CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning JAN 1, 2019 and	enaing M	AR 31, 2019				
В	Check if	C Name of organization		D Employer identific	cation number			
	applicabl	MOST WORSHIPFUL GRAND LODGE						
	Addre	OF A.F. & A.M.						
	Name chang	Doing business as		48-03444	69			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return			78523455				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	437,541.			
	Ameno	TOPERA, RS 00003		H(a) Is this a group re				
	Applic	F Name and address of principal officer TRACT D. BLOOM		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
	Tax-ex	empt status 501(c)(3)X 501(c)(10 4947(a)(1) c	or527	If "No," attach a	list (see instructions)			
		e: ► WWW.KANSASMASON.ORG/	<u>. IV</u>	H(c) Group exemption				
K	Form of	organization: X Corporation	L Year	of formation, 1856 N	State of legal domicile: KS			
P	art I	Summary						
4.	1	Briefly describe the organization's mission or most significant activities SUPER	RVISIO	N AND ADMIN	STRATION			
Governance		OF FREEMASONRY WITHIN KANSAS. COLLECT DUE	S, KEE	P MEMBERSHI	P RECORDS,			
n a	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	6			
		Number of independent voting members of the governing body (Part VI, line 1b)		4	5			
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	4			
	6	Total number of volunteers (estimate if necessary)		6	0			
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
<	ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
•		0130 20 20	、	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	′ ∟	407,984.	372,437.			
ű	9	Program service revenue (Part VIII, line 2g)	ı 🗀	41,042.	34,452.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<i>'</i>	77,240.	19,645.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		175,049.	7,762.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	701,315.	434,296.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		197,103.	66,133.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Der	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		294,848.	114,546.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		491,951.	180,679.			
	19	Revenue less expenses Subtract line 18 from line 12		209,364.	253,617.			
- 5°	4		Be	ginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		3,550,798.	3,987,810.			
Ass	21	Total liabilities (Part X, line 26)		20,600.	18,821.			
Set	22	Net assets or fund balances Subtract line 21 from line 20		3,530,198.	3,968,989.			
P	art II	Signature Block						
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, correc	t, and complete Declaration of probarer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		New Date			020			
Sign		Signature of Afficer		Date	* .			
Hei		TRACY L. BLOOM, GRAND SECRETARY						
		Type or print name and title		1 1				
		Print/Type preparer's name Preparer's signature	ΛC	Date 128 20 Check	PTIN			
Paid	d	CHERYL G. HAYWARD Cheryl I Jan	ward	CPA self employe	P00016097			
	parer	Firm's name BT&CO., P.A.	(\		48-1066439			
	Only	Firm's address 4301 SW HUNTOON ST.						
	•	TOPEKA, KS 66604		Phone no. 78	5-234-3427			
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

MOST WORSHIPFUL GRAND LODGE OF A.F. & A.M.

	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 NONE	
		
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	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 measured by	
	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
4a	revenue, if any, for each program service reported (Code) (Expenses \$	
-	PROVIDE SYSTEMATIC GATHERING AND DISSEMINATION OF STATISTICAL	
	MEMBERSHIP DATA, FINANCIAL DATA, AND OTHER INFORMATION TO FACI	LITATE
	THE SUPERVISION AND ADMINISTRATION OF FREEMASONRY WITHIN THE	
	JURISDICTION OF KANSAS.	
		· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$	
		
		
		
		
4c	(Code) (Expenses \$) (Revenue \$))
		· · · · · · · · · · · · · · · · · · ·
 4d	Other program services (Describe on Schedule O)	
	(Expenses \$ Including grants of \$) (Revenue \$)
40	Total program service expenses	

48-0344469 Page 2

Form 990 (2019)

Page 3

Part IV Checklist of Required Schedules

			Yes	NI.
_	le the experience described in eaction E01/aV2) or 4047/aV(1) (other than a private foundation)?		res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		Х
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	-	
3		3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
4		4		
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١Ť		
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			
0		8	х	
9	Schedule D, Part III 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?		1	
	If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, 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 securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 167 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			
	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
l2a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\vdash \vdash \vdash$	Х
b	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

MOST WORSHIPFUL GRAND LODGE

Form 990 (2019) OF A.F. & A.M.

