29493 | 8404607

Return of Organization Exempt From Income Tax

(Rev. January 2020)

SCANNED JAN 1 0 2022

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.

	mai Revenu	the freasury le Service	► Go to ww	w.irs.gov/For	m990 for instruction	s and the late	st inform	ation.	טיווץ	Inspe	ction			
Ā	For the 2	2019 calend	dar year, or tax year be	ginning	1 January ,	2019, and end	ling	31 Dece	mber	, 20 19				
В	Check if a	pplicable	able C Name of organization Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska D Employer identification number											
П	Address c		Doing business as Gran						•	92-0082478				
Ħ	Name cha	•	Number and street (or P.	rte	E Teleph	one number								
Ħ	Initial retui	•	518 E 14th Avenue	6		907-561-147	<i>!</i> 7							
\exists		n/terminated	City or town, state or pro	ovince, country, a	nd ZIP or foreign postal	code								
Ħ	Amended		Anchorage, Alaska 9956	-	<u>-</u>				G Gross	receipts \$	141,852			
Ħ	Applicatio		F Name and address of pri		rome Wasson, 514 E	14th Avenue	H(a) Is this a gro	-	subordinates?				
	, фр.нод.но	po	Suite #6, Anchorage, Ala				7 1 1		•	s included?	: =			
-	Tax-exem	pt status	501(c)(3) 501		Insert no.) 4947	a)(1) or 527		•		t. (see instruction				
J	Website:	`	<u> </u>	··· · · · · · · · · · · · · · · · · ·		+	Hic	c) Group ex		•	4111			
ĸ	Form of or	ganization:	Corporation Trust	Association	Other▶	L Year of for	 			of legal domicile	e AK			
Р	art I	Summai						1.122			 			
	_	Briefly des	cribe the organization	's mission or	most significant ac	tivities: Provi	de day to	day servi	ces to 19	member lod	ges			
9	1	-	rand Lodges		,						<i>7</i>			
ā	-													
er.	2 (Check this	box ▶ ☐ if the organ	izatıon dıscor	ntinued its operatio	ns PtEG EbVE	D Bylegg	Departies	25% of	its net asset	s.			
õ			voting members of th				· OSC -		3		6			
જ			independent voting m				b)		4		0			
Activities & Governance	5 7	Total numb	per of individuals empl	oyed in calen	dar year 2019 (Par	t V, line AR	2.0 .20	21	5		1			
₹.			er of volunteers (estin						6		85			
Ac	7a 7	Total unrela	ated business revenue	from Part VI	II, column (C), line	12 . OGD I	EN, UTA	м	7a		1633			
	[ed business taxable II	7b		633								
				Prior Year		Current	Year							
Ф	8 (Contributio	ons and grants (Part Vi	III, line 1h) .					58,260		60,980			
Revenue	9 F	orogram se	ervice revenue (Part V	III, line 2g)					0	•	0			
8		_	income (Part VIII, col		3, 4, and 7d)				45,796		40,628			
Œ	1		nue (Part VIII, column		•	11e)			26,945		40,244			
			ue-add lines 8 throug			·-		1	31,001	31,001 141,85				
			l simılar amounts paid				- 		2,598		2,000			
	14 E	Benefits pa	aid to or for members	0		0								
ø	15 5	Salaries, ot	her compensation, emp	14,279		16,000								
Expenses	16a F	Profession	al fundraising fees (Pa	rt IX, column	(A), line 11e)				0		0			
8	b 7	Total fundr	aising expenses (Part	IX, column (E), line 25) >	0								
ū	17 (Other expe	enses (Part IX, column	13,122		117,829								
	18 7	Total expe	nses. Add lines 13-17	(must equal	Part IX, column (A),	line 25) .		1	29,999		142,978			
	19 F	Revenue le	ss expenses. Subtrac		4,627		(1,126)							
or Ces			· · · · · · · · · · · · · · · · · · ·				Beginnlı	ng of Curre	nt Year	End of	Year			
Net Assets or Fund Balances	20 1	Fotal asset	s (Part X, line 16) .					1,4	12,802		1,746,834			
A As	21 7	Total liabili	ties (Part X, line 26) .						19,319		15,697			
22	22	Vet assets	or fund balances. Sub	otract line 21	from line 20	<u> </u>		1,3	93,483		1,731,137			
Pa	art II	Signatu	re Block											
			I declare that I have examin							y knowledge a	nd belief, it is			
tru	e, correct,	and complete	Declaration of preparer (of	ther than officer)	s based on all information	on of which prepared	arer has an	y knowled	ge 					
			James D	Sul		<u>-</u>			<u> 3/3c</u>	121				
Sig		Signatu	ure of officer					Date						
He	ere	<u> </u>	AMES D. C	TRUBB	S GRAL	1D TRE	ASUR	ER						
		Type or	r print name and title			· · · · · · · · · · · · · · · · · · ·								
Pa	id	Print/Type	preparer's name	Prepar	er's signature		Date		Check [_				
	eparer								self-empl	oyed				
	e Only	I F!	ne 🕨					Fırm's	EIN ►					
		Firm's add						Phone	no					
Ма	y the IRS	discuss t	his return with the pre	parer shown	above? (see instru	ctions)	<u> </u>			· 🗌 Ye	s 🗌 No			
_	_			_	_						000			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

