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Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending 31 December 20 15 1 January D Employer identification number Check if applicable C Name of organization Most Worshipful Grand Lodge of Free & Accepted Masons of AK Address change Doing business as Grand Lodge of Alaska 92-0082478 Number and street (or P O box if mail is not delivered to street address) E Telephone number ☐ Name change 907 561-1477 Initial return 518 E 14th Avenue City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ Amended return Anchorage Alaska 99501 Application pending F Name and address of principal officer Jerome P. Wasson H(a) Is this a group return for subordinates? Tyes Ves No H(b) Are all subordinates included? Tyes Ves No 518 E 14th Ave #6, Anchorage, AK 99501 If "No," attach a list (see instructions) √ 501(c) (10)
√ (insert no)
√ 4947(a)(1) or
√ 527 501(c)(3) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ alaskan.masons.org Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1982 M State of legal domicile L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities. Provide day to day services to 19 member lodges and other Grand Lodges Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part Cine 1) 4 8 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . . 6 85 Total unrelated business revenue from Part VIII, column (Cline 12 7a 5149 Net unrelated business taxable income from Form 990-T line 34 7b 0 Current Year OGDEN Contributions and grants (Part VIII, line 1h). 45,775 49,852 Program service revenue (Part VIII, line 2g) O 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 35,852 39,306 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 36,821 34.882 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 118,442 124.040 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14.188 14,279 Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 122,009 99,938 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 99,742 114,217 Revenue less expenses. Subtract line 18 from line 12 19 22.267 9,823 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,144,987 1,296,745 21 Total liabilities (Part X, line 26) 10,226 8,545 22 Net assets or fund balances. Subtract line 21 from line 20 1,134,763 1,288,200 Signature Block Under penalties of perjury, I declare that I have examined this 🗐 n, 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. Cone Sign Here CIRAND TREASURE Ames Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only**

Form **990** (2015)

Yes No

Phone no

Cat. No. 11282Y

Oilli ac	90 (2013)				Page Z
Part		of Program Service			
_	Check if So	hedule O contains a r	esponse or note to any line in this	Part III	<u>/</u>
1	-	ne organization's mission		II. to a selection of Court A	
				Lodges in North and South America as we in as required and promote fraternal relatio	
	wide.	and annated booles. Fi	ovide council, guidance and educant	in as required and promote naternal relation	iis world
	***************************************	***************************************			
2	Did the organizat		ificant program services during the		
	prior Form 990 or			· · · · · · · · · · · · · · · · · · ·	es 🗹 No
_		these new services on			
3	Did the organiza	ition cease conducting	g, or make significant changes in		
		these changes on Sch		· · · · · · · · · · · · · · · · · · ·	es 🗹 No
4				its three largest program services, as m	يرط لمصريحها
•	expenses. Section	in 501(c)(3) and 501(c)(4	4) organizations are required to rec	nort the amount of grants and allocations	easured by s to others
			or each program service reported.	on the amount of grante and anodators	3 10 0111010,
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
		••••••••••••			
			***************************************	*******	
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				•••••••••••••••••••••••••••••••••••••••	
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	***************************************				•••••
				•••	••••
4c	(Code.	_) (Expenses \$	including grants of \$	(Revenue \$)
			·····		••
		***************************************		•	
				·	
4d		ervices (Describe in Sch			
Ac	(Expenses \$	0.00 including g	rants of \$) (Revenu	Je \$)	
4e	Total program ser	rvice expenses 🕨			

Part	IV 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		▼
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? <i>If "Yes," complete Schedule C, Part II</i>	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		√
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		√
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? 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		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		1
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.	ı		-
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		\
	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		✓
	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
	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		1
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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
	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		1
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		✓
			2.2.2	

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		▼
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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	248		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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	28a 28b		1
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	131 Note: All 1 Only 330 mers are required to complete activable O.	38	٧	l

