# Extended to November 15, 2019

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For th	e 2018 calendar year, or tax year beginning	and e	naing		
B	Check if applicab	C Name of organization ANCIENT FREE & ACCEPTED MASONS OF			D Employer identifi	cation number
	Addre	EMPORIA				
_	Name	Doing business as			23-7	080429
$\sqsubseteq$	Initial	Number and street (or P.O. box if mail is not delivered to street address)	R	loom/suite	E Telephone numbe	
	Final return				620-	<u>342-3913</u>
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	е		G Gross receipts \$	<u>277,723.</u>
<u>_</u>	Amen	EMPORIA, RS 00801-01/9			H(a) Is this a group re	
	Appli	F Name and address of principal officer ROBERT F NELISON			for subordinates	? Yes X No
	pendi	"   1241 ROAD 120, EMPORIA, KS 66801		In	H(b) Are all subordinates ii	ncluded? Yes No
1 7	Tax-ex	empt status 501(c)(3)X 501(c)( 10) ◀ (insert no.) 4947(a	a)(1) or	527	If "No," attach a	list (see instructions)
J١	Websi	te: ▶ N/A	<u>.</u>		H(c) Group exemption	n number 🕨
		forganization: X Corporation Trust Association Other		L Year	of formation: 1881 N	State of legal domicile: KS
Pa	art I	Summary	v			
ą	1	Briefly describe the organization's mission or most significant activities $\ \underline{\mathbf{TO}}$	) FU	RTHER	THE TEACHI	NGS OF
Activities & Governance	Ì	MASONRY AND TO PROMOTE BROTHERHOOD AND	) FE	LLOWS	HIP AMONG M	EMBERS OF
Ĕ	2	Check this box   if the organization discontinued its operations or d	dispose	ed of more	than 25% of its net as	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	3
20	4	Number of independent voting members of the governing body (Part VI, line	1b)		4	3
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	4
ξ	6	Total number of volunteers (estimate if necessary)			6	15
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.
					Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			39,208.	41,327.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			18,554.	111,273.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			203,652.	18,908.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		261,414.	171,508.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			36,772.	61,392.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)		5,222.	12,092.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	****	0.		
ய	17	Other expenses (Part IX, column (A), lines 11a-11d, REQEIVED			58,603.	264,308.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	اد		100,597.	337,792.
	I	Revenue less expenses Subtract line 18 from line 12 10 10 10	31		160,817.	-166,284.
9 8 9		2 NOV 2013 17	À	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>-                                    </u>		1,976,850.	1,810,933.
d BS	21	Total liabilities (Part X, line 26)	1		260.	627.
		Net assets or fund balances Subtract line 21 from line 20			1,976,590.	1,810,306.
Pa	art II	Signature Block				
Jnde	er pena	alties of perjuty, I declare that I have examined this return, including accompanying sch	edules a	and statem	ents, and to the best of m	y knowledge and belief, it is
		ct, and compute, Declaration of preparer (other than officer) is based on all information				
		Solt The			11/14/	2019
Sigi	n	Signature of officer			Date	
Her		ROBERT F NELSON, TREASURER				
		Type or print name and title	_			
		Print/Type preparer's name Preparer's signature	7		ate Check	PTIN
aid	I	Bryoff T Rosine, CPA	gu	<b></b>  1	1/12/19 If self-employ	P00985082
	arer	Firm's name Wright CPA Group PA	<u> </u>		Firm's EIN	48-0941858
	Only	Firm's address 505 Commercial			1 11.11 3 611	
	•	Emporia, KS 66801			Phone no (6	20)342-7435
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			Tr none no. ( o	X Yes No
						110

