Extended to November 15, 2018

Return of Organization Exempt From Income Tax 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑF	or the	2017 calendar year, or tax year beginning and	ending						
Вс	heck if pplicable	C Name of organization ANCIENT FREE & ACCEPTED MASONS OF		D Employer identifie	cation number				
	Address change	EMPORIA							
\vdash	Name change initial	Doing business as			080429				
<u> </u>	return _Final	,	Room/suit	i – •					
	√return/ termin-	PO BOX 179		620-342-3913					
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	317,366.				
\vdash	_return ∏Applica-	EMPORIA, RS 00001-0179		H(a) Is this a group re					
	_tion pending	F Name and address of principal officer RODERT 1. 141110014		for subordinates					
		1241 ROAD 120, EMPORIA, KS 66801 mpt status.	0.	H(b) Are all subordinates in					
			01 32	H(c) Group exemptio	list (see instructions)				
		e: ► N/A organization: X Corporation Trust Association Other ►	N Vas		State of legal domicile: KS				
		Summary		i oriornianon. TOOTIN	n State of legal domicile, ICS				
		riefly describe the organization's mission or most significant activities TO F	URTHE	R THE TEACHI	NGS OF				
Activities & Governance	l	ASONRY AND TO PROMOTE BROTHERHOOD AND F			· · · · · · · · · · · · · · · · · · ·				
na.	-	Check this box if the organization discontinued its operations or dispose							
Š	_	lumber of voting members of the governing body (Part VI, line 1a)		3	3				
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	3				
οğ		otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	4				
iţie	1	otal number of volunteers (estimate if necessary)		6	15				
ફ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
⋖	t	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
Revenue	8 (Contributions and grants (Part VIII, line 1h)		37,639.	39,208.				
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		64,437.	18,554.				
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		119,917.	203,652.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,993.	261,414.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		44,121.	36,772.				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,875.	5,222.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 1 e) RECEIVE	ח	0.	0.				
xpe	b 7	otal fundraising expenses (Part IX, column (D), line 25)	_0. H	*****					
Ш	17 (Other expenses (Part IX, column (A), lines 11a·11d, 11f·2	S	59,676.	58,603.				
	18 1	Fotal expenses. Add lines 13·17 (must equal Part IX, column (A), And (2:51) 6 201	8 9	113,672.	100,597.				
	19 F	Revenue less expenses Subtract line 18 from line 12	- 18	108,321.	160,817.				
t Assets or		L OGDEN, L	it I	Beginning of Current Year	End of Year				
Set	20 1	Total assets (Part X, line 16)		1,816,332.	1,976,850.				
A A	21 7	Total liabilities (Part X, line 26)	_	559.	260.				
- Net		Net assets or fund balances. Subtract line 21 from line 20		1,815,773.	1,976,590.				
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar		·				
		Signature of officer	-	Date 7/2/20	18				
Sig	ın	•		Date					
He	re	ROBERT F NELSON, TREASURER Type or print name and title							
_				Date Check	PTIN				
p-'	, [Print/Type preparer's name Preparer's signature	20	07/02/18 setf-employ	 -				
Pai	- 1	Timothy Wright, CPA Croup PA	at_	Firm's EIN	P00237157 48-0941858				
	parer	Firm's name Wright CPA Group PA Firm's address 505 Commercial	-	FILLIT S EIN	±0-0341030				
USE	Only	Firm's address 505 Commercial Emporia, KS 66801		Dhone no / C	20)342-7435				
h.4	u tha IC	RS discuss this return with the preparer shown above? (see instructions)		Tritule IIU. (O	X Yes No				
			ons		Form 990 (2017)				
732	001 11-28	5-17 Ling For Faper work requestion Act Notice, See the Separate INSURES	J113.		. 01111 000 (2011)				

23-7080429 **EMPORIA** Form 990 (2017) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO FURTHER THE TEACHINGS OF MASONRY AND TO PROMOTE BROTHERHOOD AND FELLOWSHIP AMONG MEMBERS OF THE FRATERNITY Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$ including grants of \$) (Revenue \$ FURTHERED THE TEACHINGS OF MASONRY AND PROMOTED THE BROTHERHOOD AND FELLOWSHIP AMONG MEMBERS OF THE FRATERNITY (Code) (Expenses \$ including grants of \$) (Expenses \$ _____ including grants of \$ ______) (Revenue \$ 4d Other program services (Describe in Schedule O))_(Revenue \$ including grants of \$ Total program service expenses 4e

