ì	organization and related
	line)	l st	Institutional trustee		8	를				organizations
		8	stee			Highest compensated employee				
										
(1) David Worel	.							1		
President	30	✓		✓		<u> </u>	_	<u> </u>	0	0
(2) Douglas Teninity	.	_								
Vice President	30	✓		✓	_		_	0	0	0
(3) Carl Lindstrom					}			İ		
Director	20	/			_			0	0	0
(4) John Bishop]	J	
Director	20	1		✓	$ldsymbol{ld}}}}}}$			0	0	0
(5) Jerome P. Wasson										
Secretary	30	✓		✓				0	0	0
(6) James D Grubbs							ĺ			
Treasurer	20	✓		✓	<u></u>			0	0	0
(7) Thomas Schram							ļ			
Office Manager	20				L			12,605	0	0
(8)	. 									
(9)										
										·
(10)					İ				1	
(11)										
(12)	<u> </u>				-	-	-			
	†									
(13)								1		
(14)										
	i			L	L_	L	<u>l_</u>	l	l	

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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or director	unles er and	s pe	ntion more	n of his Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC)	n co	(F) Estima amour othe ompens from to organization organization	ated at of er sation the ation ated	
(15)				8			ated	_			-			
(16)								_			}		_	-
(17)														
(18)								 		:	-			
(20)										<u> </u>	-			
(21)					-						 			
								_			-			
							<u> </u>							
(24)											-			
(25)														
1b c d	Sub-total	VII, Sectio	n A 	•				► ► • • • • • • • • • • • • • • • • • •	12,605 12,605 12,605 tho received me		0 0 0 000 of			0
3	reportable compensation from the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc										3 Y	'es	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,		Ý 1: 	f "Ye	s, "	complete Sch	edule J for si	uch	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	j	5		✓
Section 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Repyear.												's ta	x
	(A) Name and business add	fress							(B) Description of s	ervices		(C) pensati	ion	
2	Total number of independent contractor received more than \$100,000 of compensations.) th	nose listed abo	ove) who			990	

	Check if Schedule O contains a response	onse or note to			(0)	<u>.</u> <u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns 1a	0				
tal ball ball ball ball ball ball ball b	Membership dues 1b	46,069		į		
C	Fundraising events 1c	18,247				
d	Related organizations 1d	0	1			
е	, <u> </u>	0		ł	i	
f	, 3 , 1			ł		
	and similar amounts not included above 1f	35,949		l	1	
? g		0		1		
i h	Total. Add lines 1a-1f	▶_	100,216		,,	
		Business Code		ļ		
2a						
b						
c						
d						
e						
f	All other program service revenue.					
g		▶	0			
3	Investment income (including divider			1		
	and other similar amounts)		33,577	0	0	33,5
4	Income from investment of tax-exempt bor	nd proceeds ►	0	0	0	
5	Royalties		0	0	0	
	(i) Real	(ii) Personal	}	1		
6a	Gross rents 0	0				
b	Less: rental expenses 0	0		1		
0	Rental income or (loss)	0				
0	Net rental income or (loss)	▶	o .	0	0	
7a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 0	0	1	İ	ł	
l t	Less cost or other basis					
1	and sales expenses . 0	o			j	
	Gain or (loss) 0	0				
0		▶	0	o	0	
88	events (not including \$ 0 of contributions reported on line 1c).					
	See Part IV, line 18 a	0	<u> </u>			
Ł	Less: direct expenses b	0	1			
0		vents . >	0		0	
98	Gross income from gaming activities. See Part IV, line 19 a	0				
t	•	0				
(, , , , , , , , , , , , , , , , , , , ,	ities 🕨	О	0	0	
10a	Gross sales of inventory, less returns and allowances a	6,171				
t	Less: cost of goods sold b	7,841		ļ		
		ntory 🕨	(1,670)	0	0	(1,6
	Miscellaneous Revenue	Business Code				
118	Assessment, Publications GWM etc		7,038	о	0	7,0
t			3,131	0	0	3,1
			26,814	0	0	26,8
0			412	0	0	4
		•	37,395			<u> </u>
•	Total. Add lines 11a–11d	1	37,333}			