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

See Schedule O for Organization Mission Statement Continuation

	n 990 (2018) EMPORIA 23 – 7080429 Page	<u>; 2</u>
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	
	TO FURTHER THE TEACHINGS OF MASONRY AND TO PROMOTE BROTHERHOOD AND	
	FELLOWSHIP AMONG MEMBERS OF THE FRATERNITY	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	—
2	prior Form 990 or 990-EZ?	
		10
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a		$\overline{}$
74		- '
	FURTHERED THE TEACHINGS OF MASONRY AND PROMOTED THE BROTHERHOOD AND	
	FELLOWSHIP AMONG MEMBERS OF THE FRATERNITY	
		_
		—
		—
4b	(Code) (Expenses \$	
	/Caparisos 4 / (Naverius 4 / ) (Naverius 4 / ) (Naverius 4 / )	- '
		—
		_
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	/ (reveiled 2	- '
		—
		_
		—
		—
		—
<i>A ~</i>	Other program services (Describe in Schedule O.)	—
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	—
<u>4e</u>	Total program service expenses	_
	Form <b>990</b> (20	18)

Form 990 (2018) EMPORIA
Part IV Checklist of Required Schedules

Page 3

	•		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_	77	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٠,
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. 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	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5_		_^_
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	4 4 5		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Λ
124	Schedule D, Parts XI and XII	12a		Х
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		Х
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		X
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<b>.</b>
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- 1	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	х	
	The state of the s			

Form 990 (2018) EMPORIA

Part IV | Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		1	Γ.
00	Did the expensive vanet may then \$5 000 of exerts by they expense to by fau demostic undividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	х	
00	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		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
240	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		х
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		Х
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)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable  1a 0			
	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L

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_		ı -	Yes	No
2a	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  2a 4	1"	- ,	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		_ X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		Х
h	If "Yes," enter the name of the foreign country	<u>4a</u>		A
•	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?	5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	. 8		
	Sponsoring organizations maintaining donor advised funds.	• .		
a h	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?	9a 9b		
10	Section 501(c)(7) organizations. Enter.	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O	Form	990 (	20181
		1 01111		

Form 990 (2018)

**EMPORIA** 

23-7080429

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		}	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  3			
2	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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ն		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply	,		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT F NELSON - 620-342-3913			
	424 MERCHANT ST. EMPORIA, KS 66801			

Form 990 (2018)	EMPORIA	23-7080429	Page
Part VII Compens	sation of Officers, Direct	ors, Trustees, Key Employees, Highest Compensated	
Employe	es, and Independent Cor	ntractors	

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

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

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

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

(A)	(B)			(C	C)	,		(D)	(E)	(F)
Name and Title	Average hours per		Position (do not check more than one			than		Reportable compensation	Reportable	Estimated
	week	box, unless person is both an officer and a director/trustee)			or/trus	n an itee)	from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN MCCRACKEN	2.00			1						
PAST MASTER		_		X		ļ	_	0.	0.	0
(2) JONATHON NOBLE	2.00									
WORSHIPFUL MASTER			ļ.,	X				0.	0.	0
(3) BLAINE WARKENTINE	2.00									
SENIOR WARDEN		<u> </u>	<u> </u>	X		ļ		0.	0.	0
(4) CHARLES RAYL	2.00				•			_	_	_
JUNIOR WARDEN				X	ļ	ļ	ļ	0.	0.	0.
(5) ROBERT F. NELSON	5.00			_		1				_
TREASURER	10.00	ļ		Х	_		_	1,000.	0.	0 .
(6) DAVID W. HENDRICKS	10.00									
SECRETARY	<del>-  </del>			X				2,400.	0.	0.
***************************************				<u> </u>		<del> </del>			***************************************	
				<del>  </del>						
		<b></b>								
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	<del></del>									
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		1								
				$\Box$						
		1		1 1						

