## Return of Organization Exempt From Income Tax

			Under section 501(	c), 527, or 4	947(a)(1) of the Int	emal He	venue C	ode (exc	ept private i	oundati			
Den	artment of	the Treasury	▶ Do not e	enter social	security numbers	on this	form as	it may b	e made pub	lic.	О	pen to F	
Inter	nai Reven	ue Service	▶ Go to	www.irs.go	ov/Form990 for ins	struction	s and th	ne latest	nformation	·		Inspect	ion
<u>A</u> _	For the	2017 cale	ndar year, or tax year	beginning	1 Jauary		, 2017, a	nd endin	9 31 D	ecembe		17	
В	Check if	applicable	C Name of organization	Most Worsh	ipful Grand Lodge	e of Free	& Accp	eted Mas	ons of AK	D Emp	doyer iden	tification ni	ımber
	Address	change	Doing business as Gr	and Lodge	of Alaska					<u> </u>	92-0	082478	
	Name ch	nange	Number and street (or I	P.O. box if ma	al is not delivered to s	treet addr	ess)	Room/su	ite	E Tele	phone num	ber	
	Initial ret	um	518 E 14th Ave #6						#6	L	607 5	61-1477	
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	Amende	d return	Anchorage, Alaska 9	9501						<b>G</b> Gros	ss receipts	\$	123,397
	Applicati	on pending	F Name and address of p	nncipal office	7				H(a) Is this a	group retur	n for subordina	ntes? □ Yes	ΜO
								^	H(b) Are a	l suborda	nates includ	ed? 🗌 Yes	ØN₀
1	Tax-exe	mpt status	☐ 501(c)(3)	<b>√</b> 501(c) (	10 ) ◀ (insert no )	4947	(a)(1) or		) If "	No," atta	ich a list. (s	ee instru <i>c</i> tio	ns)
J	Website	: ► alas	ka-masons,org			t		•	H(c) Grou	рехетр	tion numbe	er ▶	
K	Form of o	organization	Corporation Trust	Associat	ion ☐ Other ►		L Yea	ar of format	ion 198:	MS	tate of lega	domicile	AK
Р	art I	Summ	ary										
	1	Bnefly de	scribe the organizat	ion's missi	on or most signif	ficant ac	tivities:	Provid	es day to d	y oper	ations to	19 membe	er
9	i	lodges an	d other Grand Lodge	s									
Activities & Governance	1												
ē	2	Check th	is box ▶☐ if the org	anization o	discontinued its o	peratio	ns or di	sposed	of more tha	ın 25%	of its ne	t assets.	
် ဝိ	3	Number	of voting members of	of the gove	rning body (Part '	VI, line 1	a)			.   :	3		6
অধ	4	Number	of independent votin	ig member	s of the governin	g body	(Part VI,	, line 1b)		. F	4		8
ies Ees	5	Total nun	nber of individuals e	mployed in	calendar year 2	017 (Pai	t V, line	e 2a) .		. Г	5		1
Ē	6	Total nun	nber of volunteers (e	estimate if r	necessary)					. F	6		85
Ą	7a	Total unr	elated business reve	enue from F	art VIII, column	(C), line	12	٠,٠,٠		. 7	'a		123,397
	ь	Net unrel	ated business taxab	le income	from Form 990-T	, line 34		. l.		. 7	'b		277
	1					-		-,1	Prior '	ear .		Current Yo	ar
0	8	Contribut	tions and grants (Pa	rt VIII, line	1h) 🚅 🗀 🛼 👯	1 3 4	Hili.			54,2	290		49,630
Revenue	9	Program	service revenue (Pa	rt VIII, line :	2g) 🚞 (VIA)			1 31			0		0
94	10	Investme	nt income (Part VIII,	column (A)	, lines 3, 4, and	7.d)				40,9	908		47,807
Œ	11		enue (Part VIII, colu					[		22,9	923		25,960
	12		enue—add lines 8 thr							118,1	121		123,397
	13		nd similar amounts p							2,6	501		2,568
	14	Benefits	paid to or for member	ers (Part IX	, column (A), line	4) .		5		_ <u></u>	0		0
တ္ဆ	15	Salaries,	other compensation,	employee b	enefits (Part IX, c	olumn (/	A), lines	5-10)		14,3	348		14,279
nse.	16a	Profession	onal fundraising fees	(Part IX, co	olumn (A), line 1	1e) . `					0		0
Expenses	ь		draising expenses (F	•		-		Ţ					
ū	17	Other ex	penses (Part IX, colu	ımn (A), line	es 11a-11d, 11f-	24e)		···		104,	156		100,167
	18		enses. Add lines 13				, line 25	5) . [		121,1			126,514
	19	Revenue	less expenses. Sub	tract line 18	B from line 12 .			i [		(2,9			3,117
5,5								1	Beginning of (	urrent Y	ear	End of Ye	ar
Assets or	20	Total ass	ets (Part X, line 16)					[		1,335,7	726		1,476,715
ASS	21	Total liab	ilities (Part X, line 26	6)				[		9,	114		13,054
볼	22	Net asse	ts or fund balances.	Subtract li	ne 21 from line 2	. 0	. <u>.</u>			1,326,6	512		1,463,661
P	art II	Signat	ture Block										
			ry, I declare that I have ex								af my kno	wledge and	belief, it is
tn.	IO, COTTOC	t, and compl	lete. Declaration of prepar	er (other than	officer) is based on a	ii informat	on of whi	ch prepare	r has any kno	Medge			
			James &		rufles					4	-36	-18	
Si	_	4 <del>9</del> rgn	ature of officer	4.			_			Date '			
He	ere		Ames D.	Cosm	BBS (	JRA	フグノ	REA	SURE	<u> </u>			
Type or print name and title													
Pa	aid	Print/Ty	pe preparer's name		Preparer's signature			D	ate		eck 🔲 ıf	PTIN	
_	epare	r								self	employed		
	se On	l	ıame_ ▶						Fi	m's EIN	<u> </u>		
_		Firm's a	ıddress ▶		<del>,</del>		<del></del>		P	none no.			
_			s this return with the			ee instr	ictions)	· · ·	<u> </u>	<u> </u>	<u> </u>		I □ No
For	Panen	work Redu	ction Act Notice see	the cenarat	to instructions			Cat A	lo 11292V			Form 9	<b>190</b> /2017\

