	00	^	Doturn of Ord	anization Exem	nt From I	Incomo	Tav	OMB No 154	15-0047	
Form	99	U	Return of Org	anization Exem	pt From	Income	Iax			
(Rev	January 2	020)	Under section 501(c), 527, or 4					/		
	rtment of the	he Treasury a Service	1	I security numbers on this ov/Form990 for instruction			1////	Open to f		
A	For the 2	019 calen	dar year, or tax year beginning		, 2019, and end	ding 3	1 December	, 20 19		
_	Check if ap Address ch		C Name of organization Alaska Ma Doing business as Alaska Maso				D Emp	oloyer identification 26-3586169	, number	
=	Name char Initial retur	•	Number and street (or P O box if 518 E 14th Avenue	rnail is not delivered to street a	address)	Room/suite #6	E Tele	907-561-1477		
=	Final return Amended r		ss receipts \$	1,010						
	Application	pending	F Name and address of principal off	icer	E	H(a) !	this a group return	for subordinates? 🔲 Y	es 🗹 No	
			Anchorage, Alaska 99501			/		ates included? 🗌 Y		
	Tax-exemp		✓ 501(c)(3)) ◀ (insert no) 494	7(a)(1) or			list (see instructions	s)	
			nasons org		1 1		Group exemptio		AK	
		_	Corporation Trust Associa	tion ☐ Other ►	L Year of for	mation 20	009 M Stat	e of legal domicile		
		Summa	ry cribe the organization's miss	on or most significant	otuutios					
Activities & Governance			box ▶ ☐ If the organization							
ove.			voting members of the gove			ed of more	. 3		7	
ಇತ			findependent voting member	• • •	-	1b) .	4		0	
es			ber of individuals employed ii				5	5 0		
<u> </u>			ber of volunteers (estimate if				. 6		11	
Act			ated business revenue from	9.7	e 12		. 7a		0	
	b N	let unrela	ted business taxable income	from Form 990-T, line 3	9 .	•	. 7b		0	
						Pr	or Year	Current Y	ear	
a	8 C	Contribution	ons and grants (Part VIII, line	1h)			2,500	0	1,010	
Š	9 P	rogram s	ervice revenue (Part VIII, line	2g)				0	0	
Revenue	10 lr	nvestmen	t incom <u>e (Part VIII,</u> column (A), lines 3, 4, and 7d) .			2,253	3	2,705	
-	11 C	ther reve	nue (Part VIII, esluma (A), lin	3 5, 6d, 8c, 9c, 10c, an	d 11e) .		(0	0	
			nue-add lines 8 through 11 (r)	4,75		3,715	
	13 G	Grants and	d similaremounts paid (Part I	X, column (A), lines 1–3)			500	0	1,000	
	14 B	Benefits p	aid to offer menubers (Part I)	հ բրլսում (A), line 4)				0	0	
Se	1 5 S	Salaries, of	ther complensation, employee	Bérléfita (Falt IX, column)		0	0	
Expenses			al fundraisting fees (Part IX. c					0	0	
X	ьт	otal fund	raising expenses Part Ncol	µյոր (D), line 25) ▶		.				
ш			enses (Part IX, colum n (A), lin					0		
			enses. Add lines 13–17 (must		A), line 25) .		500		1,000	
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12	· :	4	4,25	+	2,715	
Net Assets or Fund Balances						Beginning	of Current Yea			
ssel			ts (Part X, line 16)			<u> </u>	58,64	0	63,578 0	
et A	l					<u> </u>	58,64		63,578	
			or fund balances Subtract	ine 21 from line 20 .	· · · ·		30,04	<u> </u>	00,570	
Une	der penaltie e, correct, a	es of penury	r, I declare that I have examined this to Declaration of preparer (other than	return, including accompanying officer) is based on all information	g schedules and s ation of which pre	statements, ar parer has any	d to the best o	f my knowledge and	d belief, it is	
			Marie (1)	Gulle			7-1	-2020		
Sig	ın 📗	Signat	are of officer				Date			
He	·		TAMES D. GREW	BBS GRAW	TREAS	SUKER				
	-	Type	or print name and title			<u></u>				
	 :al	,	e preparer's name	Preparer's signature		Date	Check	t ☐ if PTIN		
Pa		"]				mployed		
	eparer	Firm's na	me ►				Firm's EIN ▶			
US	e Only	Firm's ad			****	•	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No Form **990** (2019)