Part IV Checklist of Required Schedules (continued)

			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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		⊢—
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		ŀ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\widehat{}$
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)	_		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	260		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		\mathbf{x}_{-}
00	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		х
31	contributions? If "Yes," complete Schedule M 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			_
32		32		х
33	Schedule N, Part II 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		х
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	х	ĺ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		Ca	uun /	(2010)

Page 5

Form	990 (2019) OF A.F. & A.M. 48-0344	469	Р	age 5
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -
			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	ļ		İ
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	· · · · · ·
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	"		
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
.	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
En	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
_		- Oa		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	- 00		
7	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		Х
a		7b		**
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	'''		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		х
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
	,,	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		\vdash	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h		
	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			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40.	amounts due or received from them) [11b]	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
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			
D	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 13b			
	Enter the amount of reserves on hand	44.		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v
	excess parachute payment(s) during the year?	15		<u> X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	45		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			

OF A.F. & A.M.

48-0344469

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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O. 5 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: R X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section 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 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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 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. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records TRACY L. BLOOM - 785-234-5518

66603

320 SW_8TH,

TOPEKA,

KS

OF A.F. & A.M.

48-0344469

Form 990 (2019) 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	 	

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 See instructions for the order in which to list the persons above

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	officer and a director/trustee)					from	from related	other	
	(list any	į						the	organizations	compensation
	hours for	g g				ted		organization	(W·2/1099-MISC)	from the
	related	ste o	ruster			eusa		(W-2/1099-MISC)		organization
	organizations	a tru	onal t		Joyee	uo a	1			and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MIKEL STOOPS	1.00	트	트	5	2	포칭	٣			
MEMBER	100	\mathbf{x}								
(2) COLE PRESLEY	1.00							·-		
GRAND TREASURER		X		X						
(3) TRACY L. BLOOM	40.00									
GRAND SECRETARY		X		Х		<u> </u>				
(4) DALE MORROW	1.00	↓								
GRAND MASTER		X		X		_	_			
(5) ANTHONY BORUM	1.00	↓								
DEPUTY GRAND MASTER	1 22	X	<u> </u>			<u> </u>	_			
(6) MICHAEL D. JOHNSON II	1.00	١.,								
GRAND JUNIOR WARDEN		X	 			-	<u> </u>			
		┨								
		├	\vdash	\vdash	_	-	├			
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						<u></u>	l			

Form 990 (2019)	MOST WOR	& A.M.								48-03	4446	9	Page 8				
Part VII Section A. Of (A Name ar)	(B) Average	mployees, and Highest Co (C) Position (do not check more than one					one	(D) Reportable	(E) Reportable		(F) Estimated					
		hours per week (list any hours for related organizations below line)				recto		or/trus	or/trus	or/trus	Highest compensated A god employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C) C(amoun othe ompens from t organiza and rela rganiza	er sation the ation ated
																	
							_										
										, 							
1b Subtotal c Total from continu d Total (add lines 1b	ation sheets to Part VI and 1c)	I, Section A						▶ ▶									
Total number of ind compensation from		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		T .:	.				
ū	•		ee, k	еу е	empl	oye	e, or	hıg	hest compensated emp	loyee on		Yes	No X				
4 For any individual lis	mplete Schedule J for s sted on line 1a, is the su ations greater than \$150	ım of reportabl							ner compensation from the	ne organization	4		X				
5 Did any person liste		accrue comper	nsatio	on fi	rom	any	unre		ed organization or individ	dual for services	. 5		X				
Section B. Independent	Contractors							's th	nat received more than \$	100,000 of compe	ensation	from					
	eport compensation for								the organization's tax y			(C)					
	(A) Name and business	address	NC	INC	3			_	Description of s	ervices	Com	pensati	on				
											-						
								$\frac{1}{1}$				_					
			ot lın	nited	i to t	thos	e lis	ted	above) who received mo	ore than							
\$100,000 of compe	nsation from the organi	zation >			_					<u>i</u>	For	ո 990	(2019				