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	` (A)	(B)				C)			(D)	(E)	- 1		(F)	
	Name and title	Average	l		Pos				Reportable	Reportable	- 1	Es	stimate	ed
		hours per					than is bot		compensation	compensation	, 1		nount	
		week					or/trus		from	from related			other	
		(list any	ctor			1	1		the	organizations		com	pensa	ation
		hours for	a a	l			3		organization	(W-2/1099-MIS	C) [	fı	om th	е
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			org	anızat	tion
		organizations	al frus	를		loyee	ᇤ					an	d relat	ted
		below	npin	量	Officer	ешь	ple st	Former				orga	anızatı	ons
		line)	P	<u>≅</u>	통	Key	물등	Ē						
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				L.,										
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				<u> </u>			<u> </u>							
				_			ļ							
	01						<u> </u>	<u> </u>	2 400		$\overline{}$			
	Sub-total								3,400.		<u>0.</u>			0.
	Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c)								3,400.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	DOVE	e) wh	no re	eceived more than \$100	,000 of reportable				^
	compensation from the organization									· , <u>.</u> ,			V	0
_	Dalmar and the second										ſ		Yes	No
3	Did the organization list any former officer,		ıste	е, ке	y en	npio	yee,	or	nighest compensated er	mployee on		_		٠,,
	line 1a? If "Yes," complete Schedule J for s										}	3		<u> </u>
4	For any individual listed on line 1a, is the su								·	the organization				
_	and related organizations greater than \$150										}	4		<u> </u>
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	-			
	rendered to the organization? If "Yes," com	<u>plete Schedul</u>	e <i>J f</i>	or su	ich	pers	son			<del></del>		5		<u> </u>
	tion B. Independent Contractors								h_4	\$4.00.000 - f				
1	Complete this table for your five highest co									-	ensa	ation f	rom	
	the organization Report compensation for	ine calendar y	eare	enaii	ng w	vitn	or w	mir		<u>rear</u>				
	(A) Name and business	address	NT/	ONE				Ì	( <b>B)</b> Description of s	ervices	C	Ompe	<i>i)</i> nsatio	n
			TAC	)IAT	<u> </u>			$\dashv$		-				
								$\dashv$						
								$\dashv$						
								$\dashv$						
	Total number of indicated at the control of		-4 '			<b>A</b> I-			Labarra Virginia di Santa di S	and the size				<u>-</u>
2	Total number of independent contractors (ii		III TO	nite	סז נס		se lis )	sted	above) who received m	ore than				
	\$100,000 of compensation from the organization	Lativit 📂							<del> </del>				200	

Form 990 (2018) EMPORIA
Part VIII Statement of Revenue

	,	Check if Schedule O con	tains a response o	r note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ìrar our	b	Membership dues	1b	9,901.				
s, C	С	Fundraising events	1c	3,825.				
Sift lar	d	Related organizations	1d					
ıs,	е	Government grants (contribu	tions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	nts, and					
t p		similar amounts not included abo	ove 1f	27,601.				
do	g	Noncash contributions included in line:	s 1a-1f \$		_			
<u>8 0</u>	h	Total, Add lines 1a-1f		<b>•</b>	41,327.			
			<u> </u>	Business Code	-			
e	2 a							
ervi Je	b							
Program Service Revenue	С							
	d							
	е							
۱ -		All other program service reve	enue _					· · · · · · · · · · · · · · · · · · ·
-		Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including	j dividends, interes	_				
		other similar amounts)		<b>.</b>	51,965.			51,965.
	4	Income from investment of ta	ix-exempt bond pro	oceeds 🕨				
	5	Royalties	<u> </u>					
	_		(i) Real	(II) Personal				
		Gross rents	18,900.					
		Less rental expenses	0.					
		Rental income or (loss)	18,900.		10 000			
		Net rental income or (loss)	(1) 0	(a) OH 11	18,900.			18,900.
	/ a	Gross amount from sales of	(i) Securities 165, 523.	(II) Other				
	_	assets other than inventory Less cost or other basis	165,523.					
	b	and sales expenses	106,215.					
	_	Gain or (loss)	59,308.					
		Net gain or (loss)	[39,300.]	<b>———</b>	59,308.	• -		59,308.
_		Gross income from fundraisin	a events (not		32,300.			39,300.
nue	o a		325 of					
Š		contributions reported on line						
Other Reven		Part IV, line 18	a	0.				
t t	b	Less: direct expenses	<b>b</b>	0.				•
0		Net income or (loss) from fund	_	•	0.			
		Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less direct expenses	ь					
	c	Net income or (loss) from gan	ning activities	<b>•</b>				
	10 a	Gross sales of inventory, less	returns				·	
ŀ		and allowances	a					
	b	Less cost of goods sold	b					1
Į	С	Net income or (loss) from sale	es of inventory	<b>•</b>				
[		Miscellaneous Revenu	ue B	usiness Code	_		<del></del>	
	11 a	MISCELLANEOUS 1		523000	8.			8.
	b							
	С							
ľ	d	All other revenue					_	
	е	Total. Add lines 11a-11d		▶	8.			
	12	Total revenue. See instructions		▶	171,508.	0.	0.	130,181.