Form 990 (2017)

Form 990 (2017) EMPORIA
Part IV Checklist of Required Schedules

23-7080429 Page 3

			\/_	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	r	Yes	No
1		1		Х
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
,	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	:	ı
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		4.
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		43
٥	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ŭ	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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		}		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14-		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, fundraising, business,	14a		X
b	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		Х
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ <u>.~</u>		- -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
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		Х
			990	

-1 -1 -

23-7080429 Page 4

Form 990 (2017) EMPORIA

| Part IV | Checklist of Required Schedules (continued)

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
	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			
٠.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	Х
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	х	ĺ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Ì
	Schedule K If "No", go to line 25a	24a	Ì	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c]	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ļ —
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		Į.	
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			[
	complete Schedule L, Part II	26		x
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)	X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	}	}	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	ł
	If "Yes," complete Schedule N, Part I	31		X
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	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}	}	1
	Part V, line 1	34_	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
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_	ļ	<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Earm	uuri.	(2017)

23-7080429

Page 5

EMPORIA
Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2017) **Part V** Sta

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W 2G included in line 1a Enter ·0· if not applicable 1b 0	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ		
	filed for the calendar year ending with or within the year covered by this return 2a 4	}		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	}		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_ }	.	•
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c_		
va	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 52		_ _
	were not tax deductible?	6b	:	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the válue of the goods or services provided?	7b		Ĺ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required]		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e		7e		
f	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		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ "		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8	.	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	ł	,	
p	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter	ĺ	, }	
_	Gross income from members or shareholders	j	,)	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	1	,	
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b	12a		 -
13	If "Yes," enter the amount of tax exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	ì	1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	l		
	organization is licensed to issue qualified health plans	l		
С				
14a	3	14a]	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ليي	
		Form	990	(2017)

EMPORIA Form 990 (2017)

1, i

23-7080429 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	10 ma 22, 62, 62, 622			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year	,[Yes	No
1a	Effect the flamber of voting members of the governing socy at the size of the law year	2	l	
	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 3	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			٠,,
	officer, director, trustee, or key employee?	2_		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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		Х
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
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?			1
а	The organization's CEO, Executive Director, or top management official	15a		х
b		15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		40-		v
	taxable entity during the year?	16a		X
D	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 organization's			
<u>~</u>	exempt status with respect to such arrangements?	16b		<u> </u>
	etion 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 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fınan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT F NELSON - 620-342-3913			
	424 MERCHANT ST. EMPORIA, KS 66801			

Form 990 (2017)						23-7080429	Page 7
Part VII Cor	npensation of Officers	Directors, Tr	rustees, K	ey Employees,	Highest Compe	ensated	
Em	art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Employees, and Independent Contractors						

Check if Schedule O contains a response or note to any line in this Part VII

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.

1) BRIAN MCCRACKEN	(list any hours for related organizations	r director]			or/trus	h an tee)	compensation from	(E) Reportable compensation from related	Estimated amount of other
· - • · · · · · · · · · · · · · · · · ·	below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ORMER MASTER	5.00		İ	{						
		<u> </u>	<u> </u>	X		<u> </u>		0.	0.	0
2) JOHNATHAN NOBLE	5.00	ļ	ļ		l					l
WORSHIPFUL MASTER		lacksquare		X		<u>L</u>		0.	0.	0
3) BLAINE WARKENTINE	5.00]	ŀ							1
SENIOR WARDEN		<u> </u>	 	X		<u> </u>		0.	0.	0
(4) CHARLES RAYL	5.00]		1						1
JUNIOR WARDEN		<u> </u>	_	X		Ц.		0.	0.	0
(5) ROBERT F. NELSON	5.00		ľ							
TREASURER		_	ļ .	X	_	_		1,000.	0.	0
(6) DAVID W. HENDRICKS	12.00			Ì						
SECRETARY		<u> </u>	<u> </u>	X		<u> </u>		2,400.	0.	0 .
				1						
							i			
									·····	
		-								
		-	-	┢		 				
		1_	ļ	ļ		<u> </u>	L.			<u></u>
		$\frac{1}{2}$								
		 	 	<u> </u>	-					
		-	-	┼	├	\vdash	_	 		
		1_	<u> </u>	<u> </u>		_	_			<u> </u>
		-								
		 			Γ	\top				