OHII 33	10 (201)		ayo,											
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🗆											
1	Brief	fly describe the organization's mission:												
•		rovide member services to 19 member lodges, Assist other Grand Lodges in North and South America as well as individual masons												
		affiliated bodies, Provide guidance and education as required and promote fraternal relations world wide												
		Juliano Boros, i totalo garante de la companya del companya del companya de la co												
2	Did 1	the organization undertake any significant program services during the year which were not listed on the												
-		r Form 990 or 990-EZ?	No											
		es," describe these new services on Schedule O.	_											
3		the organization cease conducting, or make significant changes in how it conducts, any program												
•	serv	nices?	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												
•	expe	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,												
	the t	total expenses, and revenue, if any, for each program service reported.												
4a	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$)												
4b	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$)												
		•••••												
4 -	·O	de la												
4C	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$)												
			-											
	-													
Ari	Oth	er program services (Describe on Schedule O.)												
4d		penses \$ including grants of \$) (Revenue \$)												
40		al program service expenses >												



	DV Charlitat of Dominal Calculator			Page •
Part	IV 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	163	, NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	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 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		~
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, VII, IX, or X as applicable.		:	
a	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		~
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		~
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		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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		·
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		_
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		~
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		~
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		•
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
. 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		•

Part	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 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		~
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	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		•
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	-	~
26	Did the organization report any amount on Part X, line 5 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		V
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		~
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? <i>If "Yes," complete Schedule M</i>	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		~
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		<i>y</i>
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		~
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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			V
_	Formation wombness and the Dougle of Format 4000. Faster 0. 4. A combination	.г	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vehdors and	10		-

arı	Statements negarding other ins Fillings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	2b	~	
b	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 <i>e-file</i> (see instructions)	<u> 20</u>		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		~	
b	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,	05		<u> </u>
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		"
ь	The state of the s			
	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		1
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		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
_	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		~
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 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.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
5	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		
6	If "Yes," see instructions and file Form 4720, Schedule N.	-		
·•	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
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 officer, director, trustee, or key employee?	2		
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		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	~	,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	- d- 1	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Ce	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	√	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		/
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
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?			1
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		~
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	465		
Sooti	organization's exempt status with respect to such arrangements?	16b	L	L
<u> 3ecτιο</u> 17	List the states with which a copy of this Form 900 is required to be filed. Alaska			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7			
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)	(380	aon :	JU I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	