		Check if Schedule O contains a response of	r note to any line	y line in this Part VIII						
		Orioon in Contraction of Contraction of Contraction		(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt	Unrelated	Revenue excluded			
					function revenue	business revenue	from tax under sections 512 - 514			
							360110113 312 - 314			
र्घ स	1 a	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	Membership dues 1b	372,437.							
<u>0</u> ₫	c	Fundraising events 1c								
₽₽		Related organizations 1d	_							
뜨림	•									
ᇎᆱ										
흑님	f	· · · ·								
듗뙴		similar amounts not included above 1f								
풀퓔	ç			200 420						
<u> </u>		Total. Add lines 1a-1f		372,437.						
			Business Code	-						
o l	2 a	MEETINGS	900099	34,452.	34,452.					
Š	b									
is a										
έğ				•			_			
Program Service Revenue	C									
ĕ	e			-						
۱ ۵	f	All other program service revenue		24 450						
\blacksquare	9	Total. Add lines 2a 2f		34,452.						
	3	Investment income (including dividends, interes	st, and							
		other similar amounts)	▶	19,645.			19,645.			
	4	Income from investment of tax-exempt bond pr	oceeds ►							
	5	Royalties								
	•	(i) Real	(II) Personal		· ··-	-				
	_	1 0 000	(1) 1 0.001141							
	6 a									
	t									
		Rental income or (loss) 6c 8,227.					2 225			
	C	Net rental income or (loss)		8,227.			8,227.			
1	7 a	Gross amount from sales of (i) Securities	(II) Other							
		assets other than inventory 7a								
		Less cost or other basis								
a	•	and sales expenses 7b								
5	_									
ě		Gain or (loss) 7c								
her Revenue		Net gain or (loss)								
룓	8 8	Gross income from fundraising events (not								
ŏ		including \$ of								
		contributions reported on line 1c) See								
		Part IV, line 18								
	t	Less direct expenses 8b								
		Net income or (loss) from fundraising events								

	9 6	Gross income from gaming activities See								
		Part IV, line 19								
		Less direct expenses 9b	-		<u>.</u>					
	C	Net income or (loss) from gaming activities								
	10 a	Gross sales of inventory, less returns								
		and allowances 10a								
	ł	Less cost of goods sold 10b	3,245.							
		Net income or (loss) from sales of inventory	—	<3,245.>	<3,245.>					
\dashv		Tet modifie of global from dates of inventory	Business Code		· · · · · · · · · · · · · · · · · · ·					
ध	4.4	TICENCE DIAME ETNIN		1,700.	1,700.					
ᇗᆿ	11 a	LICENSE PLATE FUND	900099				-			
퍨	t	OTHER INCOME	900099	1,080.	1,080.					
등등	C			· · · · · · · · · · · · · · · · · · ·			<u> </u>			
Miscellaneous Revenue	c	All other revenue								
2	6	Total. Add lines 11a-11d	_	2,780.						
	12			434,296.	33,987.	0.	27,872.			

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon		this Part IX		(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				}
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	45 005			
	trustees, and key employees	15,805.		·	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	22 205			
7	Other salaries and wages	33,395.	<u> </u>		· · · · ·
8	Pension plan accruals and contributions (include	015			
	section 401(k) and 403(b) employer contributions)	915. 3,915.			
9	Other employee benefits	12,103.			
10	Payroll taxes	12,103.			
11	Fees for services (nonemployees)				
a	Management			·	
b	Legal	496.			• • • • • • • • • • • • • • • • • • • •
Ç	Accounting	4,000		· · · · · · · · · · · · · · · · · · ·	
d	Lobbying Professional fundraising services. See Part IV, line 17			<u></u>	
e f	Investment management fees		•		
g	Other (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	-			· · · · · · · · · · · · · · · · · · ·
13	Office expenses	49,256.			
14	Information technology	1,097.			
15	Royalties				
16	Occupancy	15,549.	-		
17	Travel	681.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	23,372.			
22	Depreciation, depletion, and amortization	6,136.		·	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
	DUES & SUBSCRIPTIONS	7,791.			
	CONTRIBUTIONS	5,000.			
C	OFFICER EXPENSE	3,295.			
	MISCELLANEOUS	978.	1		
	All other expenses	895. 180,679.			
<u>25</u>	Total functional expenses Add lines 1 through 24e	100,0/9.	· - .	 	
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)				
	II following 30F 98-2 (A3C 936-720)			l	1