C	(Code:)	(Expenses \$	including gr	ants of \$	) (Revenue \$	)
	***************************************					
	***************************************					
	Other program serv	ices (Describe in Sch	edule O.)		<del></del>	<del>, , , </del>
		including gr	ants of \$	) (Revenue \$	)	
	Total program servi	ce expenses >				

4



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	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
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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
			n 990	

Part I	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<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	21		<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		<b>✓</b>
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		1
	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		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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	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)? . If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	<b>✓</b>
		Fon	n 990	(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-35 -
	Check if Schedule O contains a response or note to any line in this Part V			V
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a 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?	3a		✓_
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	45		1
b	If "Yes," enter the name of the foreign country.	4a		<u> </u>
J	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?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>/</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		_
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	-10		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<b>V</b>
10	Section 501(c)(7) organizations. Enter	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A	Ì		1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
p	Gross income from other sources (Do not net amounts due or paid to other sources			Ì
	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?	12a		<b>✓</b>
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		7
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		<b>*</b>
ь	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			
С	Enter the amount of reserves on hand			
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		
		For	n 990	(2017)

Form 99	0 (2017)			f	age 6			
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ın Schedule O. S	ee ins	structi	ons.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>·</u> .	· ·	V			
Section	on A. Governing Body and Management			V	- N-			
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 6		Yes	No_			
b 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?		2		✓			
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? .							
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?							
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	<b>&gt;</b>				
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken during						
а	The governing body?		8a	1				
ь 9	Each committee with authority to act on behalf of the governing body?		8b	✓				
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	<del>-</del>			
				Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b	<b>√</b>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a		1			
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a		✓			
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done	olicy? If "Yes,"	12c					
13 14 15	Did the organization have a written whistleblower policy?		13 14		<b>√</b>			
a b	The organization's CEO, Executive Director, or top management official		15a 15b		1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?		16a		1			
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16b		✓			
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Alaska  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, at available for public inspection. Indicate how you made these available. Check all that apply.		1 501	(c)(3)s	only)			
19	Own website Another's website Upon request Other (explain in Schools) Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int			y, and			
20	State the name, address, and telephone number of the person who possesses the organizatio	n's books and re	cords	:▶				
	James Grubbs 514 E 14th Avenue, Anchorage, Alaska 99501							

Form 990 (201	7) Pag	e
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	Π¢
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	$\square$
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within	the

- 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.