Part	· · · · · · · · · · · · · · · · · · ·			_
	Check if Schedule O contains a response or note to any line in this Part V	• •		<u>. [/]</u>
4.	F		Yes	No
1a				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
0-		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	0 L	,	}
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	├ ─
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	30	,	i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	1	
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	30	*	╁
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			1
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country.	 -a		اٺ
Ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ĺ		
	(FBAR).			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			† <u> </u>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			+
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	1
	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	 ✓
d	If "Yes," indicate the number of Forms 8282 filed during the year]		
θ	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		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		↓ ✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	Ι.
_	sponsoning organization have excess business holdings at any time during the year?	8		! ✓
9	Sponsoring organizations maintaining donor advised funds.	_		١.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ✓
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	Construction in the dead on Form 200 Port VIII for a 40 form 111 Construction			1
11	Section 501(c)(12) organizations. Enter:			1
	Over- weeks from worth on an elevabellow			
b	Gross income from members or snareholders	ł		1
	against amounts due or received from them.)	1	}	ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	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.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O.			Ť
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		1	
C	Enter the amount of reserves on hand	1_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b]	1

Form 99	0 (2015)		F	age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>··</u>	•••	
36011	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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.			
	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		✓
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 7a	Did the organization have members or stockholders?	6	√	
7.0	one or more members of the governing body?	7a	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		_
	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	√	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	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,	10a	V	
_	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 filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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			,
13	Did the organization have a written whistleblower policy?	12c	-	√
14	Did the organization have a written document retention and destruction policy?	14		*
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		Ť
	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		1
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		✓
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
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	orest :	nolic	امحد ر
13	financial statements available to the public during the tax year.	C162[holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
•	Jerome P. Wasson, 518 E 14th Avenue #6, Anchorage, AK 99501		-	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	10
•	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 org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
		(C)								
(A)	(B)	(do n	ot ch		rtion	than c	nne	(D)	(E)	(F)
Name and Title	Average	DON; GINOGO POLOGITIG DOWN IN						Reportable	Reportable	Estimated
	hours per week (list any				_	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흵	Former	the	organizations	compensation
	related organizations	9	턃	ğ	買	loye	ner Per	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	o a	mal		Joy	eom		, , _ , , , , , , , , , , , , , , , , ,		and related
	line)	ste	เกร		8	pens				organizations
			lee l			Highest compensated employee				
40-										
(1) Douglas Teninity	20	1		/						
Grand Master	+	-	-	-			\vdash	0	0	0
(2) Carl Lindstrom Deputy Grand Master	20	l		1						•
(3) John Dieben				•	-	 	_	<u> </u>	0	0
Senior Grand Warden	10	ł		1	1			0	اه	O
(A) Kaith Hamis	10			Ť	╁─		-			
Junior Grand Warden	10	1		1				0	o	0
(5) James Grubbs		-		<u> </u>	-		-	<u>_</u>		
Grand Treasurer	20			1			ĺ		ا	0
(6) Jerome Wasson										
Grand Secretary	20	1		1				l 0	0	0
(7) Thomas Schram										
Office Manager	20				1	1		13,104	0	0
(8)	Ī									
(9)					-					
	-		_		<u> </u>	L	<u> </u>			
(10)		}								
(11)										
(12)				-		-				
	1	<u> </u>	<u>L</u>	<u> </u>	_	<u> </u>	<u> </u>			
(13)		1								
(14)						_				