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	e to an	y line in this Part X				
		-			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			15,825.	1	24,359.	
	2	Savings and temporary cash investments			234,765.	2	368,364.	
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net			924.	4	0.	
	5	Loans and other receivables from any current or	former	officer, director,				
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%				
		controlled entity or family member of any of thes				5		
	6	Loans and other receivables from other disqualif						
		under section 4958(f)(1)), and persons described		6				
s	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		102,003.	8	102,378.		
As	9	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment cost or other						
		basis Complete Part VI of Schedule D	10a	982,495.				
	ь	Less accumulated depreciation	336,423.	10c	331,631.			
	11	Investments - publicly traded securities	2,668,191.	11	2,968,411.			
	12	Investments - other securities See Part IV, line 1	·	12				
	13	Investments - program-related See Part IV, line		13				
	14	Intangible assets	<u> </u>	14				
	15	Other assets See Part IV, line 11	192,667.	15	192,667.			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	3,550,798.	16	3,987,810.	
	17	Accounts payable and accrued expenses		20,600.	17	18,821.		
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20	·	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	1	
S	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, subst		· · · · · · · · · · · · · · · · · · ·				
jab		controlled entity or family member of any of thes		ſ		22		
_	23	Secured mortgages and notes payable to unrela		·		23		
	24	Unsecured notes and loans payable to unrelated			·	24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	17-24)	Complete Part X				
		of Schedule D		}	20,600.	25	18,821.	
	26	Total liabilities. Add lines 17 through 25		<u></u> · · · ·	20,000.	26	10,021.	
Ø		Organizations that follow FASB ASC 958, che	ck ner					
JCe		and complete lines 27, 28, 32, and 33.			3,530,198.	07	3,968,989.	
alar	27	Net assets without donor restrictions			3,330,130.	27	3,900,909.	
ф В	28	Net assets with donor restrictions	50 aba		<u></u>	28	·	
Š		Organizations that do not follow FASB ASC 9	be, cne	eck nere				
ř		and complete lines 29 through 33.				20		
its (29	Capital stock or trust principal, or current funds		at finad		29 30		
SSE	30	Paid-in or capital surplus, or land, building, or eq			<u></u>	31		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	Joine, (Outer julius	3,530,198.	32	3,968,989.	
ž	32	Total hebitics and not seems fund balances		ŀ	3,550,798.	33	3,987,810.	
	33	Total liabilities and net assets/fund balances		<u></u>	3,330,130.	_ 33	3,707,010.	

Form	MOST WORSHIPFUL GRAND LODGE OF A.F. & A.M.	48-	-03444	169	Pa	_{qe} 12
Pa	rt XI Reconciliation of Net Assets					
	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				<u>96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				79.
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 17.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3			<u>98.</u>
5	Net unrealized gains (losses) on investments	5		185	5,1	<u>74.</u>
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 on 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	3	, 968	3,9	<u>89.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				1	X
				_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	Ĺ			77
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			ا,		
	Separate basis Consolidated basis Both consolidated and separate basis					
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 separate	basis,				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		ļ.			
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 on Sche		F .	-		\vdash
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gie Aud	ΙΙΤ	ا ۔		x
	Act and OMB Circular A-133?		. }	3a	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, size to undergo such audits.	eu aud	11.	3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		L		990	(2019)
				. 01111	(رواني

SCHEDULE D

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.

2019
Open to Public Inspection

Name of the organization

MOST WORSHIPFUL GRAND LODGE

OF A.F. & A.M.

