Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2018

Department of the Treasury Internal Bevenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A I	For the	2018 calendar year, or tax year beginning	nding	<u>- </u>					
В	Check if a			DE	Employer identification number 2				
	Address o	change Mount Washington Lodge of Free ange Number and street (or PO box, if mail is not delivered to street add	MASONS	a	3-713	8356			
$\overline{}$	Name cha		ress) 🔐 Roor		Telephone i				
=	Initial retu	1 · · · · · · · · · · · · · · · ·		6	03 4	47-2158			
$\overline{}$	Amended	City or town, state or province, country, and ZIP or foreign postal co	de		Group Exe				
=		on pending North Conway, N.H. 03860	1	\cup	Number	▶ 771			
G	Account	ting Method Cash Accrual Other (specify) ▶				if the organization is not			
	Vebsite			l l		tach Schedule B			
JΤ	ax-exer	mpt status (check only one) — ☐ 501(c)(3) 🔀 501(c) (1 🍳) ◀ (insert no) 🗍	4947(a)(1) or	 ·		0-EZ, or 990-PF)			
		organization Corporation Trust Association	Other	021 (
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are		or if total ass	ets				
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, , ,		▶ ₫	•			
_	art I	Revenue, Expenses, and Changes in Net Assets or Fu	nd Balances (s	ee the ins	truction	s for Part I) 🔯			
		Check if the organization used Schedule O to respond to an							
?	1	Contributions, gifts, grants, and similar amounts received	<i>y</i> quodio// //		1				
2	2	Program service revenue including government fees and contract	ts		. 2				
,?	3	Membership dues and assessments		• • •	. 3	8180			
?	4	Investment income			4	< 36863 >			
_	5a	Gross amount from sale of assets other than inventory	. 5a		·	36863			
	b	Less cost or other basis and sales expenses	. 5b		─ , *				
	c	Gain or (loss) from sale of assets other than inventory (Subtract Iii		<u> </u>	. 5c				
	6	Gaming and fundraising events:	ne ob nom mie oe	1,	. 30				
Revenue	a	Gross income from gaming (attach Schedule G if greater	than						
	_	\$15,000)	6a		٠.				
	ь	Gross income from fundraising events (not including \$		ributions					
ě		from fundraising events reported on line 1) (attach Schedule G		indutions	·, •				
ш		sum of such gross income and contributions exceeds \$15,000).			1 : :				
	c	Less direct expenses from gaming and fundraising events .	. 6c						
	d	Net income or (loss) from gaming and fundraising events (add		and subtrac	~† ⁵ ~				
		line 6c)			. 6d				
	7a	Gross sales of inventory, less returns and allowances	. 7a		· ou				
	b	Less cost of goods sold	7b	***	→ ^				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from			. 7c				
	8	Other revenue (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		. 8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			• 8	(28 683 >			
	10	Grants and similar amounts paid (list in Schedule O) RF	CENTER		. 10	<u> </u>			
w`	11	Renefits paid to or for members	UCIVED .	1	11	731~			
	12	Salaries, other compensation, and employee benefits		ည္က	12				
ıse	13	Professional fees and other payments to independent pontraction	國2 2019 .	Ž	13	3350			
xpe	14	Occupancy, rent, utilities, and maintenance	, mm - 5019 · 10	۲. · ·	. 14	20164			
	15	Printing, publications, postage, and shipping			. 15				
	16	Other expenses (describe in Schedule O)	EN. UT	1 .	. 16	1047			
	17	Total average Add lines 10 thurs all 10		∄ ∵∵`					
ets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · · ·		17	33215			
	19	Net assets or fund balances at beginning of year (from line 27,	column (A)) /mus	t agree wet	18	(61898)			
SS		end-of-year figure reported on prior year's return)	Column (A)) (mus	agree WIL		434992			
Net Assets	20	· · · · · · · · · · · · · · · · · · ·			. 19	727 874			
ž	21	Other changes in net assets or fund balances (explain in Schedule Net assets or fund balances at end of year. Combine lines 18 thro			. 20	<u> </u>			
Ec.		work Reduction Act Notice, see the separate instructions.			21	434991			
· Ur	ahein	work neudolion Actinolice, see the separate instructions.	Cat No 10	b42l		Form 990-EZ (2018)			

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Part	Balance Sheet	s (see the instructions	for Part II)				
		anization used Schedule	•	iny question in this	Part II		
	<u> </u>				(A) Beginning of year	(B) End of y	ear
22	Cash, savings, and inv	estments			496890	22 434	99
23	Land and buildings				<u> </u>	23	
24	Other assets (describe	ın Schedule O)				24	
	Total assets			[496890	25 434	99
26 ·	Total liabilities (descri	be in Schedule O)				26	•••
	•	lances (line 27 of column	n (B) must agree wit	th line 21)	496890	27 434	99
Part II		rogram Service Accom				· · · · · · · · · · · · · · · · · · ·	
		anization used Schedule	•		•	Expense	s
/hat is		mary exempt purpose?				(Required for sec	
)escrib	ne the organization's o	rogram service accompli	shments for each o	of its three largest r	rogram services	501(c)(3) and 501 organizations, or	
		n a clear and concise m				others)	
		relevant information for ea		риски	-,		
28							
					**		
71 (G	irants \$			ants, check here .		28a	
<u>`</u> 29					•		
] [
ίĠ	irants \$) If this amount	includes foreign ar	ants, check here .	▶ □	29a	
30 <u>, </u>	······································	,					

