

Eo.	, <b>9</b> 9	30	Return of Org	ganization Ex	empt Fr	om In	come Ta	ax	OMB No 1545-0047
ron			Under section 501(c), 527, or	<del>-</del> -	5 3 4 5 B	1774.	• '		2017
		•		al security numbers o					Open to Public
Dep: Inter	artment o	of the Treasury nue Service		gov/Form990 for instr					Inspection
A	For the	2017 calen	dar year, or tax year beginning			and endir		cember	, 20 17
В	Check if	applicable C	Name of organization Alaska Ma	sonic Foundation for	Children	3		D Employer	identification number
	Address	change	Doing business as						26-3586169
	Name c	hange 🤔	Number and street (or P O box if it	nail is not delivered to stre	et address)	* Room/su	ııte - +	E Telephone	number " -
닏.	Initial re	-	18 E 14th Ave #6		<del></del>		#6 '	, <u> </u>	07 561-1477
님		ım/terminated	City or town, state or province, cou				· Mr .	40 31	ie a i
7	,	- 1	Anchorage, Alaska 99501	<u> </u>				<b>G</b> Gross rec	
ш	Applicat	tion pending F	Name and address of principal office	er	•		1.0		bordinates? Yes No ncluded? Yes No
	Tay-eye	mpt status	✓ 501(c)(3)	( ) ◀ (insert nó)	7.4947(a)(1) or	<u>√</u> 527/			st (see instructions)
<u>.</u>			a-masons.org				H(c) Groun	exemption n	ùmber.▶
			Corporation Trust Associ	ation ☐ Other ► ~ *	LYe	ear of forma		-T	f legal domicile AK
P		:`Summa			, <b>\</b>	٠	1_(	-	
	136		cribe the organization's miss	sion or most signific	ant activities	To pro	vide scholar	ships for st	udents in Visual 🧏
nce L		Arts and M	usic .						' 
Activities & Governance			h <b>h</b>	,			متيت داره .		<del></del>
8	3		s box.▶☐ if the organization f voting members of the gove					1 52%) OI II	s net assets.
<u>ග</u> න	4		f independent voting membe					- (3) ·	
98	5		ber of individuals employed i					<u> </u>	
Ĕ	6		ber of volunteers (estimate if		Jol.		1.8.5018	<u>हिं।</u>	
Act	7a		lated business revenue from		), line 1210	JOF		7ā	<u> </u>
	b	Net unrela	ted business taxable income	from Form 990-T, I	ine 34			17 7b	
	1		-		.	OG	DE Prior V	ear	Current Year
9	8		ons and grants (Part VIII, line		· · · · · L			1,000	1,00
Revenue	9		ervice revenue (Part VIII, line			• • •		0	
æ	10 11		t income (Part VIII, column (A enue (Part VIII, column (A), lin				' u Sm'	-,-,-	1,64
	12		nue—add lines 8 through 11 (				<del></del>	0 3,214	. ' 264
	13		d similar amounts paid (Part			1110 12)		3,214	2,64
	14	Benefits pa	aid to or for members (Part I	X, column (A), line 4	)			- 0	*
S	15	Salaries, of	ther compensation, employee	benefits (Part IX, colu	umn (A), lines	5–10)		0 .	
Expenses	16a	Profession	nal fundraising fees (Part IX,	column (A), line 11e	) <u>,</u> .	[		0	
, <u>a</u>	b	Total fund	raising expenses (Part IX, co	lumn (D), line 25) 🟲		0	<b>只要接近增长</b>	To the c	题。1988年李沙路
ш	17	Other expe	enses (Part IX, column (A), lir	nes 11a-11d, 11f-24	e)		, , ,,	0	<u> </u>
	18		nses. Add lines 13-17 (must		nn (A), line 2	5) .		2,000	· · · · · · · · · · · · · · · · · · ·
	19	Hevenue le	ess expenses. Subtract line	18 from line 12	· · · · ·	• • • •	Beginning of Ci	1,214	2,64 سند 2,64
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	. , ,		}	granting of Ci	52,388	·
Ass	21		ities (Part X, line 26)				T 42.	- 2 540	57,19
훒	22		or fund balances. Subtract				,	52,388	57,19
	art II		re Block					. 1	
Un	der pena	alties of penjury	, I declare that I have examined this	return including accomp	anying schedule	es and state	ments, and to	the best of my	knowledge and belief, it
tru	e, correc	t, and complet	te Declaration of preparer (other that	n officer) is based on all in	formation of wh	nich prepare	r has any know		
e:	·	Contra	Kenu V /	Supur				7-17	<u>'-/8</u>
Sig He		Signat	fure of officer	سے رور			-	ate	
110	٠٠,	Type o	pr print name and title	ubbe 1	REASO	erek			<del></del>
_	: 4	17	e preparer's name	Preparer's signature		l D	ate	T	PTIN
Pa		.	•	1			•	Check _ self-emple	] ff
	epare e On		me ►	. <del>I</del>	,		Fin	π's EIN ►	<u></u>
_		Firm's add						one no	
Ma	y the II	RS discuss	this return with the preparer	shown above? (see	instructions	) **			. ". Yes No