rm 990 (2015)												,	age 8
Part VII Section A. Officers, Directors, True	stees, Kev E	molo	/ees	. an	ıd H	lighes	t C	ompensated E	mployees (co	ontinue	d)		age U
				(C	;)								
(A)	(B)	(do n	at ch	Posi eck r		than c	ne	(D)	(E)		(I	7)	
Name and title	Average hours per	box,	unles	s per	rson	ıs both	an	Reportable compensation	Reportable compensation f			nated ant of	
	week (list any		_			or/trust	<u> </u>	from	related	ı	oth	ner	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Кеу employев	nplo	Former	the organization	organization (W-2/1099-MI		compe	nsation i the	
	organizations below dotted	ct ual t	tiona	Ì	nplo	/ee	1	(W-2/1099-MISC)			organi and re	zation elated	
	line)	ruste	trug		yee	nper					organi		
		8	stee			Highest compensated employee							
5)						D.				\pm			
6)		<u> </u>	L_								_		
9												_	
7)													
8)		-							-	+		•	
9)	-											_	
0)						:							
21)													
2)	-	-											
201		<u> </u>		_									
3)		1											
4)		-											
5)										_			
1b Sub-total			<u>.</u>					12 104		0			
c Total from continuation sheets to Par	rt VII. Sectio	n A	•		• •		>	13,104 13,104		0			<u>0</u>
d Total (add lines 1b and 1c)	-						>	13,104		0			
2 Total number of individuals (including b reportable compensation from the orga		d to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000	of		
reportable compensation from the orga	THE AUGUST P											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high	est compen	sated	3		1
4 For any individual listed on line 1a, is the							n a	nd other comp	ensation fro	m the		Ì	<u> </u>
organization and related organizations	s greater th	an \$										ļ	
individual	or accrite c		nsat	 tion	 fr∩i	m anv	· ·	related organia		 vidual	4		<u>✓</u>
for services rendered to the organizatio											5		✓
ection B. Independent Contractors	•		J							#400	000 - 1		
 Complete this table for your five highes compensation from the organization. Re year. 												n's ta	x
(A) Name and business ar	ddroes							(B) Description of s	ongoos		(C) ompensa	otion	
ויאטווים מווע טוושאי מווישאי							\vdash		S. 11003		Julydrisa	activit i	
					_								

	Check if Schedule O contains a response 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
1a	Federated campaigns 1a 0				
b	Membership dues 1b 44,231	ļ			
С	Fundraising events 1c 890	į.	-		
d	Related organizations 1d 0				
е	Government grants (contributions) 1e 0		i	i	
f	All other contributions, gifts, grants,		ľ		
ļ	and similar amounts not included above 1f 4,731	,		}	
g	Noncash contributions included in lines 1a-1f \$o	Ì			
h	Total. Add lines 1a–1f	49,852			
2a					
ь					
С					
d					
е					
f	All other program service revenue.				
3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,		··		
"	and other similar amounts)	39,306	39.306		
4	Income from investment of tax-exempt bond proceeds ▶	39,306	39.306		·
5	Royalties	0	0		
	(i) Real (ii) Personal	<u>_</u>			
6a	Gross rents 5,149 0	Ì	-		
ь	Less: rental expenses 0 0	1			
С	Rental income or (loss) 0 0				
d	Net rental income or (loss) ▶	5,149	o	5,149	
7a	Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 0 0				
b	Less cost or other basis	1			
	and sales expenses 0 0				
I .	Gain or (loss)00	Į.	ļ		
d	Net gain or (loss)		0	0	
8a	Gross income from fundraising events (not including \$ 0				
}	of contributions reported on line 1c).	Ĭ			
	See Part IV, line 18 a0		1		
b	Less: direct expenses b0				
	Net income or (loss) from fundraising events	0		0	
ya	Gross income from gaming activities. See Part IV, line 19 a 0		i		
	Less: direct expenses b 0 Net income or (loss) from gaming activities ▶		_	_1	
	Gross sales of inventory, less			0	
	returns and allowances a 7,363	j			
Ь	Less: cost of goods sold b 3,231				
	Net income or (loss) from sales of inventory >	4,132	o	o	
_	Miscellaneous Revenue Business Code	4,132			
11a	Reimbursed Expenses	23,641	o	o	23,64
b	GW Memorial	1,960	0	0	1,96
С					
d	All other revenue				
	Total. Add lines 11a–11d ▶	25,601			
12	Total revenue. See instructions ▶	124.040	_39,306	5,149	25.60