Phone no

Cat No 11282Y

Form 99	90 (2019) Page
Part	Check if Schoolule O contains a vannense or note to any line in this Bort III
1	Briefly describe the organization's mission
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	1
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶



Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	 		-
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		√
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		√
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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		1

Part	Checklist of Required Schedules (continued)			
20	Did the average to prove them \$5,000 of average as at her acceptance to a set of developing them.		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	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	04-		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ľ
	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		1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
	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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		*
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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	·	1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35b		1
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		√
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	<	
Part '	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	<u></u>	٠ .	<u> </u>
1-	Enter the number reported in Box 3 of Form 1006 Enter, 0 of not applicable 4 - 1 4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1

b 3a	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?	2b	Yes	No
b 3a	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Oh		
b 3a	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	nh.		
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		✓
	Did the organization have unrelated business gross income of \$1,000 or more during the year? .			
		3a		√
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		√
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
`C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
	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		/
	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	_		١.
	required to file Form 8282?	7c		/
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			√
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		7
		711		<u> </u>
	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		1
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<u> </u>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		 ,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		,
	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		1
	excess parachute payment(s) during the year?	19		–
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O			

Part			for a	
	Check if Schedule O contains a response or note to any line in this Part VI	see II.	istruc	
Secti	on A. Governing Body and Management	•••	<u>'</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 6			Ī
	If there are material differences in voting rights among members of the governing body, or			ŀ
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0			ľ
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	1	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•	–	
10	one or more members of the governing body?	7a	.	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
ь.	Describe in Schedule O the process, if any, used by the organization to review this Form 990			لــِــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	<u> </u>
ь	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,"	122	;	,
13	describe in Schedule O how this was done	12c		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>	 	i i
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a		7
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		 —	لــــــا
	organization's exempt status with respect to such arrangements?	16b		✓
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Alaska Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
18	(3)s only) available for public inspection Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O)	(Sec	tion :	5U I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	finte	rest n	olicv
20	and financial 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 re		-	y,
	James Grubbs 518 E 14th Avenue #6, Anchorage Alaska 99501 907-561-1477		-	

_	-
Page	•

Form	qqn	/201	q

-	•		
Part VII	Compensation of Officers, Directors, T	rustees, Key Employees, High	est Compensated Employees, and
	Independent Contractors		

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

v

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.

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

Check this box if neither the organization no			aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unies	Pos eck s pe	rson	that both or Highest compensated	an.	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Keith Herve						_				
President	1	l		1				0	0	0
(2) Norman Gutcher										
Vice President	1		<u> </u>	✓				0	0	0
(3) Joe Darnell		ł		1						
Director	1	✓		<u> </u>			_	0	0	0
(4), Charles Ward										
Director	1	✓	Ŀ	_	_		L	0	0	0
(5) Jerome Wasson									_	_
Secretary	1			✓				0	0	0
(6) James Grubbs	ļ								_	_
Treasurer	2		_	✓		ļ	ļ	0	0	0
.(7)	 									
(8)		·								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