Form		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box it fleither the organization no	r arry relate	u org	anız	auc	ט ווע	ompe	1150	iteu any current	onicer, director,	or trustee.
				(C)					
(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	e than on the state of the stat	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John May	.				ļ					
Grand Master	20		L.	~	L	<u> </u>	<u></u>	. 0	0	
(2) Norman Gutcher	<u> </u>			j						
Deputy Grand Master	20			~				0	. 0	
(3) Joe Damell	ļ			ĺ						
Senior Grand Warden	15			~				0	0	(
(4) Charles Ward										
Junior Grand Warden	15		<u> </u>	~	ļ	ļ	<u> </u>	0	0	
(5) James Grubbs										
Grand Treasurer	20		L	~				0	0	
(6) Jerome Wasson										
Grand Secretary	20		ļ	~	L_		<u> </u>	0	0	
(7) Thomas Schram		}								
Office Manager	20			<u> </u>	~	~		14,688	0	(
(8)										
(9)										
(10)										
(11)										
(12)	<u> </u>									
(13)										
(14)										ļ

(15) Name and Mile	Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	ploy	yee	s, an	ıd F	lighest Compe	nsated E	mplo	yees (continued)
Marine and late Marine M	-			ļ			•						
Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and tells Name and business address Nam		(A)	(B)	(do n	nt cl			a than	one.	(D)	(E)	Reportable	(F)
Park week Park		Name and title											1
Compensation from the organization Section B. Independent Contractors (including but not limited to those listed above) who				\vdash	er an	T T T T T T T T T T T T T T T T T T T			, -				1
115 116 117 119 120 121 122 123 124 125 125 126 127 128 129 129 120 121 120 121 121 122 123 124 125 125 125 126 126 127 127 128 128 129 129 129 120 121 121 122 123 124 125			(list any	악호	Inst	윷	₩ •	a High	ş	organization	organizat	ions	from the
115 116 117 119 120 121 122 123 124 125 125 126 127 128 129 129 120 121 120 121 121 122 123 124 125 125 125 126 126 127 127 128 128 129 129 129 120 121 121 122 123 124 125			1	rec vid	톭	er	en e	nest Doye	ള	(W-2/1099-MISC)	(W-2/1099- 	MISC)	
(15) (16) (17) (18) (20) (21) (22) (23) (23) (24) (25) 1b Subtotal c Total from continuation shets to Part VII, Section A d Total (add lines t b and 1c) Total (add lines t b and 1c) Total (add lines t b and 1c) Total (add lines the and tell) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedule I for such individual 4 For any individual stated on line 1a, is the sum of reportable compensation and other compensation from the organization at related organization signester than \$150,0000* If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation from any unrelated organization or individual 7 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year. (8) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			organizations	Q =	<u>a</u>		탕	# CQ					Tolator Organizations
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(23) (24) (25) (25) (26) (27) (28) (28) (29)	45.53			.	-		├	-	 -				
25 25	(22)			┨		İ							
25 25	(00)			-				-		ļ			
1b Subtotal 14,688 14,68	(23)			┨			1						
1b Subtotal 14,688 14,68	(24)		<u> </u>			-	-		<u> </u>				
1b Subtotal	124)		 	1									
1b Subtotal	(25)		-	1					 				
total from continuation sheets to Part VII, Section A	3-27		†	1			1						
Total (add lines 1b and 1c)	1b	Subtotal		· .	•	•				14,688			
Total (add lines 1b and 1c)	c	Total from continuation sheets to Part	VII, Section	n A					▶	14,688			
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			d to th	ose	e list	ed	abov	e) w	ho received mor	e than \$10	00,000	of
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	ization 🕨										, ,
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								mpl	loyee, or highes	st comper	nsated	1 1 1
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		, -							•				
Individual	4												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		-	greater th	ian p	150,	,uuu) ()	, ,,	S,	complete Sche	uule J loi	Sucri	<u> </u>
for services rendered to the organization? If "Yes," complete Schedule J for such person	_			· ·	nea	tion	fro.	manı		related organiza	tion or indi	 Makual	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Э	for services rendered to the organization	? If "Yes " o	comol	i isa lete	Sch	nedi	ule Ja	for s	ireialeu organiza such nerson			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Secti												1 1 1 1
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Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	•												
2 Total number of independent contractors (including but not limited to those listed above) who		(A)							Ī	(B)			(C)
			Iress							Description of ser	vices	1	
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									<u> </u>		, 		<u></u>
	2								o th	nose listed abov	e) who		