Form 990 (2015) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Ø (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . 0 Compensation of current officers, directors, trustees, and key employees 13,104 0 13,104 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 Other employee benefits . . . 9 0 0 0 0 Payroll taxes 10 1,175 0 1,175 Fees for services (non-employees): 11 Management 0 Legal b 885 0 885 0 Accounting 9,000 0 9,000 0 Lobbying 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees 14,530 14,530 0 Other (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . O n Advertising and promotion 12 0 0 0 0 13 Office expenses 4,037 4,037 0 0 14 Information technology 1,452 1,452 0 0 15 Royalties 0 0 0 0 16 Occupancy 5,400 0 5,400 0 17 Travel . . 22,320 22,320 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 27,519 27,519 0 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 802 0 802 0 23 7,028 0 7,028 0 Other expenses Itemize expenses not covered 24 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.) Equipment rental & repair а n 0 0 Regalia 445 445 0 0 GeorgeWashington Memorial 1,960 1,960 0 0 Dues Subscriptions, Discretionary Expenses 4,512 4,512 0 0 All other expenses Bank Fees
Total functional expenses. Add lines 1 through 24e 48 48 0 0 25 114,217 76,823 37,394 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)

0

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 11,825 30,366 2 Savings and temporary cash investments 2 0 0 3 <u>19,87</u>0 3 20,786 4 398 931 5 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 disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 Assets Notes and loans receivable, net 7 0 0 15,053 8 10,375 Prepaid expenses and deferred charges . . 0 9 0 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 31,545 Less accumulated depreciation 10b h 12,771 10c 19,575 11,970 11 Investments—publicly traded securities 1,084.529 11 1,222,850 12 Investments-other securities. See Part IV, line 11 . 0 12 0 13 Investments-program-related. See Part IV, line 11. 0 13 0 0 14 14 Intangible assets 0 15 0 15 Other assets. See Part IV, line 11 0 1,144,989 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,296,745 17 Accounts payable and accrued expenses 1,764 17 8,545 18 0 18 0 19 Deferred revenue 8.462 19 0 20 0 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 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 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 n 0 26 Total liabilities. Add lines 17 through 25 10,226 26 8,545 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 1,134,763 1,288.200 0 28 0 29 0 29 0 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 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 0 0 Total net assets or fund balances 33 1,134,763 33 1,288,200 Total liabilities and net assets/fund balances . . 34 1,144,989 1,296,745 Form **990** (2015)