rare	VII Section A. Officers, Directors, 1	rustees,	Key	Em			s, an	d F	lighest Compe	nsated	Emplo	yees (c	ontin	ued)
						C) sition				•	•	- *		
	(A)	(B)			neck	more	e than o		. (D)	(E)		F-1	(F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Report compens			ed amo	ount
		per week			_			· ·	from the	from re			ensatio	on
	-	(list any hours for	d V	sta	Officer	ey e	교육	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			m the zation a	ınd
		related	dividual t	츟	4	를	st c	띡	,	(,	related o		
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee							
	•	dotted line)	l st	ist.		"	ens		•					
				🎳			eted			•				
(15)		-				-	 							
λ		1	1				1							
(16)		1								,				
	***************************************					1								
(17)	***************************************													
J	***************************************	İ	1		ŀ									
(18)														
							İ							
(19)			-				Î							
			1											
(20)														
(21)														
				<u> </u>										
(22)	·····													
(23)				i										
					<u> </u>	L								
(24)														
				<u> </u>										
(25)		<u> </u>	ļ	ĺ										
		L	<u></u>			<u>.</u>	Į.	L.						
1b	Subtotal				•	•		>	0		0			0
C	Total from continuation sheets to Part	VII, Sectio	n A		•	•		>	0		0			0
d	Total (add lines 1b and 1c)				•			<u> </u>	0	<u> </u>	0			0
2	Total number of individuals (including but		i to th	ose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organi	zation >										ı	1	
_												_	Yes	No
3	Did the organization list any former	officer, dire	ector,	tru	ste	e, I	cey e	mp!	loyee, or highes	t compe	nsated			<u>_</u>
_	employee on line 1a? If "Yes," complete s							•				3		┵,
4	For any individual listed on line 1a, is the												1	l
	organization and related organizations individual	greater th	an \$	150,	JUU)? [r "Ye	s, "	complete Schel	aule J to	r sucn	1		
_			•	٠			•	•		•		4		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization										dividual			 -
Secti	on B. Independent Contractors	rii res, c	ompi	ere	SU	ieui	uie J i	Or S	such person .	<u> </u>	• • •	5		<u>✓</u>
1												L C1	00.00	
•	Complete this table for your five high compensation from the organization. Report	ort compe	eatio	eu a foi	mae r the	ebe	lenda	CC TVO	ontractors that r	eceived	more i	man Þi	00,00	IO OI
		ort compen	341101	1 101	uic	o ca	iciida	<u>ye</u>		voicini (iii	e organ		s lax y	year.
	(A) Name and business add	ress							(B) Description of sen	nces	١ .	(C) Compens	ation	
-								\vdash						
						-								
							-							 -
					-			-						
-								-	· -			_		
2	Total number of independent contractor	ors (includir	na bi	ıt n	ot I	limit	ted to) th	nose listed above	e) who				i
_	received more than \$100,000 of compens		•						0	_,				

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Ondown Conductor			, <u>, , , , , , , , , , , , , , , , , , </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
इ इ	1a	Federated campaig	ns .		1a	0							
E 3	b	Membership dues			1b	0							
عَ ۾	С	Fundraising events			1c	0			}				
T A	d	Related organization	ns		1d	0							
ලු මේ	0	Government grants	(cont	ributions)	1e	0							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ns, gi	fts, grants,									
		and similar amounts no			1f	1,010							
	g	9 1							ļ				
		lines 1a-1f			1g	\$ 0							
<u>5</u>	h	Total. Add lines 1a-	-1f			▶	1,010						
_						Business Code							
Program Service Revenue	2a												
E e	b												
en S	С												
gram Ser Revenue	d						•		<u> </u>				
90.	е												
چ	f	All other program se				L			<u> </u>				
	g	Total. Add lines 2a-											
	3	Investment income		luding divi	dend		2.705						
,		other similar amounts) Income from investment of tax-exempt bond					2,705 0			<u> </u>			
	4		nent (or tax-exem	npt bo		0						
	5	Royalties .	Γ	(i) Rea		(ii) Personal	U						
	6a	Gross rents .	6a	(i) Nea		(ii) Fersonar							
	b	Less. rental expenses	6b										
	C	Rental income or (loss)		 									
	d	Net rental income o		e)		•	0						
	_		(103	(i) Securi	ties	(ii) Other	<u>-</u>		-				
	/a	Gross amount from sales of assets		(7,0000		(", 52.6.							
		other than inventory	7a	•		İ							
ø	Ь	Less: cost or other basis	<u> </u>										
Other Revenue	-	and sales expenses	7b										
ě	С	Gain or (loss) .	7c										
Œ	d	Net gain or (loss)	· .			. •	0						
Ę	8a	Gross income from	m fu	ndraising									
ō		events (not including		J									
- •		of contributions rej	porte	d on line	1	i •							
		1c). See Part IV, line	18		8a								
	b	Less. direct expense	es .		8b								
	C	Net income or (loss)) from	ı fundraısın	g eve	nts >	0						
	9a	Gross income f											
		activities See Part I		e 19 .	9a								
		Less: direct expens			9b	L							
		Net income or (loss)		-	ctivitie	es •	0						
	10a	Gross sales of in		• .	_ ـ ـ ا				•				
	١.			10a				-					
	l	Less: cost of goods			10b	L	^						
	С	Net income or (loss)) Trom	sales of Ir	ivento	1 -	0	<u> </u>					
SI	44-					Business Code	0						
scellaneo Revenue	11a	***************************************					0						
ig ig	b					 - 	0						
Miscellaneous Revenue	٠ د	All other revenue				<u> </u>	0	·					
ž	d	Total. Add lines 11a	a_114			•	0						
	٠	-Total revenue. See			•	· · · ·	3.715						