Form 99	0 (2017)	Page 2
Part I		ccomplishments
	Check if Schedule O contains a res	sponse or note to any line in this Part III
1	Briefly describe the organization's mission	
	To provide educational scholarships to the \	/isual Arts and Music Fields
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	5111	
2	Did the organization undertake any significant	cant program services during the year which were not listed on the
		Yes No
•	If "Yes," describe these new services on S	
3		or make significant changes in how it conducts, any program
		<b>—</b> • • • • • • • • • • • • • • • • • • •
4	If "Yes," describe these changes on Sche	
4		ice accomplishments for each of its three largest program services, as measured by organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, fo	
	the term experience, and revenue, in arry, re	r dash program correct reported.
4a	(Code: \( (Expenses \$	including grants of \$ ) (Revenue \$ 1,000.00)
74	(ουαυ) (Εχροίωσο Ψ	
		.4
	***************************************	
4b	(Code: ) (Expenses \$	including grants of \$) (Revenue \$)
		·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4d	Other program services (Describe in Sch	edule O.)
	(Expenses \$ including gr	
4e	Total program service expenses ▶	



Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	•	✓
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect duning the tax year? If "Yes," complete Schedule C, Part II	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 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	1	,
	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	1	
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
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		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		1
			_ 00	n con

Part	Checkist of Required Schedules (Continued)			
20 -	Did the exception operate one or many beautiful facilities 0 (6 50/- 8		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<b>√</b>
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	200		<b>√</b>
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		<u>·</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		<b>√</b>
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		<b>√</b>
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		1
<b>27</b>	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		i
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		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,	30		<b> </b>
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Check II Schedule O contains a response or note to any line in this Part V    Value	Part	· · · · · · · · · · · · · · · · · · ·		
tale Enter the number reported in Sox 3 of Form 1096. Enter 4-D-II not applicable Enter the number of Forms W-23 included in line 1a. Enter 5-D-II not applicable Child the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambhing) withrings to pitze winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I if a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see Instructions)  Bid the organization have unrelated business gross income of \$1,000 or more during the year?  2				. 🗸
b Enter the number of Forms W-2G included in line 1s, Enter-O-r find spipicable.			Υ	es No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withrings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Estatements, flied to the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see Instructions).  3a Did the organization have unrelated business gross income of \$5,000 or more during the year?  3b If Yes,* has if filed a Form 990-T for this year? If *No* to line 3b, provide an explanation in Schedule O.  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)?  5a Has the organization for the foreign country (such as a bank account, securities account, or other financial account)?  6b If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  6c If Yes,* or line a foreign country (such as a bank account);  6c If Yes,* or line a foreign country (such as a bank account);  6c If Yes,* or line a foreign country (such as a bank account);  6c If Yes,* or line a foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts [FigAR].  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization society and your contributions that were not tax deductible as chantable contributions?  6c If Yes,* did the organization include with every societation an express attainment that such contributions or gifts were not tax deductible?  6c If Yes,* did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	1a		} }	
reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Traismittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 Bit at least one is reported on line 2s, did the organization file all required federal employment tax returns?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 At any time during the calendar year, did the organization have an interest in, or a signature or other unthority over, a financial account in a foreign country; №  5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction?  6 Does the organization have arrural gross receipts that are normally greater than \$100,000, and did the organization have arrural gross receipts that are normally greater than \$100,000, and did the organization have arrural gross receipts that are normally greater than \$100,000, and did the organization have arrural gross receipts that are normally greater than \$100,000, and did the organization self, are receipts that are normally greater than \$100,000, and did the organization self, exchange, or otherwise dispose of tangble personal property for which it was required to file from 8282?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," inclicate the number of Forms 8282 filed during the year  9 Did the organization self, exchange, or otherwise dispose of tangble personal property for which it was required for life Form 8282?  9 If "Yes," inclicate the number of Forms 8282 filed during the year  10 Did the organization receive a payment i				
Statements, field for the calendar year ending with or within the year covered by this return   2a   0   1   2a   0   2b   1   2b   1   2b   1   2b   2b		reportable gaming (gambling) winnings to prize winners?	1c	✓