**EMPORIA** 

Form 990 (2018)

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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 respon			(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	34,292.			
2	Grants and other assistance to domestic				,
_	individuals See Part IV, line 22	27,100.			
3	Grants and other assistance to foreign	27,100			
3	organizations, foreign governments, and foreign				
	, , ,			İ	
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				١.
	trustees, and key employees	3,400.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,800.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	892.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	655.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,389.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	273.			
14	Information technology				
15	Royalties				
16	Occupancy	46,854.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,851.			
20	Interest		<u>.</u> .		
21	Payments to affiliates	4,976.			
22	Depreciation, depletion, and amortization				
23	Insurance	5,062.			
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 0.)		-		
а	UNREALIZED GAIN/LOSS ON	166,361.			
b	PROGRAM EXPENSES	23,014.			
С	POSTAGE	465.			
d	SUPPLIES	239.			
е	All other expenses	169.			
25_	Total functional expenses. Add lines 1 through 24e	337,792.			
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)				

Part Y | Ralance Sheet

Pa	rt X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	18,201.	1	3,776.
	2	Savings and temporary cash investments	121,318.	2	157,257.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	·		
		trustees, key employees, and highest compensated employees. Complete	_		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary	-		
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 85,910			
	b	Less accumulated depreciation 10b	85,910.	10c	85,910.
	11	Investments - publicly traded securities	1,751,421.	11	1,563,990.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,976,850.	16	1,810,933.
	17	Accounts payable and accrued expenses		17	
i	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
<u>pilit</u>		key employees, highest compensated employees, and disqualified persons			
Lia I		Complete Part II of Schedule L		22	·
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	260.	25	627.
	26	Total liabilities. Add lines 17 through 25	260.	26	627.
	20	Organizations that follow SFAS 117 (ASC 958), check here	200.	20	027•
S		complete lines 27 through 29, and lines 33 and 34.			
ည်	27	Unrestricted net assets	1,976,590.	27	1,810,306.
alar	28	Temporarily restricted net assets	273707330.	28	1,010,300.
Fund Balances	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
7		and complete lines 30 through 34.			
its (	30	Capital stock or trust principal, or current funds	-	30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,976,590.	33	1,810,306.
	34	Total liabilities and net assets/fund balances	1,976,850.	34	1,810,933.

	990 (2018) EMPORIA	23-70	80429	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	<u> </u>			
	' Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>92.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-166		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,976	<u>5,5</u>	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,810	),3	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			l
	separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis				l
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		1	l
	consolidated basis, or both		1 1	l	l
	Separate basis Consolidated basis Both consolidated and separate basis				!
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2018)

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ANCIENT FREE & ACCEPTED MASONS OF **EMPORIA** 