orm 99	90 (2015)		Pε	ıge 12		
Pari	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		12	24,131		
2	Total expenses (must equal Part IX, column (A), line 25)		11	4,217		
3	Revenue less expenses. Subtract line 2 from line 1	9,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,13	4,763		
5	Net unrealized gains (losses) on investments		14	3,523		
6	Donated services and use of facilities			0		
7	Investment expenses			0		
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))		1,28	8,200		
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>			
			Yes	No		
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
_				_		
2a		2a		<u> </u>		
	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					
Þ	Were the organization's financial statements audited by an independent accountant?	2b		✓		
	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			i		
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	اما				
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c	-	<u> </u>		
	Schedule O.					
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
32	the Single Audit Act and OMB Circular A-133?	ا م		,		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		-		
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	,			
	required about of abouts, explain why in conteodic o and describe any steps taken to undergo such abouts.		_ 00 0	(2015)		
		rorr	コラフ	(2015)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name o	f the or	ganization		Emplo	yer identific	ation number
Most V	Vorshij	oful Grand Lodge of Free & Accepted Masons of	Alaska		92	2-0082478
Par		Organizations Maintaining Donor Adv	ised Funds or Other Similar F	unds or	Accoun	its.
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line	6.		
			(a) Donor advised funds		(b) Funds	and other accounts
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year)				
3		egate value of grants from (during year) .				
4		egate value at end of year				
5	Did t	he organization inform all donors and donor	advisors in writing that the asset	s held in	donor ac	lvised
	funds	are the organization's property, subject to the	e organization's exclusive legal coi	ntrol?.		· □ Yes □ No
6	Did tl	ne organization inform all grantees, donors, a	and donor advisors in writing that o	rant fund	ls can be	used
		for charitable purposes and not for the bene				
	confe	rring impermissible private benefit?				Yes No
Par	t II	Conservation Easements.				
		Complete if the organization answered	'Yes" on Form 990, Part IV, line	7.		
1	Purpo	ose(s) of conservation easements held by the				
		reservation of land for public use (e.g., recrea	_ ,,,,,	of a hist	orically in	nportant land area
		rotection of natural habitat	·		-	oric structure
	⊟Р	reservation of open space	_			
2	Com	olete lines 2a through 2d if the organization hi	eld a qualified conservation contrib	ution in th	ne form of	a conservation
	ease	ment on the last day of the tax year.			Hel	d at the End of the Tax Year
а	Total	number of conservation easements			2a	
b	Total	acreage restricted by conservation easement	s		2b	
С		per of conservation easements on a certified l			2c	
d	Numl	per of conservation easements included in	(c) acquired after 8/17/06, and n	ot on a	ļ	
		ric structure listed in the National Register .			2d	
3	Numl	per of conservation easements modified, trans	sferred, released, extinguished, or	erminate	d by the	organization during the
	tax y	ear 🕨				
4	Numl	per of states where property subject to conse	rvation easement is located >			
5		the organization have a written policy re-				
	violat	ions, and enforcement of the conservation ea	sements it holds?			· · 🔲 Yes 🗌 No
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforci	ng conser	vation ease	ements during the year
	▶					
7	Amou	int of expenses incurred in monitoring, inspectir	g, handling of violations, and enforci	ng consei	vation eas	sements during the year
	▶\$					
8		each conservation easement reported on line		of section	on 170(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?				Yes 🗌 No
9	In Pa	rt XIII, describe how the organization reports	conservation easements in its revei	nue and e	xpense s	tatement, and
		ce sheet, and include, if applicable, the text of		financial	statemer	nts that describes the
		ization's accounting for conservation easeme			_	
Part		Organizations Maintaining Collection	s of Art, Historical Treasures,	or Othe	r Simila	r Assets.
		Complete if the organization answered	"Yes" on Form 990, Part IV, line	8.		
1a		organization elected, as permitted under SF				
		s of art, historical treasures, or other similar				
		c service, provide, in Part XIII, the text of the f				
b		organization elected, as permitted under S				
		s of art, historical treasures, or other similar		education	on, or res	earch in furtherance of
	•	c service, provide the following amounts relat	_			
	(i) R	evenue included on Form 990, Part VIII, line 1			▶	\$
_	(ii) As	ssets included in Form 990, Part X			▶	\$
2	If the	organization received or held works of art	historical treasures, or other sim	ilar asset	ts for fina	ancial gain, provide the
		ving amounts required to be reported under S				
а		nue included on Form 990, Part VIII, line 1 .				\$
b	Asse	ts included in Form 990, Part X			🕨	\$