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 980-1 for this year? If "No" to line 2b, provide an explanation in Schedule O.  4 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?)  b If "Yes," enter the name of the foreign country.   Mo" to line 2b, provide an explanation or other financial accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  The Did any taxable party notify the organization file Form 1886-17.  B Does the organization aperty to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 886-17.  C If "Yes" to line 5a or 5b, did the organization file Form 886-17.  Does the organization solicit any contributions that were not tax deductible as chantable contributions?  If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b If "Yes," (did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," (did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization received a contribution of cars, boats, sirplanes, or otherwise did the organization file a Form 1088-7  b Did the organization make a distribution to a donor, donor advi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a				
3a   Jil the organization have unrelated business gross income of \$1,000 or more during the year?  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)?  5b   the vest of the foreign country (such as a bank account, securities account, or other financial account)?  5c   account   account   account   accountry (such as a bank account, securities account, or other financial account)?  5c   account   account   account   accountry (such as a bank account, securities account, or other financial account)?  5c   account   account   accountry (such as a bank account, securities account, or other financial accounts)?  5c   account   account   accountry (such as a bank account, securities account, or other financial accounts)?  5c   account   account   accountry (such as a bank account, securities account, or other financial accounts)?  5c   account   accountry   accounts   accountry   accounts   ac	b		2b	<u> </u>
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3h, provide an explanation in Schedule O.  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)?  5b If "Yes," enter the name of the foreign country:  5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization include with every solicitation an express statement than \$100,000, and did the organization solicit any contributions that were not tax deductible as chanitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions ogitis were not tax deductibles?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions ogitis were not tax deductibles?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c If "Yes," did the organization notify the donor of the value of the goods or services provided?  6d If "Yes," inclicate the number of Forms 8282 filed during the year  6d If "Yes," inclicate the number of Forms 8282 filed during the year  7d If the organization receive any funds, directly or indirectly, to pay premiums, does not a present a property for which it was required to file Form 8289 as required?  7d If the organization receive any premiums, directly or indirectly, on a personal benefit contract?  7d If the organization receive any	_			
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)?  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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 888-67.  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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  and services provided to the payor?  b if "Yes," indicate the number of Forms 8282 filed during the year of tangble personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year of tangble personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year of tangble personal property for which it was required to file Form 8282?  d if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f bid the organization receive any funds, directly or indirectly, on a personal benefit contract?  f bid the organization receive any funds, directly or indirectly, on a personal benefit contract?  f bid the organization free wer	_			<b>√</b>
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the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The fithe organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b>✓</b>
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	• • •		
Initiation fees and capital contributions included on Part VIII, line 12	_			<b>√</b>
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a Gross income from members or shareholders			<u> </u>	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)	A	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12a		12a	✓
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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	а	·	13a	✓
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a    b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b    ✓	_		_	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b ✓				
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		ii res, nas ichieu a nonni rzo to report these payments? ii ivo, provide an explanation in Schedule O .		990 (2012)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			IJ. ☑
Section	on A. Governing Body and Management	·	<u>· · ·</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 7			
	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.	4	j	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			9
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		<b>✓</b>
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		<b>~</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
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	✓	
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
ь	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		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling 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		1
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		<b>V</b>
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			į.
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	:		]
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		1
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ AK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only
	☐ 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 in financial statements available to the public during the tax year.	terest	polic	у, апс
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	James D Grubbs 514 E14th Avenue #6, Anchorage, Alaska 99501			