Form 990 (2019)

Part VIII Statement of Revenue

rai	LVIII	Check if Schedule			espor	ise or note to an	v line ın this Pa	rt VIII		🗹
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaig	ns .		1a					-
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	52,326	l			
2, 5	С	Fundraising events			1c	3,898				
ifts F A	d	Related organization	ns .		1d	0				
2 8	e	Government grants	(cont	ributions)	1e	0				
Sin	f	All other contribution	ns, gif	fts, grants,						
ig is		and similar amounts no	ot incli	uded above	1f	4,756				
들	g	g Noncash contributions included in								
d 9		lines 1a-1f			1g	\$ 0				
<u>5</u> <u>8</u>	h	Total. Add lines 1a-	-1f .			•	60,980			
						Business Code				
<u>8</u>	2a									
Program Service Revenue	b									
gram Ser Revenue	C									
a d	d									
ğ «	е									
F	f	All other program se								
	g	Total. Add lines 2a-	-2f .				Ó			
	3	Investment income	(incl	uding divi	dends	s, interest, and				
		other similar amoun					40,628	40,628		
	4	Income from investr	nent d	of tax-exen	npt bo	ond proceeds ►	0	0		
	5	Royalties				<u></u> ▶∫	0	0	-	
				(i) Rea	ı	(ii) Personal				
	6a	Gross rents	6a		6,600	0				
	b	Less ⁻ rental expenses	6b		4,967	0				
	С	Rental income or (loss)	6с		1,633	0				
	d	Net rental income o	r (loss	(i) Securities		▶	1,633		1,633	
	7a	Gross amount from				(ii) Other				
		sales of assets		o						
		other than inventory	I I U		J					
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7c		0	0				
_	d	Net gain or (loss)				🕨	0	0	0	0
Othe	8a	Gross income from	m fu	ndraising						
0	ŀ	events (not including		0				}		
		of contributions rep		d on line						
		1c). See Part IV, line	18	• ,• •	8a	3.898		İ		
	b	Less: direct expense	es .		8b	0				
	С	Net income or (loss)	from	fundraisin	g eve	nts ▶	3,898		0	0
	9a	Gross income f								
	[activities. See Part I	V, line	e 19 .	9a	0				
	Ь	Less: direct expense	es .		9b	0				
	С	Net income or (loss)	from	gaming a	ctivitie	es 🕨	0	0	0	0
	10a	Gross sales of in		ory, less						
		returns and allowan	ces		10a	3,272				
	b	Less: cost of goods	sold		10b	1,097				
	С	Net income or (loss)	from	sales of in	vento	ory ▶	2,175	0	0	0
2						Business Code				
90 E	11a	Reimbursed Expenses	3				30,764		0	30,764
scellaneo Revenue	b	George Washington M	lemon	al			1,764	0	0	1,764
Miscellaneous Revenue	С									
iš T	d	All other revenue								
Σ	e	Total. Add lines 11a	<u>-</u> 11d	<u>.</u>	•	▶	32,538			
	12	Total revenue See					141 852	40 628	1 633	32 528

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response	or note to any line	in Abra David IV	<u> </u>	
		or note to any line	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, 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	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	14,688		14,688	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	C
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	C
10	Payroll taxes	1,312	0	1,312	C
11 a	Fees for services (nonemployees): Management	0	0	0	O
b	Legal	0	0	0	0
C	Accounting	9,916	0	9,916	0
d	Lobbying	0	0	0	C
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	10,750	10,750	0	C
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	9,421	9,421	0	0
14	Information technology	1,635	1,635	0	C
15	Royalties	0	0	Ö	0
16	Occupancy	5,400	0	5,400	C
17	Travel	28,928	28,928	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	28,438	28,438	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	584	0	584	
23	Insurance	6,617	0	6,617	0
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.)	465	400		
a	Corp Taxes, .equipment repair	106	106	0	0
b	Research & Education, Awards	3,421	3,421	0	0
C	George Washington Memorial	1,764	1,764	0	0
d	Dues, Subscriptions, GM Expenses	5,256	5,256	0	
е	All other expenses Regalia, bank fees,LM IntRtr	12,742	12,742		0
25 26	Total functional expenses. Add lines 1 through 24e 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)	142,978	104,461	38,517	C