Employer identification number 23-7080429

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par			Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
_	<b>&gt;</b> \$		
	Does each conservation easement reported on line 2(d) abort	ve satisfy the requirements of section 170	·····
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
Par	conservation easements t III   Organizations Maintaining Collections o	of Art Historical Treasures or O	thar Similar Assats
	Complete if the organization answered "Yes" on Form		ther olimiai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	nent and halance sheet works of art
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descr	·	nice of public service, provide, in rail Am,
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	ducation, or research in furtherance of pur	blic service, provide the following amounts
	· ·		<b>L</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		~ ~
		pasuras, or other similar assets for financia	Lagra provide
	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		i gaiii, provide
		To (AGO 300) relating to triese items	▶ \$
a	Revenue included on Form 990, Part VIII, line 1		<b>-</b>

	dule D (Form 990) 2018 EMPORIA						80429	
Pa	rt III   Organizations Maintaining C	ollections of Art, His	storical Treasures	s, or Othe	er Simila	ar Asset	ts(continue	:d)
3	Using the organization's acquisition, accession	on, and other records, chec	ck any of the following	that are a s	ignificant i	use of its o	collection it	ems
	(check all that apply)							
а	Public exhibition	d 🗀	Loan or exchange pro	ograms				
b	Scholarly research	е 🔲	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain how t	they further the organi	zation's exe	mpt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations of art, h	nistorical treasures, or	other sımılaı	rassets			
	to be sold to raise funds rather than to be ma	intained as part of the orga	anization's collection?				Yes	No
Pai	rt IV Escrow and Custodial Arrang	gements. Complete if th	e organization answer	ed "Yes" on	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	r contributions or othe	r assets not	ıncluded			
	on Form 990, Part X?						] Yes [	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, for	escrow or custodial a	ccount liabil	ity?		] Yes	No
	If "Yes," explain the arrangement in Part XIII	Check here if the explanati	on has been provided	on Part XIII				
Paı	t V Endowment Funds. Complete if	the organization answered	I "Yes" on Form 990, F	art IV, line	10			
		(a) Current year (b) I	Prior year (c) Two	years back	(d) Three y	ears back	(e) Four yea	ars back_
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance (line <sup>-</sup>	1g, column (a)) held as					
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%						
За	Are there endowment funds not in the posses	ssion of the organization th	at are held and admin	stered for th	ne organiz	ation .	_	
	by						Ye	s No
	(i) unrelated organizations						3a(ı)	
	(ii) related organizations						3a(ıi)	
þ	If "Yes" on line 3a(ii), are the related organizate	ions listed as required on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		funds					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered					<del></del>		
	Description of property	(a) Cost or other	(b) Cost or other	1 1-7	ccumulate	d	(d) Book va	alue
		basis (investment)	basis (other)	dep	preciation	$-\!$		
	Land	85,910.					<u>85,</u>	910.
	Buildings		ļ			$\longrightarrow$		
С	Leasehold improvements					$\longrightarrow$		
	Equipment					$\longrightarrow$		
е	Other			1				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2018

85,910.

Schedule D (Form 990) 2018 **EMPORIA** 23-7080429 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3)(4) (5) (6) (7) (8) (9)Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X | Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (b) Book value (a) Description of liability (1) Federal income taxes 627. (2) FICA TAXES PAYABLE (3)(4)(5) (6) (7)(8) (9)627 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

**EMPORIA** 23-7080429 Page 4 Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

% ⊠ Employer identification number 23-7080429 Inspection . Open to Public OMB No 1545-0047 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 29,400 cash grant ANCIENT FREE & ACCEPTED MASONS OF (c) IRC section (if applicable) 48-6127355 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EMPORIA KANSAS MASONIC FOUNDATION or government 5835 SW 29TH ST STE 203 Name of the organization TOPEKA, KS 66614 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part

# ANCIENT FREE & ACCEPTED MASONS OF EMPORIA

Page 2

23-7080429

Schedule I (Form 990) (2018) EMPORIA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Bornestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Bornestic Individuals.

						-
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	S	32	27,100.	0		
•						
Part IV Suj	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	red in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
i						
		!				

832102 11-02-18

### **SCHEDULE 0**

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

ANCIENT FREE & ACCEPTED MASONS OF **EMPORIA** 

Employer identification number 23-7080429

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