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P۶	aca	•

Form	990	1201	71

-	•							
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.	_
				(C				ļ			
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average					is both		Reportable	Reportable	Estimated	
	hours per	office	er and	dad	irect	or/trust	ee)	compensation from	compensation from related	amount of other	
	week (list any hours for	Ind or	suļ	110	Ke	흶뜵	Ę	the	organizations	compensation	
_	related	물론	5	Officer	y en	P S	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	충분	S.		Key employee	8 6	-	(W-2/1099-MISC)	j	organization and related	
	tine)	Trus.	효		yee	夏				organizations	
		Individual trustee or director	Institutional trustee			Highest compensated employee	1		ĺ		
			L			ž					
						ļ					
(1) David Worel	11			١,		}		_	ļ <u></u>		_
President	ļ		-	1		<del>                                     </del>		O	0		0
(2) Keith Herve	1	ļ		١,		ļ			}	•	
Vice President		<b> </b>	_	1	<u> </u>	├	<del> </del>	<u> </u>	0		0
(3) John May	11		1	ł	ļ						
Director		1	ļ .	├	_	-	<u> </u>	ļc	0	-	0
(4) Norm Gutcher	11	١.		1	1	ļ					
Director		1	<u> </u>	ļ	<u> </u>	ļ	╙	ļg	0		_0
(5) Joe Darnel	1	١.		ļ	ļ	1	1				
Director	<b></b>	✓	1_	ļ	<b> </b>	<u> </u>	╙	<u> </u>	0		0
(6) Jerome Wasson	11	1	ļ	١.		1				,	
Secretary	ļ	<u> </u>	ļ	1	╙	1	$\vdash$	<u> </u>	0		0
(7) James Grubbs	11	1		١,				Į.	ļ		
Treasurer	ļ	ļ	ļ	1	<u> </u>	<b>↓</b>	╄		0		0
(8)	ļ	-	İ	ŀ		1	ŀ		ļ		
(9)	<del> </del>	<del> </del>	-	┼	╁╌	┼	$\vdash$	<del> </del>			
		1				ľ	1			1	
(10)				T	$\top$						
		]	<u> </u>	╙	L		┶				
(11)	<del> </del>	-									
(12)	-	<del> </del>	t	+	╁	╁╴	+			<u> </u>	
		1_	_	$\perp$	ot	<u> </u>	$\downarrow$				
(13)	<del></del>	-						ł			
(14)	1		t	+	$\dagger$	+	T	<del> </del>			_
			1	_	1		$\perp$	1	<u> </u>	1	