Employer identification number 48 – 0344469

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2019 OF A.F.	& A.M.					48	3-03 <u>-</u>	<u>44469</u>	Page 2
	t III Organizations Maintaining Co		Histo	orical Tre	asures, o	r Other S	Similar A	ssets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check	any of the	following that	t make sign	ificant use	of its		
	collection items (check all that apply)									
а	X Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other				_		
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	ey further th	ne organizatio	on's exemp	t purpose	ın Part)	XIII	
5	During the year, did the organization solicit or	receive donations of	art, his	storical treas	sures, or othe	er sımılar as	sets		_	
	to be sold to raise funds rather than to be ma	intained as part of the	e organ	nzation's co	llection?		<u> </u>		Yes	X No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the	organizatio	n answered	"Yes" on Fo	orm 990, P	art IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21			_					
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for o	contribution	s or other as:	sets not inc	luded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on Fo						?		Yes	∐_ No
_	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete if				I	_		1		
	-	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three year	s back	(e) Four	years back
1a	Beginning of year balance			·						
þ	Contributions									
С	Net investment earnings, gains, and losses				_					
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses			·						
g	End of year balance				<u> </u>			1		
2	Provide the estimated percentage of the curre	ent year end balance		j, column (a)) held as					
а	Board designated or quasi-endowment		_%							
Ь	Permanent endowment	%								
С		% 								
	The percentages on lines 2a, 2b, and 2c should be a sh							_		
За	Are there endowment funds not in the posses	ssion of the organizat	ion tha	t are nelo ar	na aaministei	rea for the d	organizatio	ın	Г	Yes No
	by								3a(i)	Yes No
	(i) Unrelated organizations								3a(ii)	
	(ii) Related organizations	hana bakad aa saasiisa	d an C.	shadula D2					3b	
	If "Yes" on line 3a(ii), are the related organizated Describe in Part XIII the intended uses of the	•							SD	
Par	t VI Land, Buildings, and Equipme		ment	unus						
	Complete if the organization answered		Part IV	line 11a S	see Form 990) Part X lin	e 10			
	Description of property	(a) Cost or otl			or other	_	umulated		(d) Book	value
	Description of property	basis (investme		· · ·	(other)		eciation		, a, 500K	. 3.00
10	Land		,		0,092.			\top	140	,092.
	Buildings				5,326.	40	6,428			,898.
b C	Leasehold improvements		-		-,			+		
d	Equipment	-		20	6,677.	15	4,036		52	,641.
	Other	90,4	00.				0,400			0.

Schedule D (Form 990) 2019

331,631.

4,

Schedule	D (Form	990) 2019	

OF				.М.
	Α.	.F.		
			Δc	

(b) Book value	(c) Method of valuation Cost or	end-of-year market value
		
		
-		
 		<u></u>
 - -		
 	-	.
1		· · · · · · · · · · · · · · · · · · ·
	•	
on Form 990. Part IV. line	11c See Form 990. Part X. line 13	
(b) Book value		end-of-year market value
	100	
-		
<u>.l</u>		
on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	
ne 15.)		
on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line	25
		(b) Book value
e 25.)		>
	(b) Book value on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or e

OF A.F. & A.M. 48-0344469 Schedule D (Form 990) 2019 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 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 24 d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 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 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 Other (Describe in Part XIII) 4c c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 PART III, LINE 4: THE GRAND LODGE MAINTAINS A COLLECTION OF ARTWORK THAT DOCUMENTS IMPORTANT EVENTS IN THE LODGE'S HISTORY.

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

MOST WORSHIPFUL GRAND LODGE

OF A.F. & A.M.

Employer identification number 48-0344469

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOST ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS OF THE GRAND LODGE ARE PAST MASTERS, MASTERS, WARDENS, TREASURERS,
AND SECRETARIES OF THE LODGES WITHIN THIS JURISDICTION.
DODY OOO DADE UT CECETON & LINE 73.
FORM 990, PART VI, SECTION A, LINE 7A:
THE GRAND MASTER SHALL BE CHOSEN BY BALLOT OF THE MAJORITY OF ALL VOTES
CAST AND SERVE ONE YEAR AS DEPUTY GRAND MASTER AND THE FOLLOWING YEAR
SHALL BE INSTALLED AS GRAND MASTER AND SHALL HOLD OFFICE UNTIL HIS
SUCCESSOR IS INSTALLED THEREFORE AT EACH ANNUAL COMMUNICATION. THE GRAND
SENIOR WARDEN, GRAND JUNIOR WARDEN, GRAND TREASURER, AND GRAND SECRETARY
SHALL BE CHOSED BY BALLOT BY A MAJORITY OF ALL VOTES CAST THEREFOR AT EACH
COMMUNICATION AND SHALL HOLD THEIR OFFICES UNTIL THEIR SUCCESSORS ARE
INSTALLED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION MADE THE FORM 990 AVAILABLE TO THE BOARD FOR REVIEW PRIOR
TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.