<ul> <li>Check this box if neither the organization noi</li> </ul>		d orga	anız	atro	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos eck s pe d a d	tion more rson rect	e than o is both or/trust	ne an	(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Bishop	20									
Grand Master	<u> </u>			✓	Ĺ.,	ļ		0	0	0
(2) Keith Herve	20			,				Ì		i -
Deputy Grand Master		-	_	✓			<u> </u>	0	0	0
(3) John May	10			,					_	
Senior Grand Warden			H	✓			<u> </u>	0	0	0
(4) Norm Gutcher	10			/		}		}		_
Junior Grand Warden	20		Н	۳	┝	<u> </u>		0	0	0
(5) James Grubbs Grand Treasurer	20			1		}		0		
(6) Jerome Wasson	20		-	ř	-	<b>-</b>	┢	<u>-</u>	0	0
Grand Secretary				1		}			0	0
(7) Thomas Schram	20		$\vdash$	١÷		<del> </del> -	┢	t	<del> </del>	
Office Manaager	f			1	1	1	l	13,104	0	o
(8)								13,104		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	-				•	C)								
	(A)	(B)	/do -			ition	s than		(D)	(E)		(	F)	
	Name and title	Average					than o		Reportable	Reportable	,	Estir	nated	
		hours per					or/trusi		compensation	compensation	from		unt of	
		week (list any hours for	익필	12	Q	줎	9,∓	7	from the	related organization	ns		her Insatio	n
		related	₽ ¥	<u>#</u>	Officer	¥ 0	言물	Former	organization	(W-2/1099-M			n the	••
		organizations	50 00	ĝ	٦	Key employee	yee	1 4	(W-2/1099-MISC)				ization	
		below dotted	7 7	100		νę	월	ł					elated zations	
		ille,	Individual trustee or director	Institutional trustee		•	1 3				1	ulyan	Zalioik	•
		1	"	8	1		Highest compensated employee	ĺ	i		- 1			
(4.5)				_	-		-		<del> </del>		-+			
(15)		<b></b>	ļ					l			i			
	<del></del>	<u> </u>	<u> </u>	_	<u> </u>	$\vdash$	<u> </u>	<u> </u>	ļ					
(16)	·	ļ 		i '			1	1			1			
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(17)		<b>}</b>	1	l	l	l	l	1	1					
		<u> </u>				_	L.,							
(18)		<u> </u>					ł	l			1			
			L					<u>l</u> .						
(19)														
		<b>*</b>	1		1			l						
(20)												-		
2		† <del></del>	1					1	1		l			
(21)	<del></del>	<b></b>	_		$\vdash$	$\vdash$					$\neg$			
35.7		<b>†</b>	1			1			1					
(22)		<del> </del>	<del></del>	-	-	-		$\vdash$						
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(22)		<del> </del>		-	$\vdash$	$\vdash$		$\vdash$	ļ		$\rightarrow$			
(23)		ł	1		1		ĺ	ĺ			- 1			
(0.4)			<del> </del>	-		├	}	⊢	<b> </b>		$\rightarrow$			
(24)	***************************************	ļ	-		1	1	Ì							
			<b></b>	<u> </u>	<u> </u>	<b>├</b>	<u> </u>	├			$\rightarrow$			
(25)		ļ	1	ĺ	ļ	1	}		j		1			
	TP.,,	<u> </u>		<u>L</u>	<u> </u>	<u>L</u>	Ĺ	<u> </u>	<u> </u>					
1b	Sub-total						•		13,104		0			0
С	Total from continuation sheets to Part	-		-		-	-		13,104		0		_	0
d	Total (add lines 1b and 1c)	<u></u>						<u> </u>	13,104	L	0			0
2	Total number of individuals (including bu	t not limited	d to th	nose	e lis	ted	abov	e) w	no received m	ore than \$10	00,000	O of		
	reportable compensation from the organ													
													Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or te	rust	ee,	key (	emp	oloyee, or high	est comper	nsate	d $\square$		
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the							n a	and other comm	ensation fro	om the	-		<u> </u>
•	organization and related organizations		•			•			•			, ,		
	individual											4		1
5	Did any person listed on line 1a receive of	r acculo c	omno	nea	tion	fro	m anı	r	related organia	eation or ind	ividus			· -
5	for services rendered to the organization									ation or mu	ividua	" 5		,
<u> </u>		: 11 163, (	Julip	Cic		700	100		30cm person	<del></del>	<u> </u>	131		<u> </u>
	on B. Independent Contractors							_	<del></del>	<del></del>			~	
1	Complete this table for your five highest													
	compensation from the organization. Rep	oon compe	ensatio	on f	or ti	ne c	arenc	ıar <u>'</u>	year ending wit	n or within t	ne or	ganizatio	on's ta	ax
	year.	· •												
	(A)	·						1	(B)			(C)	-4.	
	Name and business add	iress						L	Description of s	ervices		Compens	ation	
								П						
					-			Γ						
2	Total number of independent contractor	ors (includi	ng bi	ıt n	ot	lımı	ted to	o ti	nose listed ab	ove) who				
-	received more than \$100,000 of compens													
	<u></u>			_	-			_						

