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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

22 Cash, savings, and investments	154,337	22	164,373
23 Land and buildings	86,300	23	86,300
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	240,637	25	250,673
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	240,637	27	250,673

(A) Beginning of year	(B) End of year	
154,337	22	164,373
86,300	23	86,300
0	24	0
240,637	25	250,673
0	26	0
240,637	27	250,673

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?

Not for profit fraternal organization provides charity throughout the Jurisdiction of Kentucky

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

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here **28a****29**

(Grants \$)

If this amount includes foreign grants, check here **29a****30**

(Grants \$)

If this amount includes foreign grants, check here **30a****31 Other program services** (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32**

8,800

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
SIMEON PULLUM GRAND SECRETARY	15	4,200	0	0
PINK GARNER CCFC	10	0	0	0
ANTHONY D HARRIS RIGHT WORSHIPFUL GRAND TREASURER	15	4,200	0	0
DWIGHT BARNETT MOST WORSHIPFUL GRAND MASTER	25	6,600	0	0
JONATHON A BRYANT DEPUTY GRAND MASTER	10	0	0	0
ROBERT C NEWTON RIGHT WORSHIPFUL SENIOR GRAND WARDEN	10	0	0	0
JOHNNY WARE RIGHT WORSHIPFUL JUNIOR GRAND WARDEN	10	0	0	0

		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	46		No

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

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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

Sign Here	Signature of officer		2016-11-15	Date
	robert newton Senior Grand Warden Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►		Firm's EIN ►	
	Firm's address ►		Phone no	

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

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 61-0621169
Name: MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE
AND ACCEPTED MASONS OF

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>NOT FOR PROFIT FRATERNAL ORGANIZATIONS PROVIDES CHARITY (1) DEATH BENEFITS FOR DECEASED MEMBERS (21) AT \$300 00 FOR THE SUM OF 6300 00 THE ORGANIZATION 28 CONTRIBUTIONS TO FAMALIES IN THE COMMUNITY FOR BACK TO SCHOOL 1000 00 (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a 7,300

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>
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29 Provided Pythagoras youth organization with Monies \$1500 00 for their annual convention
(Grants \$ 1,500) If this amount includes foreign grants, check here . . . ►

29a 1,500

TY 2015 Reasonable Cause Explanation

Name: MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND
ACCEPTED MASONS OF

EIN: 61-0621169

Software ID: 15000352

Software Version: v1.00

Explanation: NA

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.

- ▶ 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.

2015**Open to Public
Inspection**Name of the organization
MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED MASONS OF**Employer identification number**

61-0621169

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8	Grand Lodge Annual Communications and rentals
Form 990-EZ, Part I, Line 10	Donation to youth group(Knights of Pythagoras)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Meeting Meals, Grand Lodge Supplies, Travel, Gifts, Conference Fees, Roof Loan,