Part VII	Section A. Officers, Directors, Trus (A) Name and title	(B) Average			(C Pos	C) ition	1		compensated Employe (D) Reportable	es (continued) (E) Reportable		———	(F)	 d
	Traine and the	hours per week (list any hours for related organizations below line)	box	, unte	ss pe	rson Irecto	Highest compensated highest compensated employee	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	ount on other pensation the anization relate nization	of cion e on ed
											7			
											\exists			
1b Sub-1		U. Castion A			I	1	1	>	3,400.		0.			0
d Total	from continuation sheets to Part V (add lines 1b and 1c)							<u> </u>	3,400.	(5.			0
	number of individuals (including but i ensation from the organization	not limited to tr	nose	liste	ed a	DOV	e) wi	no re	eceived more than \$100	,uuu of reportable			<u>v</u>	(
	e organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	Γ		Yes	No
4 For a	a? If "Yes," complete Schedule J for any individual listed on line 1a, is the s	um of reportab	le c	-						the organization	-	3		X
	elated organizations greater than \$15 ny person listed on line 1a receive or			-						idual for services		4		X
	red to the organization? If "Yes," con Independent Contractors	nplete Schedui	e J	for s	uch	pers	son					5		X
	olete this table for your five highest congarization. Report compensation for	•								•	ensa	ition fi	rom	
	(A) Name and business	s address	N	INC	E				(B) Description of s	services	Сс	(C omper) nsation	1
	Age -													
							-							
	number of independent contractors	· -	ot li	mıte	d to		_	stec	d above) who received n	nore than				
\$100	000 of compensation from the organ	ization				١	0	-				Form 9	190 (2	017

Form 990 (2017) EMPORIA
Part VIII Statement of Revenue

1. 1. 1. 1. N.

732009 11-28-17

		Check if Schedule O cont	tains a response o	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Fundraising events	1a 1b	14,304. 3,210.				
T A		Related organizations	10	3,2100				
0,iii		Government grants (contribut						
Sign		All other contributions, gifts, gran						
tribut		similar amounts not included abo	ove 1f	21,694.				i
Son	_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1r \$		39,208.			
<u> </u>		Total, Add lines 74 11	-	Business Code	03/2000			
e l	2 a							
اه کے	b							
Se	C							
Program Service Revenue	d							
	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>				
ĺ	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	50,839.			50,839.
j	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		•				
			(ı) Real	(ıı) Personal				
- 1	6 a	Gross rents	16,150.					
	b	Less rental expenses	0.					
	С	Rental income or (loss)	16,150.					
	d	Net rental income or (loss)		•	16,150.			16,150.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	23,667.					
	b	Less cost or other basis						
		and sales expenses	55,952.					
		Gain or (loss)	<32,285.	<u> </u>	20 005			22 225
		Net gain or (loss)		D	<32,285.	<u> </u>		<32,285.
enne	8 a	Gross income from fundraisir including \$,
Other Rever		contributions reported on line	e 1c) See					
er		Part IV, line 18	а	0.				
ğ		Less direct expenses	b	0.	0			
		Net income or (loss) from fun	_	>	0.			
	9 a	Gross income from gaming a		}		}		
		Part IV, line 19	a .					
		Less, direct expenses	b					
		Net income or (loss) from gar	-					
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b					
	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code	105 026			105 006
	l	UNREALIZED GAIL		523000	185,926.		_	185,926.
	b	MISCELLANEOUS :	TINCOME	523000	1,576.			1,576.
	C	All other revenue						
	a	All other revenue Total. Add lines 11a-11d			187,502.			
	12	Total revenue See instructions.			261,414.	0.	0.	222,206.
_					,			

Form **990** (2017)

Form 990 (2017)