ì

Part	VIII													
		Check if Schedule O	contains	a resp	onse or note to				· · · · · · ·					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts	1a	Federated campaigns		1a	0	}								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	46,060									
A is	C	Fundraising events .		1c	0									
혈	đ	Related organizations		1d	0	Ì								
Si E	e	Government grants (con		1e	0									
ig is	f	All other contributions, grand similar amounts not incl		1f	2 570									
불통		Noncash contributions includ			3,570 0		İ							
Sel	g	Total. Add lines 1a-1			· · · · · •	49,630								
$\overline{}$		Total Float III To			Business Code	10,000		,						
Program Service Revenue	2a													
æ	b													
)ce	C													
Sen	d													
E	е													
.go	f	All other program sen												
	g	Total. Add lines 2a-2 Investment income	f	dund.		0	<del></del>	<del></del> 1						
ľ	3	and other similar amo			<b>•</b>	47,807	47.007	o	•					
	4	Income from investmen	•			47,807	47,807 0	0	0					
	5					0	0	0	0					
		rioyanco	(i) Real		(ii) Personal				<del>-</del>					
	6a	Gross rents		6,600										
	b	Less rental expenses		5,323										
	С	Rental income or (loss)		1,277										
	d	Net rental income or		<u> </u>		1,277	0	1,277	. 0					
	7a	Gross amount from sales of	(i) Securit		(ii) Other									
	١.	assets other than inventory		0	0									
	Ь	Less: cost or other basis and sales expenses .	ł	_	[									
		Gain or (loss)	<u> </u>	0	<del>                                     </del>									
	d	Net gain or (loss)				0	ĺ	0	0					
	Ĭ	rect gam or (1000)	• • •											
er Revenue	8a	Gross income from fu events (not including \$ of contributions report	ed on line 1											
		See Part IV, line 18 .			<del></del>									
ō	b	Less: direct expense: Net income or (loss) f				n		o	o					
		Gross income from ga				•		ľ	<u> </u>					
					o		]							
	ь	Less: direct expenses	s	. b	0		[	į						
	С	Net income or (loss)	from gamir	ng act	ıvıties ▶	0	0	0	0					
	10a	Gross sales of ir	• •	less		i	İ							
		returns and allowanc		_		1	Ì		İ					
	b	Less: cost of goods s				1			į					
	<u> </u>	Net income or (loss)		ot inv	entory Dusiness Code	(2,887)	0	0	0					
	110				Business Code	35 745		} _	25.745					
	11a					25,715 1,855	1							
	6	George Washington M	enuna)		<del></del>	1,055	-	<u> </u>	1.035					
	ا ا	All other revenue .					-		1					
	e	Total. Add lines 11a-	-11d		•	27,570								
	12	Total revenue. See		S	<u> </u>	123,397		1,277						
									Form <b>990</b> (2017)					

Form 990 (2017) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and general expenses Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees . . . . . 13,104 13,104 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salanes and wages . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . 0 Payroli taxes . . . . . . . . 10 1,175 1,175 Fees for services (non-employees): 11 Management . . . . . b 500 500 0 Accounting . . . . . . . . 9,000 9,000 0 Lobbying . . . . . . . . 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees . . . . . 17,528 17,528 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 Advertising and promotion . . . . . 12 0 13 Office expenses . . . . 2,556 2,556 0 14 Information technology . . . . 1,118 1,118 0 15 Royalties . . . . . . . . 0 16 Occupancy . . . . . . 5,400 5,400 0 17 28,527 28,527 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 29,098 29,098 0 20 0 Payments to affiliates . . . . . . . 21 0 22 Depreciation, depletion, and amortization . 533 <u>5</u>33 0 23 6,882 6,882 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.) equipment rental & Repair 492 492 O Research & Education 1,287 1,287 0 1,855 George Washington memorial 1,855 0 Dues, Subscriptions & GM Expenses <u>4,0</u>15 4,015 0 All other expenses Bank Fees Etc 876 876 0 Total functional expenses. Add lines 1 through 24e 25 126,514 89,920 36,594 Joint costs. Complete this line only if the organization reported in column (B) joint costs

