

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2017

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning		, 2017, and ending																																																											
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC 519 PARK STREET DES MOINES, IA 50309-1613																																																											
		D Employer identification number 58-1584857																																																											
		E Telephone number 515-288-8927																																																											
		F Group Exemption Number ►																																																											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ I Website: ► N/A		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																											
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(10) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																													
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 138,642.																																																											
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																													
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	369,027.	424,660.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,824.	3,589.
25 Total assets	370,851.	428,249.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	370,851.	428,249.

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

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

Expenses

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

28 See Schedule O(Grants \$) If this amount includes foreign grants, check here

28a

(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

(Grants \$) If this amount includes foreign grants, check here

31a

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) 32**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY B. HINSON				
SOVER GR MASTER	10	0.	0.	0.
DAVID DIXON GOODWIN				
DEP GR MASTER	10	0.	0.	0.
PAUL STEPHEN NEWHALL				
SR GRAND WARDEN	5	0.	0.	0.
W. CHARLES SIMTHSON				
JR GRAND WARDEN	5	0.	0.	0.
SHANE A. HARSHBARGER				
GRAND TREASURER	20	10,000.	0.	0.
GLEN A. COOK				
Secretary	20	1,500.	0.	0.
MOHAMAD A. YATIM				
SR GRAND DEACON	5	0.	0.	0.
AARON SHOEMAKER				
JR GRAND DEACON	5	0.	0.	0.
MICHAEL D. CECIL				
GRAND CHAPLAIN	5	0.	0.	0.
W. BERRY RIGDON				
GR DIR CEREMONY	5	0.	0.	0.
JOHN ELKINGTON				
GRAND MARSHALL	0	0.	0.	0.
DOUG KNAUER				
GRAND TYLER	5	0.	0.	0.
JEFFREY L. COOK				
GRAND LECTURER	5	0.	0.	0.
CHRIS M. JESSEN				
GR DIR OF MUSIC	5	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter	39b	N/A
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► None		

	Yes	No
42a The organization's books are in care of ► SHANE A. HARSHBARGER Located at ► 519 PARK STREET DES MOINES IA	Telephone no ► 515-2888927	ZIP + 4 ► 50309-1613
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b	X
42c	X	

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ►

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

	Yes	No
46		X

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

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

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

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

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

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

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

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

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

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

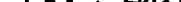
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

► Yes No

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

Sign Here	 Signature of <u>Steve Hirschbauer</u>	Date 11/15/18
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Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name James E. Dickson	Preparer's signature <i>James E. Dickson</i>	Date 10/29/18	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name ► Klatt & Associates CPA PC			Firm's EIN ► 42-1219716
	Firm's address ► 617 Duff / PO Box 310 Ames, IA 50010			Phone no. (515) 232-5642

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection**

Name of the organization

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

Employer identification number

58-1584857

Form 990-EZ, Part I, Line 8
Other Revenue

OTHER	\$	2,080.
Total	\$	<u>2,080.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

BANK CHARGES	\$	762.
Conferences, Conventions, and Meetings		1,082.
EQUIPMENT EXPENSE		254.
EXPENSE REIMBURSEMENTS		11,272.
Information Technology		750.
MISCELLANEOUS		794.
Office Expenses		3,892.
SCARLET CORD REGALIA		13,144.
Total	\$	<u>31,950.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,824.	\$ 3,589.
Total	\$ 1,824.	\$ 3,589.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

NATIONAL ORGANIZATION FOR THE VARIOUS ALLIED MASONIC DEGREES OF THE USA.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

TO ASSUME HOLD AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES
THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND
REGULARITY CONSTITUTED BODY OF FREEMASONRY; TO PRESERVE THESE DEGREES, TO ENGAGE
IN,

FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH; TO ESTABLISH AND ORGANIZE
COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERE TO, SUBORDINATE TO
THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT
THEREOF.

Name of the organization	THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC	Employer identification number	58-1584857
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Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No