Part X	Balance Sheet	

		Check if Schedule O contains a response or	r note	to any line in this Par	tX		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			26,282	1	34,140
	2	Savings and temporary cash investments		[0	2	0
	3	Pledges and grants receivable, net		[0	3	0
	4	Accounts receivable, net		[691	4	183
	5	I oans and other receivables from any current of	or forn	ner officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se per	sons	0	5	0
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons described			0	6	0
ts	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			19,299	8	16,446
4	9	Prepaid expenses and deferred charges	· · .		0	9	2,091
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	$\overline{}$	33,857			
		Less: accumulated depreciation				10c	11,723
	11				1,354,223		1,682,253
	12	Investments—other securities. See Part IV, line			0	12	0
	13	Investments-program-related. See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11		0	15	0	
	16	Total assets. Add lines 1 through 15 (must equa			1,412,802		1,746,834
	17	Accounts payable and accrued expenses			19,319		15,697
	18 19	Grants payable			0	18 19	0
		Deferred revenue			0	20	0
	20 21	Tax-exempt bond liabilities			0	21	0
σ		Escrow or custodial account liability. Complete I		F-		21	0
ij	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst					,
pie		controlled entity or family member of any of thes			0	22	
Liabiliti≑s	23	Secured mortgages and notes payable to unrela		ļ	<u>_</u>	23	0
	24	Unsecured notes and loans payable to unrelated		· -	0	24	0
	25	Other liabilities (including federal income tax,		· –		27	<u>~</u>
	25	parties, and other liabilities not included on lines					
					o	25	o
	26	Total liabilities. Add lines 17 through 25			19,319	26	15,697
S		Organizations that follow FASB ASC 958, che					
ğ		and complete lines 27, 28, 32, and 33.		_			
ala	27	Net assets without donor restrictions			1,393,483	27	1,731,137,
8	28	Net assets with donor restrictions			0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, ch	eck here ▶ □			
ō	29	Capital stock or trust principal, or current funds			0	29	0
ets	30	Paid-in or capital surplus, or land, building, or ed		} —	0	30	0
SS	31	Retained earnings, endowment, accumulated inc			0.	31	Ō
7	32				1,393,483	32	1,731,137
ž	33	Total liabilities and net assets/fund balances .			1,412,802	33	1,746,834
							- 000

			,	,
orm 99	0 (2019)		Pa	ge 12
Part	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)			1,852
2	Total expenses (must equal Part IX, column (A), line 25)		14	2,978
3	Revenue less expenses. Subtract line 2 from line 1		(1	1,126)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,39	3,483
5	Net unrealized gains (losses) on investments		32	8,030
6	Donated services and use of facilities			0
7	Investment expenses		1	0,750
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		1,73	1,137
Part	Financial Statements and Reporting Check of Schedule O contains a response or note to any line in this Part XII		Yes	
1	Accounting method used to prepare the Form 990: Cash Accrual Other			i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	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			
C	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		٧
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

92-0082478 Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 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 Part II **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 land for public use (for example, recreation or education) ☐ Preservation of a historically important land area 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 day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Page	1
raye	4