 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 39,411 1 18,304 2 2 Savings and temporary cash investments . . . . . . ol 0 3 3 o 0 4 4 65 765 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. n 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . 0 0 Assets 7 0 0 12,427 8 11,643 0 9 9 Prepaid expenses and deferred charges 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 31.663 11,258 10c **b** Less: accumulated depreciation . . . . 10b 20,938 10,725 11 Investments—publicly traded securities 1,272,565 11 1,447,686 0 12 12 Investments-other securities. See Part IV, line 11 . 0 13 Investments-program-related. See Part IV, line 11. 13 0 0 0 14 14 Intangible assets . . . . . . . . . . . . . . . . 0 15 Other assets. See Part IV, line 11 . . . . . . . . . 0 15 O 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,335,726 16 1,489,123 9.114 17 17 Accounts payable and accrued expenses . . . . . . . . . 13,054 0 18 18 0 19 19 0 0 20 Tax-exempt bond liabilities . 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 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 25 O Total liabilities. Add lines 17 through 25 26 26 9,114 13,054 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,326,618 27 1,476,069 28 0 28 0 Permanently restricted net assets . . . 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 0 0 Total net assets or fund balances . . . . . . . . . . . . . . . . . . 33 1,326,612 33 1,476,069 34 Total liabilities and net assets/fund balances . 1.335.726 34 1,489,123 Form **990** (2017)

orm 99	0 (2017)		Pa	ige <b>12</b>				
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .	<u>.</u> .					
1	Total revenue (must equal Part VIII, column (A), line 12)		12	23,397				
2	Total expenses (must equal Part IX, column (A), line 25)		126,514					
3	Revenue less expenses. Subtract line 2 from line 1		3,117					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments		14	13,145				
6	Donated services and use of facilities			0				
7	Investment expenses		1	6,249				
8	Prior penod adjustments			0				
9	Other changes in net assets or fund balances (explain in Schedule O)			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))		1,48	<u> 39,123</u>				
Part	XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u> :		للب				
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other	_	Yes	No				
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in		'					
	Schedule O.	j :						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	-		<u> </u>				
	reviewed on a separate basis, consolidated basis, or both:	(						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b	١.	1				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓_				
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	]						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						
		Fort	n <b>990</b>	(2017)				

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification numb Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska 92-0082478 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . . . .

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Page	Z

Schedule	D	Æοπο	ggn	2017

	e D (Form 990) 2017								age ∠
Part	3								
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of th	e follow	ring that are a s	agnificant use	of its
а	☐ Public exhibition		đ	☐ Loan	or exchang	e progr	rams		
ь	☐ Scholarly research		e	Other			,		
С	☐ Preservation for future generations	3		<del></del>					
4	Provide a description of the organizat		nd expla	in how t	hev further	the ora	anızation's exer	not purpose in	Part
	XIII.				,	3			
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tr	easures	s, or other simil	ar	
	assets to be sold to raise funds rather								No
Part		<del></del>							
	Complete if the organization		on For	n 990. F	Part IV. line	9. or i	reported an an	nount on Form	n
	990, Part X, line 21.					,			
1a	Is the organization an agent, trustee,	custodian or other	er interm	ediary fo	or contribut	ions or	other assets no	ot	
	included on Form 990, Part X?							☐ Yes ☐	l No
b	If "Yes," explain the arrangement in Pa								,
_	ii res, explain the dirangement in r	an Am and comple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noung a	abic		1 A	mount	
_	Beginning balance					1c	<del></del>		
9	<u> </u>					1d	<del></del>		
ď	Additions during the year					<u> </u>	<del></del>		
e	Distributions during the year					1e		<del></del>	
f	Ending balance					<u> </u>		0 [] V []	1 11-
2a	Did the organization include an amoun								) NO
Pari	If "Yes," explain the arrangement in P.  Endowment Funds.	art XIII. Gneck nere	e ir the ex	cpiananoi	n nas been	provide	ed on Part Alli .	<u> </u>	<u></u>
Par		anaugustad "Vas"	on For	~ 000 [	Doet IV/ line	. 10			
	Complete if the organization	(a) Current year	(b) Pro		(c) Two year		(d) Three years bac	k (e) Four years t	
		(a) Current year	(0) (1)	or year	(c) Two year	SUACK	(d) Three years bac	(e) Four years t	Jack
1a	Beginning of year balance	<b></b>			<del></del>			<del> </del>	
b	Contributions				<b>}</b>	<b></b> ∤		<del> </del>	
C	Net investment earnings, gains, and				<u> </u>	ļ.			
	losses						<del></del>	<u> </u>	
d	Grants or scholarships				ļ				
е	Other expenditures for facilities and	İ				1			
	programs								
f	Administrative expenses				<b></b>				
g	End of year balance	L		<u> </u>	L		·		
2	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	Board designated or quasi-endowme		_%						
b	Permanent endowment >								
C	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are held	and adı	ministered for th		
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fi	unds.				
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes"	" on For	m 990, l	Part IV, line	e 11a. :	See Form 990,	Part X, line 1	0.
	Description of property	(a) Cost or other (investment)			or other basis other)		Accumulated epreciation	(d) Book value	!
1a	Land								
b	Buildings	. —							
c	Leasehold improvements	. ———	<del> </del>				<del></del>		
d	Equipment		31,663				20,938		0,725
e	Other		01,000				20,000		21.53
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part	C column	1 (B), line 10	)c.)	•	1	0,725
	The mile is an eaght for Journal (b) in	oquar omi se	- <del> </del>	., Joinin	. , 10	· <del></del>	<u> </u>		<u>v. 143</u>