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinue	ed)	
					•	C)							
	(A)	(B)	(do n	ot ch		rtion more	than c	one	(O)	(E)		(F	_
	Name and title	Average box, unless person is both a hours per officer and a director/truste							Reportable compensation	Reportable compensation to		Estima	
		week (list any			_			·	from	related		oth	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-Mi		compen	
		organizations	夏童	utic	ឮ	13	l oye	룍	(W-2/1099-MISC)		SC)	from organa	
		below dotted	흑	) B		호	9		,	1	- 1	and re	lated
		line)	l se	ţ		8	) g	l		ľ	- 1	organız	ations
			•	166			See						
/4 E)		ļ.,	<b>!</b>		-		Ē	⊢	ļ	<b></b>	-		
(15)		<b></b>											
(16)		<u> </u>	-	-		┢╌		├-	<del> </del>				<del></del>
(10)		ļ	ł		l								
(17)				-		-		┢	<del> </del>				
7.77		·	ł		Į	l	ŀ		1				
(18)		<u> </u>	<del></del>	-	┢	┢	├	╁					
7.07		· <del>  </del>	1	1	ĺ	<b> </b>			1	ļ			
(19)		<u> </u>	<del> </del>	╫	├	├	$\vdash$	H	+	<del> </del>	-		
7		· <del>†</del>	1	l				l		1			
(20)	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del> </del> -	-		-	-	1			<del></del>		
3537		†	1			1	}			1			
(21)		1	<u> </u>		1	┢	<del> </del>	$\vdash$	1	ļ <del></del>	_		
<u> </u>	************************************	†	1		ļ	l	1						
(22)		1	1	1	1		<u> </u>	†					
		·	1	İ						į			
(23)								$\top$					
		†	1		1	1	1	-		ł	- 1		
(24)		1		Ì	1			1					
************			1			ł				ļ	1		
(25)				Τ	Т	Г		T					
				L.	<u>l</u> _	<u></u>			}	<u>.</u>			
1b	Sub-total			• .				•		O .	0		0
C	Total from continuation sheets to Part							▶	Ĺ (	)	0		0
d	Total (add lines 1b and 1c)							•		0	0		0
2	Total number of individuals (including bu		d to t	hos	e lis	ted	abov	e) v	who received m	ore than \$10	00,000	of	
	reportable compensation from the organ	ization >								·			
_													Yes No
3	Did the organization list any former of										nsated	1.	
	employee on line 1a? If "Yes," complete											3	
4	For any individual listed on line 1a, is th												. 4
	organization and related organizations individual	greater tr	ıan ş	150	,00	U?	IT "YE	es, "	complete Sc	neaule J tol	sucn	1 - 1	-3
E	Did any person listed on line 1a receive					. f				antion or ind	 	4	_   ✓
5	for services rendered to the organization									zadon or mo	ividual	t	
Section	on B. Independent Contractors	100,					J.U U	101	coon person	<del></del>	<u>· · ·                                  </u>	5	1 🗸
1	Complete this table for your five highest	componer	tad in	dor	202	dont	COST	roc	tare that roosis	ed more the	0.0100	000 04	
•	compensation from the organization. Re	nort comp	ieu ii Posati	ion i	for t	he i	ralen	Jac dar	vear ending w	th or within t	he ora	i,000 0i Ianizatio	n'e tav
	year.	por comp					outon	<b>-</b>	you cliding w		ne org	anzano	II S LOA
	(A)							1				(C)	
	Name and business ad	ldress							(B) Description of	services	1	( <b>C</b> ) Compensa	ation
-								+	<del></del>				
								+					
								+					
			<del></del>				<del>,</del> -	+					
								十					
2	Total number of independent contract	tors (includ	ing b	ut i	not	lim	ited 1	to 1	those listed at	oove) who			
	received more than \$100,000 of compen										. 4.		n y see
	<del></del>	<del></del>							· <del>····</del>	<u>k</u>			000

