2949318704.6.D.6.0049 Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	e 2018 calend	dar year, or tax year begi	nning		, 2018, and	ending		, 20
			T		EDWED WAG		enung		
\Box		applicable	-	ENT FREE AND ACC	EPTED MASC	ONS OF			D Employer identification no
$\overline{}$		change	Doing business as	 					42-0142612
님 '	lame ch	nange	· ·	ox if mail is not delivered to street a	ddress)		Room/suite		E Telephone number
ዞ "	utiał reti	um	P O BOX 493						(319)266-9744
ļ, ţ	inal retu	urn/terminated	G Gross receipts						
ዞ •	mende	d return		\$ 146,182					
□ 4	pplicati	on pending	F Name and address of principal	officer JON LAITY			H(a) Is this a gro	up retum fo	or subordinates? Yes X No
			SAME AS C ABOV			-1/	H(b) Are all su	bordinate	es included? Yes No
<u>I T</u>	ax-exen	npt status	501(c)(3) X 501(c)(10) ◀ (insert no) 4947(a)(1) or 5	527	If "No	," attach	a list (see instructions)
<u>J V</u>	/ebsite		Corporation Trust Ass				H(c) Group e	xemption	number 🕨
K F	al domicile IA								
Part I Summary \									
	1	Briefly descr	ribe the organization's miss	sion or most significant acti	ivities: <u>SHAI</u>	L BE THE HO	OLDING AND	CONS	ERVING OF
8		PROPERTY	Y TAKEN BY						·· ·· ·· ·· ··
an		GIFT, PR	RUCHASE, DEVISE AL	ND BEQUEST FOR TH	E BENEFIT	&			
E		PROMOTIO	ON OF THE FRATERNA	AL RELATIONS AMOU	NG MEMBERS	 S			
Š	2	Check this b	oox ▶ 🔲 if the organizatio	n discontinued its operation	ns or disposed	of more than 25	% of its net asset	s	
୴	3	Number of v	voting members of the gove	eming body (Part VI, line 1	a)	<u> 1ECEIVE</u>		. з	0
Activities & Governance	4	Number of I	ndependent voting membe	rs of the governing body (F	Part VI, ling 1b))	👸	. 4	0
	5		er of individuals employed i		4-1	JUN-28-20	19. 있	. 5	0
	6		er of volunteers (estimate if					. 6	
⋖	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line	12	(***** [*\}***\	. 17	. 7a	0
	b		ed business taxable income	• • • •		OGDEN, I		. 7b	0
	İ						Prior Year	•	Current Year
Revenue	8	Contribution	ns and grants (Part VIII, line	e 1h) • • • • • • • • • • •					10,320
	9		rvice revenue (Part VIII, lin			ŀ			0
	10	_	income (Part VIII, column (!			9,047
Ř	11		iue (Part VIII, column (A), li			ł			39,259
_	12		ue - add lines 8 through 11		•				58,626
	13		similar amounts paid (Part						5,200
AEKBerjses 2010	14		d to or for members (Part I			t t		-	0
9-	15	Salaries, oth	ner compensation, employe	ee benefits (Part IX, columi	n (A), lines 5-10	0)			0
Se	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)					0
je j	b		ising expenses (Part IX, co			o			
翌	17		nses (Part IX, column (A), li			 .			22,484
-	18	Total expens	ses Add lines 13-17 (mus	equal Part IX, column (A).	line 25) • •				27,684
Ω	19		ss expenses. Subtract line		•				30,942
Zes							Beginning of Curre	nt Year	End of Year
188	20	Total assets	(Part X, line 16)					8,758	-
	21		es (Part X, line 26)						0
SCANNED Fund Balances	22	Net assets o	or fund balances Subtract	line 21 from line 20 · · ·			49	8,758	519,761
Pa	t !!		ire Block					• / · • ·	<u> </u>
			eclare that I have examined this retu				y knowledge and beli	ef, it is	
true,	correct,	and complete De	eclaration of preparer (other than of	ficer) is based on all information of	which preparer has	s any knowledgy			
		JON	LAITY			A			12 Jun - 2019
Sigr	1	Signatur	re of officer		7			Date	
Here	•	JON :	LAITY, SECRETARY						
Type or print name and title									
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	X f	PTIN
Paic	I	1	N PRUISNER	11/ auto Trus	SL	06-11-2019	self-emplo	_	P01345352
Pre	oarei			PRUISNER CPA PLC		<u> </u>	Firm's EIN ▶		
Use	Only				<u> </u>		Phone no		
	•			11s IA 50613			i	319-2	277-5772
May t	he IR	S discuss this	return with the preparer sl		ons) · · · ·				· · · X Yes No
			ion Act Notice, see the se			-	- 14	5	Form 990 (2018)