Part				,	, ,
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete coll	ımn (A)
	Check if Schedule O contains a response	,	in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 individuals. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	·			
4 5	Benefits paid to or for members 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 persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			 -	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
_	(A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion			· · · · -	
13	Office expenses				
14 15	Information technology			-	
16	Royalties				
17	Travel				
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				
22	Depreciation, depletion, and amortization .				
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)				
a b					
C	***************************************				
d					
e	All other expenses			_	
25	Total functional expenses. Add lines 1 through 24e	1,000	1,000		
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)				

Ρ	art X		•		_
		Check if Schedule O contains a response or note to any line in this Par			· · · <u>· · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	22,763	1	12,589
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
]	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
छ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ą	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	L	Less accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities	0	11	. 0
	12	Investments—other securities See Part IV, line 11	35,883		50,989
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	$\overline{}$	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	58,646		63,578
-	17	Accounts payable and accrued expenses	0	_	0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
s	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			_
Liabilities		controlled entity or family member of any of these persons	0	22	0
2	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	0	27	0
	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund		Organizations that do not follow FASB ASC 958, check here ▶ □			
7.	00	and complete lines 29 through 33.		29	
ts (29	Capital stock or trust principal, or current funds	0		0
Se	30	Paid-in or capital surplus, or land, building, or equipment fund			0
Ä	31	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	58,646	<u> </u>	63,578
Net	32	Total net assets or fund balances	58,646		63,578
_	J	TOTAL HADIIINGS AND HEL ASSETS/TUTIO DAIGNOSS	50,040	,	1 30,070

orm 99	0 (2019)		Pa	ge 12
Part	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)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u>_</u>	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		- 1
_	Schedule O			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1
	reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-	—	,
Ð	Were the organization's financial statements audited by an independent accountant?	2b	\dashv	
	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 on	20		<u> </u>
	Schedule O		.	- 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Single Audit Act and OMB Circular A-133?	3a	. [1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-+	<u> </u>
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3ь	.	✓
	, and the second	Forr	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Alaska Masonic Foundation for Children *36-358 616*9 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

(i) Name of supported organization			(ii) EIN	listed in your governing		lescribed on lines 1-10 listed in your governing support (see		 (vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total		 			 			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . 1,000 1.000 1.000 2,500 1,010 6,510 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 1,000 1.000 1,000 2.500 1.010 6.510 Total. Add lines 1 through 3. . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2015 (c) 2017 Calendar year (or fiscal year beginning in) (b) 2016 (d) 2018 (e) 2019 (f) Total Amounts from line 4 . 1.000 1,000 1.000 2,500 1,010 6,510 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2 253 1.448 2,214 2.645 2 705 11,265 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 17,775 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . \triangleright Section C. Computation of Public Support Percentage 37 % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . · 15 Public support percentage from 2018 Schedule A, Part II, line 14 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **▶** □ 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

		<u> </u>	
Part III	Support Schedule for Or	ganizations Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	il the organization falls to quality	y under the te	Sta liated bei	ow, picase or	Jinpicto i art	11.7	
	on A. Public Support				·		,
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				ì		
^	received (Do not include any "unusual grants.")		•				ļ <u>.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ì					-
	furnished in any activity that is related to the	1				1	1.00
_	organization's tax-exempt purpose	<u> </u>			·	<u>'</u>	ļ .
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the				-		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	/ / ·					
	furnished by a governmental unit to the	\					
	organization without charge					ļ	<u> </u>
6	Total. Add lines 1 through 5						_
/a	Amounts included on lines 1, 2, and 3	\			ĺ		
	received from disqualified persons	\longrightarrow					
ь	Amounts included on lines 2 and 3	\ \				t	
	received from other than disqualified persons that exceed the greater of \$5,000	'	\		·		
	or 1% of the amount on line 13 for the year		 \				
_	Add lines 7a and 7b		1	ļ 	ļ		
8	Public support. (Subtract line 7c from		 \ 				
Ū	line 6.)		\				1
Secti	on B. Total Support	<u> </u>	· \		<u> </u>	l	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				•		
	payments received on securities loans, rents,		\ \				•
	royalties, and income from similar sources .						
þ	Unrelated business taxable income (less		\				
	section 511 taxes) from businesses		\ \	•		ļ	'
	acquired after June 30, 1975						
	Add lines 10a and 10b .			\		. ,	
11	Net income from unrelated business			\			
	activities not included in line 10b, whether or not the business is regularly carried on			\			
12	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·		 			
12	loss from the sale of capital assets			\			
	(Explain in Part VI.)		1	\			
13	Total support. (Add lines 9, 10c, 11,			 		· · · · · · · · · · · · · · · · · · ·	
	and 12.)			\			
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere		\			▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2019 (line		•	13, column (f))	\	15	%
16	Public support percentage from 2018 Sc				\	16	<u> </u>
	on D. Computation of Investment In				\ <u></u>	T 4= T	
17	Investment income percentage for 2019				mn (Q)	17	<u>%</u>
18	Investment income percentage from 201	•	-			18	%
19a	331/3% support tests—2019. If the organ			•	1		
	17 is not more than 331/3%, check this box		_				
Ь	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this						
20					\		=
20	Private foundation. If the organization d	и посспеск а	DOX ON line 14	, 19a, OF 19D, ($\overline{}$	0 or 990-EZ) 2019
					acr	icquic A (FOITH 99	,, or 220-ET \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	on A. All Supporting Organizations		Vec	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	. 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Pa	a	e	5