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Check if Schedule O contains a	response or note to	any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax			
					function revenue	revenue	under sections 512-514			
nts nts	1a	Federated campaigns	1a 0							
悥	b	Membership dues	1b 0	Ì			1			
A T	C	Fundraising events	1c 0	ļ						
를 를	d	Related organizations	1d 0							
Si ji	е	Government grants (contributions)	1e 0				1			
육등	f	All other contributions, gifts, grants, and similar amounts not included above	44							
Contributions, Gifts, Grants and Other Similar Amounts	_	· · · · · · · · · · · · · · · · · · ·	1f 1,000			1				
6 E	g	Noncash contributions included in lines 1a- <b>Total.</b> Add lines 1a-1f		1 000			1			
	<u>h</u>	Total. Add lines 1a-11	Business Code	1,000		<del>                                     </del>				
Program Service Revenue	2a									
ا قِ	b									
8	C									
eZ.	d					<del> </del>				
SE	e									
Ē	f	All other program service revenu								
윤	g	Total. Add lines 2a-2f		0						
	3	Investment income (including	dividends, interest,							
		and other similar amounts) .		1,645						
	4	Income from investment of tax-exer	npt bond proceeds ▶	0						
	5	Royalties		0						
		(i) Real			]	İ				
	6a	Gross rents	N/A	1		1	}			
	ь	Less: rental expenses		-	1					
	C	Rental income or (loss)		<u> </u>	ļ ·					
	d 7a	Net rental income or (loss) .  Gross amount from sales of (i) Security	▶ ıes (ii) Other	<u> </u>	1	<del></del>				
	14	assets other than inventory	N/A	1		1				
	ь	Less, cost or other basis	14/74	-{	}					
		and sales expenses .	[	1	:	1				
	c	Gain or (loss)		1						
	ď			1	1					
	_	, J ( ,								
Revenue	8a	Gross income from fundraising					ļ			
Ve.	l	events (not including \$	_0							
		of contributions reported on line 1			}					
ē		See Part IV, line 18		2						
₹	Ь	•								
	C				9					
	ya	Gross income from gaming active See Part IV, line 19								
	١.									
	b			9	-	-	-			
	102	Gross sales of inventory,		<del> </del>	0	<del></del>	+			
	100	returns and allowances	l l	0			}			
	,	Less: cost of goods sold			1					
		Net income or (loss) from sales		<b>-</b>	n					
	— <u>"</u>	Miscellaneous Revenue	Business Code		<del>-</del>		<u> </u>			
	11a			1	·	- †				
	b									
	C									
	d				o					
	е	Total. Add lines 11a-11d	•		0					
	12	Total revenue. See instructions	s <b>&gt;</b>	2,64	5					

Form 990 (2017)						
Part	IX Statement of Functional Expenses					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	l other organization	s must complete co	lumn (A).	
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	J				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7 8	Other salaries and wages					
9 10	Other employee benefits					
11 a	Fees for services (non-employees):  Management					
b b	Legal					
. d	Lobbying				-	
е	Professional fundraising services. See Part IV, line 17					
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·			
13	Office expenses					
14	Information technology		V - ** - *			
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance					
24	Other expenses, Itemize expenses not covered 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.)					
a b					<del> </del>	
C				<del> </del>	<del> </del>	
ď						
e	All other expenses			<del>                                     </del>	<del> </del>	
25	Total functional expenses. Add lines 1 through 24e				<del> </del>	
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)					

Pá	ırt X	Balance Sheet	<u></u>		- <del></del>
		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
$\neg$	1	Cash-non-interest-bearing	26,250	1	10,267
Ì	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	, O
	6	Loans and other receivables from other disqualified persons (as defined under section			
1		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	_	0
٩	8	Inventories for sale or use	0		0
	9 10a	Prepaid expenses and deferred charges	U	-	0
	,00	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	26,138	12	46,924
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,388		57,191
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	_	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	0	2	0
Liabilities	22	trustees, key employees, highest compensated employees, and		ll l	
≣		disqualified persons. Complete Part II of Schedule L	0	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		1	1 0
	24	Unsecured notes and loans payable to unrelated third parties		-	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		İ	
	]	of Schedule D	c		
_	26	Total liabilities. Add lines 17 through 25		26	(
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets	(	28	(
ğ	29	Permanently restricted net assets	(	29	(
Ē	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		\(\( \) .	
ō	}	complete lines 30 through 34.			
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds		30	1
889	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	52,388	_	
	34	Total liabilities and net assets/fund balances	52,38	34	57,19°

