

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	301,132	22 296,778
23	Land and buildings		23
24	Other assets (describe in Schedule O)	632	24 1,269
25	Total assets	301,764	25 298,047
26	Total liabilities (describe in Schedule O)		26 100
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	301,764	27 297,947

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **NATIONAL ORGANIZATIONFOR THE VARIOUS ALLIED MAS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	TO ASSUME, HOLD AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARITY CONSTITUTED BODY OF FREEMASONRY, TO PRESERVE THESE DEGREES, (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	TO ENGAGE, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH, TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERE TO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	FOR THE GOVERNMENT THEREOF (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT G. DAVIS SOVEREIGN GRAND MASTER	Hr/WK 10 00	0	0	0
DOUGLAS S. MOORE DEPUTY GRAND MASTER	Hr/WK 10 00	0	0	0
LAWRENCE E. TUCKER SENIOR GRAND WARDEN	Hr/WK 5 00	0	0	0
GARY B. HINSON JUNIOR GRAND WARDEN	Hr/WK 5 00	0	0	0
DAVID DIXON GOODWIN GRAND TREASURER	Hr/WK 20 00	0	0	0
PAUL STEPHEN NEWHALL GRAND SECRETARY	Hr/WK 20 00	0	0	0
W. CHARLES SMITHSON SENIOR GRAND DEACON	Hr/WK 5 00	0	0	0
SHANE A. HARSHBARGER JUNIOR GRAND DEACON	Hr/WK 5 00	5,000	0	0
GLEN A. COOK GRAND CHAPLAIN	Hr/WK 5 00	0	0	0
MOHAMAD A. YATIM GRAND DIRECTOR OF CEREMONIES	Hr/WK 5 00	0	0	0
AARON SHOEMAKER GRAND MARSHALL	Hr/WK 5 00	0	0	0
MICHAEL D. CECIL GRAND TYLER	Hr/WK 5 00	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35a Yes No
35b Yes No
35c Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37a Yes No
 b Did the organization file Form 1120-POL for this year? 37b Yes No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No 38a Yes No

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities 39a Yes No
39b Yes No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Yes No
 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c Yes No
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e Yes No

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► SHANE A HARSHBARGER Telephone no ► (515) 288-8927
 Located at ► 519 PARK STREET City DES MOINES ST IA ZIP + 4 ► 50309-1613 42a Yes No
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b Yes No
 c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____ 42c Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43 Yes No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No
 c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Yes No

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

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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

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

► Yes No

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

Sign Here	 Signature of Preparer  Shane Hanchberger - Secretary		Date 11/15/18
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name JAMES E DICKSON	Preparer's signature 	Date 10/25/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00435908
	Firm's name ► JAMES E DICKSON, CPA, CFP			Firm's EIN ► 42-1392243	
	Firm's address ► PO BOX 322, AMES, IA 50010			Phone no (515) 232-5160	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC

Employer identification number

58-1584857

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 10,408

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 632

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 6,202

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 3,738

Form 990-EZ, Part I, Line 16, Other Expenses Bank Charges 271

Form 990-EZ, Part I, Line 16, Other Expenses Expense Reimbursements 14,269

Form 990-EZ, Part I, Line 16, Other Expenses International Relations 4,068

Form 990-EZ, Part I, Line 16, Other Expenses Office and Computer Expense 4,159

Form 990-EZ, Part I, Line 16, Other Expenses Sales Tax 2,028

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 3,987

Form 990-EZ, Part II, Line 24, Other Assets OTHER DEPRECIABLE ASSETS Beginning of year 632

End of year 0

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 0, End of

year 1,269

Form 990-EZ, Part II, Line 26, Liabilities Beginning of year 0, End of year 100

Name of the organization

THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC

Employer identification number

58-1584857