Part VII	Investments—Other Securities.  Complete if the organization answered	"Yes" on For	m 990. Part IV	/. line 11b. See l	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation or end-of-year market value
(1) Financial	denvatives				
(2) Closely-I	neld equity interests	(			
(3) Other					
(A)					
(B)					
(C)			·		
(D)			<del></del>		
(E)					
(F) (G)					
(G) (H)			<del></del>		
	b) must equal Form 990, Part X, col (B) line 12.) ▶		<u> </u>		
Part VIII	Investments—Program Related.				
i ci t viii	Complete if the organization answered	l "Yes" on For	m 990 Part I\	/ line 11c See l	Form 990 Part X line 13
	(a) Description of investment	100 011701	(b) Book value		c) Method of valuation
	to, bosonphion of arrestment		(S) BOOK VAID		or end-of-year market value
(1)				_	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			-		
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)		L		
Part IX	Other Assets.		000 D I I		5 000 B 1 V 1 45
	Complete if the organization answered		m 990, Part IV	7, line 11a. See	
(4)	(a) Descri	ipuon			(b) Book value
(1)	<del></del>			<del></del>	
(2)				<del></del>	
(4)					<del></del>
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B)	line 15)			. ▶
Part X	Other Liabilities.				
	Complete if the organization answered	l "Yes" on For	m 990, Part I	/, line 11e or 11	f. See Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal i	ncome taxes				
(2)		<u></u>			
(3)					
(4)					
(5)					
(6)		<del></del>			
(8)		<del></del>			
(9)			<del></del> -		
	(b) must equal Form 990, Part X, col (B) line 25)	<del></del>			
	r uncertain tax positions. In Part XIII, provide the	text of the foots	ote to the organ	zation'e financial et	atements that reports the
organization	's liability for uncertain tax positions under FIN 4	B (ASC 740). Che	ck here if the te	d of the footnote b	as been provided in Part XIII

Schedule D (For	chedule D (Form 990) 2017 Page <b>5</b>					
Part XIII	Supplemental Information (continued)					
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	***************************************					
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska 92-0082478 Part III(1) To provide day to day sservices to 19 members lodges and other Grand Lodges in North and South America as well as individual Masons adm affiliated bodies. Provide council, guidance and education as required and promote fraternal relations world wide. Part V 3(b) We had no unrelated income, we have no other businesses Part V 13(b) We are no an insurance organization and therefore do not sell insurance Part V 14(b) We did not receive any indoor tanning services Part VI 1(a) There are no differences in officers voting rights, they all have one vote Part VI (b) All board members are the Executive Committee Part VI 6 All the members of the MW Grand Lodge of Free & Accepted Masons of Alaska are members of this organization Part VI 7 Board Members are elected by the members of the Grand Lodge Part VI 7(b) Members are informed of the Board's decisions and voted on at the Annual Meeting Part VI 11(b) Copies of the Tax Returns are kept in the organizations officed for review upon request Part VI 19 All coies, documents are avaliable for review in the oficed upon request Part VII No officers are compensated for their duties, they are volunteers Part XII 3(b) The organization conducts internal audits of the books as directed by the Alaska Masonic Code

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	<u>,                                     </u>
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Schedule O (Form 990 or 990-EZ) (2017)