) BE 111K	J(2017)			Pa	ge I∠
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				<b>V</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,645
2	Total expenses (must equal Part IX, column (A), line 25)	2			0
3	Revenue less expenses. Subtract line 2 from line 1	3			2,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	2,388
5	Net unrealized gains (losses) on investments	5			2,158
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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				
		10		į	7,191
Part	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: 🗹 Cash 🔲 Accrual 🔲 Other		_	}	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain ii	n	1	j
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were completely	iled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				J
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<del> </del>	<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	no t	a	1	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	• . •		ļ	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account			1	١.
				<del> </del>	1
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	nain i	n	Ì	
0-		adb:	_		}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	Oftri I		1	1,
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		· 3a	$\vdash$	1
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		е зь		1
	required addition addits, explain why in schedule of and describe any steps taken to undergo such ad	ulis.		100	<b>√</b> (2017)
			Fo	m aai	(2017) נ

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Alaska Masonic Foundation for Children Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives; (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33's% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (I) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes Nο (A) **(B)** (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 3,312 1,000 1,000 1,000 1.000 7,312 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . n Λ 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . 3,312 1,000 1,000 1,000 1,000 7.312 The portion of total contributions by each person (other than, a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 7,312 Section B. Total Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . . . . . . 3,312 1,000 1,000 1,000 1,000 7.312 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . 792 2.665 1.448 2,214 2,645 9.760 Net income from unrelated business activities, whether or not the business is regularly carned on . . . . . n 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 0 0 11 Total support. Add lines 7 through 10 17.072 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 43 % 15 331/23% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/23% or more, check this 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

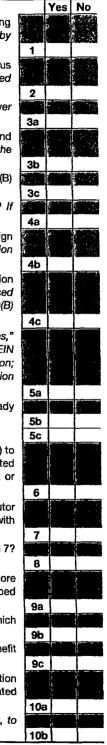
oo leadic	What our our our criticals						
Part I	Support Schedule for Organiza	tions Descri	bed in Secti	on 509(a)(2)	_		
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.							
If the organization fails to qualify under the tests listed below, please complete Part II.)							
Section	on A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					/	<del>/</del> _
	received. (Do not include any "unusual grants.")	3,312	1,000	1,000	1,000	1,000	7,312
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	o	o	ol	0	p <sup>d</sup> 0	0
3	Gross receipts from activities that are not an					-	
•	unrelated trade or business under section 513	o	0	o	ď	0	•
4	Tax revenues levied for the				<u></u>		0
-	organization's benefit and either paid to						
	or expended on its behalf		•	ا			•
_	·	0	0	0	/ 0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			_	/	_	_
_	-	0	0	0	/ 0	0	0
6 7-	Total. Add lines 1 through 5	3,312	1,000	1,000	1,000	1,000	7,312
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	_	_		_		
	·	0	0	/ 0	0	0	0
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year	0	9	0	0	0	0
	Add lines 7a and 7b	0		0	0	0	0
8	Public support. (Subtract line 7c from			,		ľ	
	line 6.)	<u>L</u>		L	L.,	<u> </u>	7,312
	on B. Total Support		83.0044	1 2 2 2 4 5	4 0 0040	43.0047	40.7.1
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	3,312	/ 1,000	1,000	1,000	1,000	7,312
10a	Gross income from interest, dividends,	<i>,*</i>	ļ			ļ	
	payments received on securities loans, rents,	/		1			Ì
_	royalties, and income from similar sources .	798	2,655	1,448	2,214	2,645	9,760
b	Unrelated business taxable income (less	/	1				]
	section 511 taxes) from businesses	1/		Ļ			
	acquired after June 30, 1975	0		0	<del></del>	0	<del></del>
C	Add lines 10a and 10b /	798	2,655	1,448	2,214	2,645	9,760
11	Net income from unrelated business	ĺ	[				
	activities not included in line 10b, whether	1		ļ		1	1
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets	Į	Į	Į	Į.		1
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	İ	ì	1	l		
	and 12.)	4,110					
14	First five years. If the Form 990 is for t		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he			· · · · ·			· · · <u></u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line		•	13, column (f))		15	43 %
16	Public support percentage from 2016 Sc			<u> </u>	<u></u>	16	0 %
Sect	on D. Computation of Investment In						
17	Investment income percentage for 2017					17	57 %
18	Investment income percentage from 201					18	0 %
19a	331/3% support tests-2017. If the organ						
	17 is not more than 331/8%, check this box						_
b	331/2% support tests - 2016. If the organi						331/3%, and
	line 18 is not more than 331/3%, check this	box and stop I	n <b>ere.</b> The organ	rization qualifie	s as a publicly s	supported orga	nization 🕨 🔲
20	Private foundation. If the organization of	lid not check a	box on line 14	4, 19a, or 19b,	check this box	and see instr	uctions 🕨 🗸