Form 990 (2017) EMPORIA
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons	(A)	nis Pan IX (B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations	15 550]	
	and domestic governments. See Part IV, line 21	15,772.			
	Grants and other assistance to domestic	01 000			
	individuals See Part IV, line 22	21,000.			
	Grants and other assistance to foreign	į			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	2 400			
	trustees, and key employees	3,400.		-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 200			
7	Other salaries and wages	1,392.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	420	<u></u>	 	
10	Payroll taxes	430.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	640			
	Accounting	640.			
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10,929.			
f	Investment management fees	10,323.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	832.			
13	Office expenses	032.			
14	Information technology				
15	Royalties	26,625.			
16	Occupancy	20,025.			-
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	2,007.			
19 20	Interest	2,007.			
21	Payments to affiliates	5,284.		<u> </u>	
22	Depreciation, depletion, and amortization	7			
23	Insurance	5,395.	_=		
24	Other expenses Itemize expenses not covered				
2.7	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 0.)				
а	PROGRAM EXPENSES	5,607.			
b	POSTAGE	669.			
c	SUPPLIES	402.			
d	BANK CHARGES	138.			
	All other expenses	75.			
25	Total functional expenses Add lines 1 through 24e	100,597.			
26	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)				

 $\mathcal{I} = \{i, k \in \mathcal{K}\}$

23-7080429 Page 11

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,293.	1	18,201.
	2	Savings and temporary cash investments	135,877.	2	121,318.
	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
}		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	i	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 85,910			05 010
	b	Less accumulated depreciation 10b	85,910.		85,910. 1,751,421.
	11	Investments · publicly traded securities	1,582,252.	11	1,751,421.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,816,332.	15	1 076 050
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	1,010,334.	16	1,976,850.
	17	Accounts payable and accrued expenses		17 18	
	18	Grants payable Deferred revenue		19	
	19	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ro.	22	Loans and other payables to current and former officers, directors, trustees,		-21	
Liabilities		key employees, highest compensated employees, and disqualified persons			
ą	1	Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			-
		Schedule D	559.	25	260.
	26	Total liabilities. Add lines 17 through 25	559.	26	260.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,815,773.	27	1,976,590.
3ala	28	Temporarily restricted net assets		28	
g E	29	Permanently restricted net assets		29	
Ē	}	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	<u> </u>
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,815,773.		1,976,590.
	34	Total liabilities and net assets/fund balances	1,816,332.	34	1,976,850. Form 990 (2017)

orm	990 (2017) EMPORIA	<u> </u>	00429	Pag	e 14
	t 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)	1	261	.,41	<u>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	100	59	<u>₹7.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	160),81	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,815	77	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,976	5,59	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
			'	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		İ	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		İ	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Inspection

ANCIENT FREE & ACCEPTED MASONS OF Employer identification number Name of the organization 23-7080429 **EMPORIA** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	dule D (Form 990) 2017 EMPORIA									Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Other	Simil	ar Asse	ts (contint	ле <u>d)</u>
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sig	nıfıcant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	յ 🗀 և	oan or exc	hange progra	ms				
b	Scholarly research	6	. 🔲	Other			_			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla-	in how th	ey further t	the organization	n's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit o									
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Yes" on F	orm 990), Part IV.	line 9. or	
L:	reported an amount on Form 990, Par	-		Ŭ				. ,	, -	
12	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	ns or other as	sets not in	cluded	·		
ia	on Form 990, Part X?		u.u.,					_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing t	ahle				·	_ 103	110
b	Tes, explain the arrangement in rait Am	and complete the re	Jilovinig (abic			- T		Amount	
_	Beginning balance						10		Amount	
C	Additions during the year						1c			
d							1d			
e	Distributions during the year						1e			
f	Ending balance	000 Fast V /	. 04				<u> 1f </u>		7,,	
	Did the organization include an amount on Fo						y 7	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII			_						
Fai	t V Endowment Funds. Complete		T					11		
		(a) Current year	(b) P	rior year	(c) Two year	s back (c	i) inree y	ears back	(e) Four	years back
1a	Beginning of year balance		 		 					
b	Contributions									
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships		 		-					
е	Other expenditures for facilities									
	and programs		 		 					
f	Administrative expenses	 			<u> </u>					
9	End of year balance	L								
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
þ	Permanent endowment	%								
¢	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	it are held a	and administe	red for the	organi	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(II) related organizations								3a(II)	
ь	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?	>				3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment f	unds						
Pa	rt VI Land, Buildings, and Equipm	nent.			-					
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a :	See Form 990	, Part X, lı	ne 10			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Acc	umulate	ed	(d) Book	value
	, , ,	basis (invest		basis	(other)	depr	eciation		(-,	
12	Land	85	910.						85	,910.
b	Buildings									<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
-	Leasehold improvements									
ر ر	Equipment									
	Other									
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990 Par	t X colun	on (B) line	10c.)				ΩF	910.
<u> </u>		ui	,	1-11 11110	·					<u> </u>