	1 990 (2018) ANCIENT FREE AND ACCEPTED MASONS OF	42-0142612	2 Page 2
Pa	rt III Statement of Program Service Accomplishments		
٠	Check if Schedule O contains a response or note to any line in this Part III		🗆
1	Briefly describe the organization's mission		
	SHALL BE THE HOLDING AND CONSERVING OF PROPERTY TAKEN BY		
	GIFT, PRUCHASE, DEVISE AND BEQUEST FOR THE BENEFIT &		
	PROMOTION OF THE FRATERNAL RELATIONS AMOUNG MEMBERS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	□ Yes	X No
	If "Yes," describe these new services on Schedule O		M J
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	□ v ₀ ,0	X No
		📋 162	K NO
	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 measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$20,682 including grants of \$) (Revenue	\$)
	SHALL BE THE HOLDING AND CONSERVING OF PROPERTY TAKEN BY GIFT, PRUCHASE, DEVI	(SE AND BE	QUEST
	FOR THE BENEFIT & PROMOTION OF THE FRATERNAL RELATIONS AMOUNG MEMBERS		
4b	(Code) (Expenses \$including grants of \$) (Revenue	\$	
	/ Labelises # / (Labelises # / (Nevenue	4	
	-		
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		`	
		· ·	
		-	
			
			
4d	the first transfer of the second of the seco		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 20,682		

Form 990 (2018) Part IV C 8) ANCIENT FREE AND ACCEPTED MASONS OF 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			3.5
2	·	1		X
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	_2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			17
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		<u>X</u>
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	ļ	İ	
_	"Yes," complete Schedule D, Part I	6		<u> X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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,		1	
	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	Х	
b	Did the organization report an amount for investments - other secunties 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		Х
C	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		Х
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		Х
е	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	Ĩ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
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		X
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		\mathbf{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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	\neg		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
		لنت		

			т —	
22	Did the ergonization report many than \$5,000 of counts as other accordance to a feed demands and advantage		Yes	No
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			7,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	<u>X</u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
25a				
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
00	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	_		
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		х
35a	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	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization?//f "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36	i	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	l		·
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a 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, secunities account, or other financial account)? 4a Х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Х 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 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X е 7e Х 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 7h Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Х а Х b Did the spensoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 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 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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 Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which C 14a Did the organization receive any payments for indoor tanning services during the tax year? Х b 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 X If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O

_	n 990 (2018) ANCIENT FREE AND ACCEPTED MASONS OF 42-0142		F	Page
Га	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• • •	• X
<u> 260</u>	ction A. Governing Body and Management		г	,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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			ŀ
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · 1b <u>0</u>	<u> </u>		
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		X
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		X
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		Х
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		Х
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			1
	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
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?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	13		х
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	F-		- 1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
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).	135		<u> </u>
16a				
	with a taxable entity during the year?	16a		<u>x</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	102	_	<u> </u>
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		464		
Sec	organization's exempt status with respect to such arrangements?	16b		Х
17 1Ω				
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) available for public inspection. Indicate how you made these available. Check all that apply.			
40	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			
••	financial 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			
	JON LAITY (319)266-9744, P O BOX 493, CEDAR FALLS, IA 50613			

Form	രവ	/201	٥١
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ANCIENT FREE AND ACCEPTED MASONS OF

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

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

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

		(C)								
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)			ın	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted 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) JON LAITY SECRETARY	2.00			х				0	0	0
(2) JOSH_TANBERG TREASURER	2.00			Х				0	0	0
(3) CLARK_RICKARD MASTER	2.00			х				0	0	0
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>	-									
<u>(9)</u>				-						
(10)							-			
(11)										
<u>(12)</u>		i			-					
(13)										
(14)									-	