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Name of the organization MOST WORSHIPFUL GRAND LODGE OF A.F. & A.M.	Employer identification number 48 – 0344469
NO CHANGE FROM PRIOR YEAR.	20 00 2220
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2019

OMB No 1545-0047

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

Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 MOST WORSHIPFUL GRAND LODGE & A.M. OF A.F. Name of the organization

Employer identification number 48-0344469

Direct controlling entity End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
KANSAS MASONIC GRAND LODGE ENDOWMENT FUND,							
INC 74-2809457, 320 SW 8TH AVE, TOPEKA,	SUPPORT MOST WORSHIPFUL				MOST WORSHIPFUL		
KS 66603	GRAND LODGE	KANSAS	501(C)(10)		GRAND LODGE		×
PERPETUAL LIFE MEMBERSHIP PLAN FUND, INC							
48-1131547, 320 SW 8TH AVE, TOPEKA, KS				-	MOST WORSHIPFUL		
66603	FRATERNAL ORDER OF MASONS	KANSAS	501(C)(10)	. •	GRAND LODGE		×
KANSAS MASONIC HISTORICAL FOUNDATION, INC							
47-3312967, 320 SW 8TH AVE, TOPEKA, KS	TO PROVIDE PUBLIC			170(B)(1)	MOST WORSHIPFUL		
66603	ASSISTANCE	KANSAS	501(C)(3)	(A)(VI)	GRAND LODGE		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

932161 09-10-19 LHA

& A.M. OF A.F.

Schedule R (Form 990) 2019

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

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Page 2

48-0344469

(S)	General or Percentage managing ownership partner?									 		ne or more related	(h) (n)		Yes			-						Schedule R (Form 990) 2019
€	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)											t, because it had o	(6)	Share of Per end-of-year ow assets		-			-					Schedul
E	Disproportionate allocations? Yes No	 	· <u> </u>	. <u> </u>							_	art IV, line 34						-		·				
(a)	Share of end-of-year assets											orm 990, P	(£)	Share of total										
												d "Yes" on F	(e)	Type of entity (C corp, S corp, or trust)										
E	Share of total income											on answere												
_	nt income inrelated, m tax under 512-514)				-							e organızatı	Ð	Direct controlling entity										
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	_						_				omplete if th	(0)	Legal domicile (state or foreign	cooning)									
(P)	Direct controlling entity						_					oration or Trust. Co	(q)	Primary activity				-						
<u>ပ</u>	Legal domicite (state or foreign country)											as a Corpon ng the tax		Prin										
Q	Primary activity											yanizations Taxable rporation or trust duri		Z c										
(a)	Name, address, and EIN of related organization											Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization										933-162 09-10-19

Page 3 48-0344469

[Part.VI] Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	 •
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ited organizations listed ir	Parts II-IV?		*
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b 2	×
c Gift, grant, or capital contribution from related organization(s)				1c	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1e]	×
				, j44,	3 9
f Dividends from related organization(s)				14	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				;=	×
Lease of facilities, equipment, or other assets to related organization(s)					×
				INC.	*
k Lease of facilities, equipment, or other assets from related organization(s)					ہ
I Performance of services or membership or fundraising solicitations for related organization(s)	ıızatıon(s)			- X	
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ın(s)			-t	×
o Sharing of paid employees with related organization(s)				To X	
				一 当年 小瀬中	揮機
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				19	×
					No.
 Other transfer of cash or property to related organization(s) 				-	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete this	s line, including covered re	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					•
(3)					
(4)					

Schedule R (Form 990) 2019

932163 09-10-19

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48-0344469

OF A.F. & A.M.

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (d)	(a)	(c)	(b)	(e)	(1)	(6)	ε	9	8	3
Name, address, and EIN of entity	Primary activity	ë ë	(related, unrelated,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Obsproper Code V-UBI General or Percentage unal amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2019 Supplemental Info	OF A.F. & A.M.	48-0 <u>34446</u> 9 Page 5
Part VII] Supplemental Info	ormation	
.	Provide additional infor	mation for responses to questions on Schedule R See instructions	
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