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



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Part	Supporting Organizations (continued)	1,31 113 -
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1 1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 .
2	Did the organization operate for the benefit of any supported organization other than the supported	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	<del> </del>
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	<del>, , , , , , , , , , , , , , , , , , , </del>
0001	on britain type in cupper and organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
_	•	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
-	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	
	supported organizations played in this regard.	
<del></del>		3
Sect	ion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruction.
^		Yes N
2	Activities Test. Answer (a) and (b) below.	res N
а		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	!
	that these activities constituted substantially all of its activities.	
_	•	2a
b		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а		
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b		
	of its supported organizations? If "Ves." describe in Part VI he role placed by the organization in this regard	3b

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	in in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ	izat	ons must complete Section	ons A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of pnor-year distributions	2			
3 Other gross income (see instructions)	ფ			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<u> </u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	16			
c Fair market value of other non-exempt-use assets	10			
d Total (add lines 1a, 1b, and 1c)	1d		·	
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	-		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4	,		
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional	lv ir	tegrated Type III supportu	na organization (see	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish e					
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		CD.	C::\		
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
<u> </u>	From 2013					
<u>C</u>	From 2014					
	From 2015					
	From 2016					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years		<u> </u>	<u> </u>		
	Applied to 2017 distributable amount	ļ				
<u> </u>	Carryover from 2012 not applied (see instructions)					
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years  Applied to 2017 distributable amount					
b	Remainder, Subtract lines 4a and 4b from 4.					
	Remaining underdistributions for years prior to 2017, if					
5	any. Subtract lines 3g and 4a from line 2. For result	<u> </u>				
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in	E .				
	Part VI. See instructions.	}	}	Ì		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:	1				
a	Excess from 2013					
	Excess from 2014					
	Excess from 2015	· · · · · · · · · · · · · · · · · · ·				
d	Excess from 2016					
е	Excess from 2017					

### 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.

OMB No. 1545-0047

20
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

26-3586169 Alaska Masonic Foundation For Children Part III 4(a) We provide no other services than scholarships Part V 3(b) We had no unrelated income, we have no other businesses Part V 13(a) We are no an insurance organization Part V 14(b) We are not in the Tanning business, we did not receive an income Part VI 6 All members of the Most Worshipful Grand Lodge of Free and Accepted Masons of Alaska are members of this Corporation Part VI 7(a) Board Members are elected by members of the Grand Lodge Part VI 11(a) Copies of the Tax Returns are kept in the office for review Part VI (a&b) No compensation is give to any officer Part IV 24 No other expenses in 2017 Part VI 18 All Forms are available upon request Part VI 19 If someone wants to review the douments they make a request to the Secretary