t:

ţ.

۲ ٤ ٠

3

Part	IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				I
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				į
	below, the governing body of a supported organization?	11a			-
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-	•
	on B. Type I Supporting Organizations	1	l	L	
Section	on b. Type I dupporting diganizations	•	Yes	No	•
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				į
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				į
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				į
	controlled the organization's activities. If the organization had more than one supported organization,				l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>			i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1.			_
2 '	Did the organization operate for the benefit of any supported organization other than the supported				ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				ı
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				l
	supervised, or controlled the supporting organization.	2			
Secti	on C. Type II Supporting Organizations			١	-
			Yes	No	i
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l	l
	or management of the supporting organization was vested in the same persons that controlled or managed				l
	the supported organization(s)	1			ł
Section	on D. All Type III Supporting Organizations	<u> </u>		L	•
00011	on biran Typo in outporting organizations	•	Yes	No	•
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				i
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				ı
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				ı
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				ı
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<u> </u>	ı
	the organization maintained a close and continuous working relationship with the supported organization(s)	2			-
3 ,	By reason of the relationship described in (2), did the organization's supported organizations have a				Į
	significant voice in the organization's investment policies and in directing the use of the organization's				ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.				į
Casti		3			•
	on E. Type III Functionally Integrated Supporting Organizations	inctm	otion	- 1	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	,	Cuon	3).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('see in:	struct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes		•
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				į
	those supported organizations and explain how these activities directly furthered their exempt purposes,				ĺ
	how the organization was responsive to those supported organizations, and how the organization determined				ĺ
	that these activities constituted substantially all of its activities.	2a			-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				ĺ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these				ļ
_	activities but for the organization's involvement.	2b			ì
3	Parent of Supported Organizations. Answer (a) and (b) below.				l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-			J
	trustees of each of the supported organizations? Provide details in Part VI.	3a		 	i
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b			ť

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
Check here if the organization satisfied the integral Fait Fest as a qualifyli	ng tru	st on Nov. 20, 1970 (exp	lain in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	ınızat	ions must complete Sec	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	; -1	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	•	•
7 Other expenses (see instructions)	7	•	1
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· - · · ·	
c Fair market value of other.non-exempt-use assets	1c		···
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	_		
see instructions).	' ₄		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		-
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount	- J., -		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· · · · · · · · · · · · · · · · · · ·
4 Enter greater of line 2 or line 3.	4		•
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			· · · · · · · · · · · · · · · · · · ·
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly int	egrated Type III support	ing organization (see
instructions)	•	2)	5 9

Part	Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	·
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			Ŧ
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С				
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u> i </u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:		1.4.4	
а	Excess from 2015			
b				
С	Excess from 2017			
d	Excess from 2018 .			
е	Excess from 2019			

Part VI	Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	,
	•
	,
	<u> </u>
	•
	·
	<u> </u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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

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

Employer identification number Name of the organization 26-3586169 Alaska Masonic Foundation for Children Part III (1) We provide no other services than Scholarships Part V 3(b) We had no unrolated business income, we have no other businesses Part V 13(a) We are not an insurance organization Part V 14(b) We are not in the tanning business, no income was received Part VI 6 All members of the Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska are members of this corporation Part VI 7(a) Board members are elected by the members Part VI 11(b) Copies of the tax returns are kept in the office for review Part VI 19 Review can be obtained by request