Schedule D (Form 990) 2017

ANCIENT FREE & ACCEPTED MASONS OF 23-7080429 Page 3 **EMPORIA** Schedule D (Form 990) 2017 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 (c) Method of valuation Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total (Col (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes FICA TAXES PAYABLE 260 (2)_ (3)(4)(5)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2 60.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(6) (7) (8) (9)

Sche	dule D (Form 990) 2017 EMPORIA		23-7080429 Pag	ae 4
Par		ial Statements With Revenue p		
L	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial stateme		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	
е 3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
_	Other (Describe in Part XIII)	4b		
b	Add lines 4a and 4b		4c	
C E	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12)	5	
Pai	rt XII Reconciliation of Expenses per Audited Finance			
1 4	Complete if the organization answered "Yes" on Form 990, Pa		por motarm	
		artiv, mio 12a		—
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 Donated services and use of facilities	20		
a		2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
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	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	- 	
_ C	Add lines 4a and 4b	1.4	4c	
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	I, line 18)	5	
		1- and 4 Part IV lines 1b and 0b Part V	line 4 Dest V line 0 Dest VI	
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p		, line 4, Part X, line 2, Part XI,	
mes	20 and 40, and Part XII, lines 20 and 40 Also complete this part to p	Tovide any additional information		
			· · · · · · · · · · · · · · · · · · ·	
				
_				
			 	
			· ····	
			_	

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

ACCEPTED MASONS OF

ANCIENT FREE &

Name of the organization

Department of the Treasury Internal Revenue Service Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

General Information on Grants and Assistance

Part

EMPORIA

criteria used to award the grants or assistance?

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number

23-7080429

► Go to www.irs.gov/Form990 for the latest information.

ŝ

 $\bar{\mathbb{R}}$ Yes

(h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) (b) EIN 1 (a) Name and address of organization or government Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

r	
OF	
MASONS	
ACCEPTED	
B	
FREE	
ANCIENT	

23-7080429 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed EMPORIA Schedule I (Form 990) (2017)

Part III | Grants and Other

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	c	_	c		
SCHOLARSHIPS	67	.000,12	•		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	

Schedule I (Form 990) (2017)

732102 11-01-17

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.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ANCIENT FREE & ACCEPTED MASONS OF **EMPORIA**

Employer identification number 23-7080429

Form 990, Part I, Line 1, Description of Organization Mission:
THE FRATERNITY
Form 990, Part VI, Section A, line 6:
THE ORGANIZATION HAS MEMBERS. MEMBERS OF THE ORGANIZATION ELECT THE
GOVERNING BODY. MEMBERS APPROVE SIGNIFICANT ISSUES.
Form 990, Part VI, Section A, line 7a:
THE ORGANIZATION HAS MEMBERS. MEMBERS OF THE ORGANIZATION ELECT THE
GOVERNING BODY. MEMBERS APPROVE SIGNIFICANT ISSUES.
Form 990, Part VI, Section A, line 7b:
THE ORGANIZATION HAS MEMBERS. MEMBERS OF THE ORGANIZATION ELECT THE
GOVERNING BODY. MEMBERS APPROVE SIGNIFICANT ISSUES.
Form 990, Part VI, Section B, line 11b:
THE FORM 990, AS PREPARED BY THE CPA, IS REVIEWED BY THE TREASURER AND MADE
AVAILABLE TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING THE RETURN.
Form 990, Part VI, Section C, Line 18:
DOCUMENTS ARE NOT MADE PUBLIC.
Form 990, Part VI, Section C, Line 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE PUBLIC.