Part IX Statement of Functional Expenses

OCCUC		onloto all columne. Al	ll other organizations	e must complete colu	mn (A)
	on 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a response			· · · · · · ·	. N
Do no 8b, 9t	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			general expenses	Охроносо
	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	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,		<u>-</u>		
	trustees, and key employees	12,605	0	12,605	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ŀ]	
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	<u>0</u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits	964	0	0	0
10	Payroll taxes	1236	0	0	0
11	Fees for services (non-employees):	1230			<u></u>
а	Management	o	o	o	0
b	Legal	0	0	0	0
C	Accounting	8,000	0	8,000	_0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f ~	Investment management fees	11,279	11,279	0	0
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	0	0	0	<u>0</u>
13	Office expenses	2,401	2,401	0	0
14	Information technology	1,631	1,631	0	0
15	Royalties	0	0	0	0
16	Occupancy	5,400	0	5,400	0
17	Travel	18,336	18,336	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	30,566	30,566	0	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization	0 1,092	0	1,092	0
23	Insurance	7,330	0	7,330	0
24	Other expenses. Itemize expenses not covered	7,550		7,000	<u></u>
	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.)				
а	Dues, Subscriptions etc	1,405	1,405	0	0
b	Regalia	1,071	1,071	0	0
C	George Washington Memorial Association	2,080	2,080	0	0
d	Discretionary Expenses All other expenses Bank Fees, Etc	1,500 76	1,500 76	0	0
е 25	Total functional expenses. Add lines 1 through 24e	105,972	70,345	35,627	0
	Joint costs. Complete this line only if the	103,372	70,345	33,027	<u> </u>
26		i l	1	1	
20	organization reported in column (B) joint costs		i	1	
20	from a combined educational campaign and fundraising solicitation. Check here				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest-bearing 1 38,710 9,783 2 2 Savings and temporary cash investments 838,113 1,018,460 3 3 Pledges and grants receivable, net 18,180 19,014 4 4 1,156 1,070 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 0 0 Assets 7 0 0 8 Inventories for sale or use 13,812 8 16,840 9 9 Prepaid expenses and deferred charges . . . 0 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,995 Less: accumulated depreciation 10c 10b 13,198 (16,704) b (17,797)11 11 Investments—publicly traded securities 0 0 12 12 Investments—other securities. See Part IV, line 11 0 0 13 13 Investments—program-related. See Part IV, line 11. 0 0 14 14 0 0 15 Other assets. See Part IV, line 11 0 15 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 909,971 1,078,365 17 Accounts payable and accrued expenses 17 1,990 752 18 o 18 0 19 19 <u>11,5</u>94 4.360 0 20 20 Tax-exempt bond liabilities 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 . 26 13,584 5,112 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 0 0 28 0 28 0 29 29 ol 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 896,387 1,073,253 32 32 Retained earnings, endowment, accumulated income, or other funds . o 0 896,387 33 33 1,073,253 909,971 34 34 Total liabilities and net assets/fund balances . 1,078,365 Form 990 (2013)

UITH 98	0 (2013)		ra	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			9,567
2	Total expenses (must equal Part IX, column (A), line 25)		10	5,972
3	Revenue less expenses. Subtract line 2 from line 1		. 6	3,595
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		89	6,287
5	Net unrealized gains (losses) on investments		10	1,992
6	Donated services and use of facilities			0
7	Investment expenses		1	1,279
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
_	33, column (B))		1,07	3,253
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	✓
	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:		- 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1 1		
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	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	1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		-	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓
	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?	3a		✓_
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		✓
		Form	n 990	(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.

20**13**

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number						
Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska	92-0084278						
Part V 3(b) We had no unrelated income, we have no other businesses							
Part V 13(b) we are not an Insurance Organization and therefore do not sell insurance							
Part V 14(b) We did not receive any indoor tanning services.	Part V 14(b) We did not receive any indoor tanning services.						
Part VI 1(a) there are no differences in officers voting rights, they all have one vote	Part VI 1(a) there are no differences in officers voting rights, they all have one vote						
Part VI (b) All board Members are the Executive Committee							
Part VI 7(a) Board Members are elected by the member of the Grand Lodge							
Part VI 6 All the members of the MW Grand Lodge of Free & Accepted Masons of Alaska are members	of this organization						
Part VI 7(b) Members are informed of the Board's decisions and voted on at the Annual Meeting							
Part VI 11(b) Copies of the Tax Returns are kept in the organizations office for review upon request							
Part VI 19 All Copies, documents are available for review in the office upon request							
Part VII No officers are compensated for their duties, they are volunteers							
Part XII 3(b) The organization conducts internal audits of the books as directed by the Alaska Masonic	Code						

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