(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted 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	
15)											
16)		-								:	
17)											
18)											
19)									<u>-</u>		
20)					-						
21)				-							
22)									-		
23)											
24)						- -	-				
25)									·		
1b Sub-total	on A · ·			• •	•	· · · ·	>	0	0	0	
2 Total number of individuals (including but not limited reportable compensation from the organization						-				· · · · · · · · · · · · · · · · · · ·	
 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rejorganization and related organizations greater than individual	for such ind portable com \$150,000? f	ividual npensa f "Yes, • • •	ition "cor	and and	oth	er com	npen le J	sation from the		Yes No	
for services rendered to the organization? If "Yes," of Section B. Independent Contractors			-			_				5 X	
Complete this table for your five highest compensal compensation from the organization Report compeyear											
(A) Name and business address								(B) Description of s	services	(C) Compensation	
Total number of independent contractors (including	but not limite	ed to th	nose	liste	d a	bove)	who				

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Total revenue Related or exempt Unrelated Revenue excluded from tax business function revenue under sections 512-514 Gifts, Grants illar Amounts Federated campaigns 1a 1b 10,320 1c d Related organizations 1d Contributions, and Other Simi Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f · · · · · · · · · · ▶ 10,320 **Business Code** Revenue 2a Program Service f All other program service revenue · · · · · · Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 5,693 5,693 Income from investment of tax-exempt bond proceeds · · · ▶ (ı) Real 6a Gross rents 82,746 b Less rental expenses · · · · 47,937 c Rental income or (loss) · · · 34,809 34,809 34,809 (ı) Securities 7a Gross amount from sales of assets other than inventory 38,484 b Less cost or other basis and sales expenses 35,130 c Gain or (loss) 3,354 3,354 3,354 Other Revenue 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 a 8,939 b Less direct expenses b 4,489 c Net income or (loss) from fundraising events · · · · · · ▶ 4,450 4,450 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses **b** © Net income or (loss) from gaming activities • • • • • • • • • • • 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a b e Total. Add lines 11a-11d Total revenue. See instructions · · · · · · · · ▶ 58,626 43,856 0

Form 990 (2018) ANCIENT FREE AND ACCEPTED MASONS OF Part IX' Statement of Functional Expenses

Seco	tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other organi	zations must complete	column (A)	
360	Check if Schedule O contains a response or note to				· · · · · · · · · · · · · · · · · · ·
Do 1	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•		4 000			
2	·	4,200	4,200		
2	Grants and other assistance to domestic				
_	ındıvıduals See Part IV, line 22 · · · · · · · · · · · · · · · · · ·	1,000	1,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			İ	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) • •				
9	Other employee benefits	18. 1			
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·			·	
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·	3,000		3,000	
b	Legal·····			•	
С	Accounting	495		495	
d	Lobbying	"			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees · · · · · · · · · · · · · · · · · ·	3,507	1	3,507	
g	Other (If line 11g amount exceeds 10% of line 25, column				
• .	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	6,466	6,466		
14	Information technology	.0,400	0,400		
15	Royalties	-			
16	Occupancy				···
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	705	705		•
20	Interest · · · · · · · · · · · · · · · · · · ·	705	705		
21	Payments to affiliates				
22	, , , , , , , , , , , , , , , , , , ,	8,311	8,311		
	Depreciation, depletion, and amortization			 -	
23	Insurance				
24	Other expenses litemize 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)		_		
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,684	20,682	7,002	0
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 X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 239,390 80,827 2 2 98,323 225,371 3 3 Pledges and grants receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 7 7 Assets 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b 10c 20,759 20,759 11 11 140,286 192,804 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 16 498,758 16 519,761 17 17 18 18 19 19 20 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, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 26 Total liabilities. Add lines 17 through 25 0 26 0 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 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 30 through 34. 30 30 498,757 519,760 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1 1 33 33 498,758 519,761

34

34

498,758

	1990 (2018) ANCIENT FREE AND ACCEPTED MASONS OF 42	2-014261	.2	P	age 12
Pa	rt 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)	1		58,	626
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,0	684
3	Revenue less expenses Subtract line 2 from line 1	3		30,	942
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	198,	758
5	Net unrealized gains (losses) on investments	5		(9,	939)
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	_ 5	19,	761
Pa	rt XII Financial Statements and Reporting	<u></u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				'
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· • • • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	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		Х
	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				
С	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		х
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	<u></u> .	3b		
EEA			Form	990 (2018)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