د راد د داد	ly D. Co. Company									•	_ 6
_	le D (Form 990) 2015	Calla	-4:	A-A 11:		F		han Circila			Page 2
Part 3	Using the organizations Maintaining Using the organization's acquisition, collection items (check all that apply):	access									
a b c 4	☐ Public exhibition ☐ Scholarly research ☐ Preservation for future generations Provide a description of the organizat		collections a	е	☐ Othe						
5	XIII. During the year, did the organization assets to be sold to raise funds rather	solicit	or receive	donation	s of art,	historical to	reasure	s, or other sir	nılar	_	. III I an
Part			_								<u></u>
	Complete if the organization 990, Part X, line 21.	answ	ered "Yes"					•		unt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII	and comple	te the fo	llowing ta	able.					
							<u> </u>	<u> </u>	Amo	ount	
C	Beginning balance						10				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<u>1f</u>		142		
	Did the organization include an amount ff "Yes," explain the arrangement in Page 1997.								•		
Par		art Am.	. Oneck nere	5 11 tile 6/	кріанацо	ii iias beeii	provide	SU UN FAIL AIII		· ·	<u>.</u>
	Complete if the organization	answ	ered "Yes"	on For	m 990. F	Part IV. line	e 10.				
		,	urrent year		or year	(c) Two year		(d) Three years b	ack	(e) Four yea	ars back
1a	Beginning of year balance										
ь	Contributions										
С	Net investment earnings, gains, and losses										
d e	Grants or scholarships Other expenditures for facilities and programs									. ,	
f	Administrative expenses					 			\dashv		
g	End of year balance				-				- 		
2	Provide the estimated percentage of t	the cur	rent vear en	d balanc	e (line 1a	ı. column (a	a)) held a	as.			
а	Board designated or quasi-endowmer		,	%	- (,,	,,				
ь	Permanent endowment >			· -							
C	Temporarily restricted endowment ▶		<u></u> %								
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the	2c sho	uld equal 10		zation tha	at are held	and ad	ministered for	r the		
	organization by: (i) unrelated organizations									3a(i)	s No
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	-		•						3b	
4	Describe in Part XIII the intended uses			n's endo	wment f	unds.					
Part				. –							
	Complete if the organization	answ							90, P		
4-	Description of property		(a) Cost or other (investment)			or other basis other)		Accumulated epreciation	<u> </u>	(d) Book va	alue
	Land	. -				-			-	-	
IJ	Buildings	. 1			ı		1		i .		

31,545

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).

Other . .

11,970

19,575

, ▶

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
		on Form s				
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation. Cost or end-of-year market value		
(1) Financial	denvatives	· · ·				
	neld equity interests	· · ·				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
	hi must aqual Form 000. Part V. col. (D) line 12.)					
Part VIII	b) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related.					
r art viii	Complete if the organization answered "Yes"	on Form 9	990 Part IV line	e 11c See Form 990 Part X line 13		
	(a) Description of investment		(b) Book value (c) Method of valuation			
	(4)	į	(4, 20011 1402	Cost or end-of-year market value		
(1)						
(2)						
(3)		.				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.	on Come (200 Dart IV Iva	a 11d Con Farm 000 Dest V line 15		
	Complete if the organization answered "Yes" (a) Description	on Form	990, Part IV, III	(b) Book value		
(4)	(a) Description			(b) Book value		
(1)						
(3)				····		
(4)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col. (B) line 15.,)		>		
Part X	Other Liabilities.					
	Complete if the organization answered "Yes"	on Form 9	990, Part IV, line	e 11e or 11f. See Form 990, Part X,		
	line 25.					
1.		ok value	_			
(1) Federal in	ncome taxes		_			
(2)	······································		4			
(3)	·		_			
(4)			-			
(5)						
(7)						
(8)			\dashv			
(9)		-	\dashv			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶					
	r uncertain tax positions. In Part XIII, provide the text of t	the footnote	to the organization	n's financial statements that reports the		
organization'	s liability for uncertain tax positions under FIN 48 (ASC 7	740). Check I	nere if the text of the	he footnote has been provided in Part XIII		

	le D (Form 990) 2015		Pag
Part	XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
ç	Recoveries of prior year grants		
d e	Other (Describe in Part XIII.)	₂₀	
3	Add lines 2a through 2d	2e	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
_	XII Reconciliation of Expenses per Audited Financial Statements With Exper		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ioco poi riotariii	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
	XIII Supplemental Information.		
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 11		4, Part X, I
Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.	
	······································		

Schedule D (Form 990) 2015 Page 5				
Part XIII	Supplemental Information	(continued)		
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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

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.

Open to Public Inspection

Employer identification number

Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska	92-0082478
Part III (1) To provide day to day services to 19 Member Lodges and other Grand Lodges in North and S	South America as well as
Individual masons and affiliated bodies. Provide council, guidance and eduction as required and pron	note paternal relations world wide.
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 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 6 All the Members of the MW Grand Lodge of Free & Accepted Masons of Alaska are members	of this organization
Part VI 7 Board Members are elected by the members of the Grand Lodge	
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 te Alaska Masonic C	
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