				••••			
(G	irants \$) If this amount	includes foreign ar	ants, check here	• П	30a	
<u> </u>		(describe in Schedule O)				-	
	irants \$			ants, check here .		31a	
		expenses (add lines 28a				32	
art I\		rectors, Trustees, and Key					Part I\/\
		anization used Schedule					
			(b) Average	(c) Reportable 71	(d) Health benefits,		<u> </u>
	?i (a) Name ar	nd title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	ee (e) Estimated a other compe	
			devoted to position	(If not paid, enter -0-)			isation
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	Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in the			П	
		instructions for Part v) Check if the organization used Schedule O to respond to any question in the	115 Fait	Yes	No	•
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	×	
2	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions			×	- 17
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×	•
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			-
	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				•
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×	e e
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	34. A.	2	1000	į —
	b	Did the organization file Form 1120-POL for this year?	37b		X	=
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	W. Co	X	
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			2/00	į
	39	Section 501(c)(7) organizations. Enter			343	
	а	Initiation fees and capital contributions included on line 9				į
	ь	Gross receipts, included on line 9, for public use of club facilities		1700 17000		
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	*****		
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	ない意思			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X	
	41	List the states with which a copy of this return is filed ►				_
	42a	The organization's books are in care of ► CRAWFORD P BUTLER Telephone no ►60	3 4	4.7-	215	58
	þ	Located at ► 30 Muster Road CONWay, NH ZIP + 4 ► 038 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	18-1	900	<i>J</i> No	-
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X	3
		If "Yes," enter the name of the foreign country ▶		1	Y.W	3
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		X) -
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•		▶ □	
	70	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1000	X]
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	Par	×	1
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		x	1
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		χ	-
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead or Form 990-EZ. See instructions	45b		×	September 1

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m 990-EZ (2018)			W3 110855	-		age 4
Did the organization engage, directly or into candidates for public office? If "Yes," of the candidates for public office?				n	Yes	No X
rt VI Section 501(c)(3) Organization All section 501(c)(3) organization	s Only				or line	
50 and 51. Check if the organization used Sc	hedule O to respond	to any question in tl	nis Part VI			
					Yes	No
Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	त॥			× 47		
Is the organization a school as described in Did the organization make any transfers to		· ·		48		
 Did the organization make any transfers to If "Yes," was the related organization a se 	·	_		49a 49b		
Complete this table for the organization's employees) who each received more that	s five highest compens	sated employees (oth				d key
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)) Estimate other com		
					-	
Complete this table for the organization \$100,000 of compensation from the organization	anization. If there is no			eceived	_	thar
				·		
				-		
				•		
						
d Total number of other independent contra	actors each receiving	over \$100,000 I	—			
Did the organization complete Scheducompleted Schedule A	•	•		a □ Yes		lo
r penalties of perjuly, I declare that I have examined this correct, and complete Declaration of prepare (other than			nts, and to the best of my know			
Signeture of officer	WA A C C 2		Date Date	7		
Peter Williams Type or print name and title	, MASTER		<i>U</i>			
Print/Type preparer's name CRAWPORO P BUTLER	Preparer's signature	Butter 1	22/19 Check 20 if self-employed		07	
e Only Firm's name ► CRAWFORD P G Firm's address ► 30 MUSter R	BUTLER d. Conway. N.	1 03818-608	Firm's EIN ► 90 - 90 - 90 - 90 - 90 - 90 - 90 - 90		215	
	L F: MILLE // L M. P.	- 11 3K IE - DIN	7 Phone no 603 4	T / T A		4

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

∠⊎ I O Open to Public

Employer identification number

WASHINGTON Lodge of FREE MASONS 23-713*835*6 PART I, Line 10, Grants & Similar Amounts Paid: Bereavenent CARds 62.20 SHRINE 100.00 Rainbow Girls 50.00 Seacoast Learning Ctr for Dyslexia 100.00 GIBSON CTR FOR SENSOR SERVICES 500,00 Angels & Elves 500,00 Kennet High School Schlorships 3000,00 4312.20 PART I, Line 16, Other Expenses: 36 90.00 GRAND Lodge Assessment Ritual and CEREMONIAL 4342, 28 PART I, Line 20, Other CHANGES IN NET Assets OR FUND BALANCES: Rounding \$ < 1.00 >