ANG	CIENT FREE AND ACCEPTED MASONS OF	42-0142612
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pai	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	nservation
	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
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	ization during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	sements during the year
_	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)	
_	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements in its revenue and expense statements.	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	it describes the
Da	organization's accounting for conservation easements	- Cimilar Assats
rai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
4.	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	d halanaa -baak
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and the organization of out businesses and the organization of out businesses are of the organization of out businesses and the organization of out businesses are of the organization of out businesses and the organization of out businesses are of the organization of out businesses and the organization of out businesses are of the organization of out businesses and the organization of out businesses are of the organization of out businesses and organization of out businesses are of out businesses and organization of out businesses are of out businesses and organization of out businesses are of out businesses and organization of out businesses are of the organization of out businesses are of out businesses and organization of out businesses are of the organization of out businesses are of out businesses and organization of out businesses are of the organization of out	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
L	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	rtnerance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	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	
a	Revenue included on Form 990, Part VIII, line 1	
b_	Assets included in Form 990, Part X	· · · · · ▶ \$

Pa	rt III j Organizations Maintaining Colle	ections of Art	<u>, Historical Tr</u>	<u>easures, or</u>	Other Similar Ass	ets (continued)
3 .	Using the organization's acquisition, accession, and	d other records, ch	neck any of the foll	owing that are a	significant use of its	
	collection items (check all that apply)				_	
а	Public exhibition	d ∏ Loan	or exchange progr	rams		
ь	Scholarly research	e 📗 Other				
c	Preservation for future generations					
4	Provide a description of the organization's collection	ns and explain ho	w they further the c	ornanization's ex	vemnt nurnose in Part	
•	XIII.	is and explain no	w arey rarater are c	organization s ex	kempt purpose in r art	
5	During the year, did the organization solicit or receiv	vo donations of ar	t historical transur	or or other our	ulos	
J	assets to be sold to raise funds rather than to be ma					Yes No
Pa	rt IV Escrow and Custodial Arrangem		or the organization	s collection?		· · les livo
<u> </u>	Complete if the organization answ		Form 990, Par	rt IV, line 9, o	r reported an amou	unt on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian or o					п., п.
_	•					· · Yes No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the follows	ng table		_	
						nount
C	Beginning balance				'-	
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Form 99				•	· · · 🗌 Yes 🔲 No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII Check	here if the explar	nation has been pro	ovided on Part >	(III	<u> </u>
Pa	rt V Endowment Funds.					
	Complete if the organization answ	ered "Yes" on	Form 990, Par	t IV, line 10		
	(;	a) Current year	(b) Pnor year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
e	Other expenditures for facilities and					
	programs			<u></u>		
f	Administrative expenses					
g	End of year balance		-			
2	Provide the estimated percentage of the current year	ar end balance (lir	ie 1g, column (a)) l	held as.	•	
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c should equ	 ual 100%.				
3a	Are there endowment funds not in the possession o	f the organization	that are held and	administered for	r the	
	organization by	ŭ				Yes No
	(i) unrelated organizations · · · · · · · · · · ·					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations li	sted as required (on Schedule R2 •			. 3b
4	Describe in Part XIII the intended uses of the organi	•				
Pa	rt VI Land, Buildings, and Equipment					
	Complete if the organization answ	ered "Yes" on	Form 990, Par	t IV, line 11a	. See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other	1	or other basis	(c) Accumulated	(d) Book value
		(investment	1 * *	(other)	depreciation	,,
	Land	.		20,759		20,759
b	Buildings					
c	Leasehold improvements					
d	Equipment				· ·	
e	Other					
	l. Add lines 1a through 1e (Column (d) must equal Fo		olumn (B), line 10d	;)		20.759

ANCIENT FREE AND ACCEPTED MASONS OF

Schedule D (Form 990) 2018

42-0142612

Page 2

1.	(a) Description of hability	(b) Book value	 	 	
(1) Fede	ral income taxes				
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Colum	n (h) must pougl Form 990, Part Y, col. (R) 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.

	ule D (Form 990) 2018 ANCIENT FREE AND ACCEPTED MASONS OF	42-0142612	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	 	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	<u> </u>	
b	Prior year adjustments		
С.	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	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		
b	Add lines 4a and 4b	 -	
с 5			
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	, 5	
	de 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	L Part Y June	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	r, r arcx, inic	
_,	The state of the s		
			
_			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

EEA

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer Identification number ANCIENT FREE AND ACCEPTED MASONS OF 42-0142612 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS GIEN TO BOARD OFFICERS AND IS REVIEWED THEN SIGNED BY SECRETARY UPON APPROVAL 02. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE KEPT AT THE LODGE BY THE SECRETARY AND ARE AVAILABLE UPON REQUEST. ANNUAL MEETING IS OPEN TO MEMBER ONLY.