Part	III Organizations Maintaining	Collections of	Art, His	orical T	reasures	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	e follov	ving that make s	significant (use of its
а	☐ Public exhibition				or exchang				
b	☐ Scholarly research		e	Other				- 	
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collections a	and expla	un how t	hey further	the org	janization's exer	mpt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on For	m 990, F	Part IV, line	9, or	reported an ar	nount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					ions or	other assets n	ot ☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:	_	· · · · · · · · · · · · · · · · · · ·		
						-		mount	
C	Beginning balance					10			
d	Additions during the year					1d	 		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								_
<u>b</u>	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been	provide	ed on Part XIII .	· · ·	
Pari		1 (1)	. –			4.0			
	Complete if the organization					-			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance						 ·· ·		
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs				•				
f	Administrative expenses								
g	End of year balance				-				
2	Provide the estimated percentage of t		d balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme			, -					
b	Permanent endowment ►	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for th	ne	
	organization by:	•	J					Ī	'es No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses	_						<u></u>	
Part	<u> </u>		· · · · · · · · · · · · · · · · · · ·	•					
	Complete if the organization		" on For	m 990, F	Part IV, line	e 11a.	See Form 990	Part X, li	ne 10.
	Description of property	(a) Cost or of	her basis	(b) Cost of	or other basis ther)	(c)	Accumulated epreciation	(d) Book	
	Land								
b	Buildings								• • • • • • • • • • • • • • • • • • • •
c	Leasehold improvements						*		
d	Equipment		33,857		22,134				11,723
e	Other								,
	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	90, Part 2	C, columr	(B), line 10)c.) .	•		11.723

	Complete if the organization answered "Yes" on For	m 990. Part IV, line	11b. See Form 9	990, Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation. f-year market value
(1) Financial	derivatives			· · · · · · · · · · · · · · · · · · ·
	ield equity interests		-	
(3) Other				
(A)				
(B)				
(0)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .		<u></u>	
Part VIII	Investments—Program Related.	000 D. + 0/ C	44. 0. 5	200 D. 4 V. P 40
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value	, ,	od of valuation f-year market value
(1)				
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)	(A)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Definition (B) The Table 13.			
rartix	Complete if the organization answered "Yes" on Form	m 990 Part IV line	11d See Form	200 Part V line 15
	(a) Description	11 330, 1 art IV, iiile	Tid. See Folili s	(b) Book value
(1)	(a) Description			
				(b) BOOK Value
{2}				(b) Book Value
(2)				(b) Book Value
(3)				(b) Book Value
(3)				(u) Book value
(3)				(e) Book value
(3) (4) (5)				(b) Book Value
(3) (4) (5) (6)				(b) BOOK Value
(3) (4) (5) (6) (7) (8) (9)				(U) BOOK VAIUE
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 15.)			(u) Book value
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answered "Yes" on Fore		>	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on Forline 25.		>	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Columnia Part X	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		> 11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		> 11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		> 11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability			Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability			Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability		> 11e or 11f. See	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on Formula 25. (a) Description of hability accome taxes	m 990, Part IV, line		Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	Other Liabilities. Complete if the organization answered "Yes" on Formula 15. (a) Description of liability	m 990, Part IV, line		Form 990, Part X, (b) Book value

Part			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		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			s per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	. C.		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما		
а	Donated services and use of facilities	2a		•
b	Prior year adjustments	2b	—— i	
C	Other losses	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		. 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		. 3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		. 4c	
_				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	. 5	1; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e <i>18.)</i>	. 5 nd 2b; Part V, line 4	1; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	. 5 nd 2b; Part V, line 4	l; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	. 5 nd 2b; Part V, line 4	l; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	. 5 nd 2b; Part V, line 4	l; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	. 5 nd 2b; Part V, line 4	1; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e <i>18.)</i>	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	. 5 nd 2b; Part V, line 4 nal information.	
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Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	

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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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Most Worshipful Grand Lodge of Free & Accepted Masons of Alaska

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

92-0082478

Part III (1) Provide day to day services to 19 member lodges and other Grand Lodges in North and South America as well as individual
masons ad affiliated bodies Provide council, guidance and education as required and promote fraternal relations
Part V 3(a) Cell Phone Tower Lease
Part V 14(b) We dld not receive any indoor tanning services
Part VI 6 All members of the MW Grand Lodge of Free & Accepted Masons of Alaska are members of the organization
Part VI 7(a) Board Members are elected by the members of the Grand Lodge
Part VI 7(b) Members are informed of the boards decisions and are voted on at the annual meeting
Part VI 11(b) Copies of the Tax Returns are kept in the organizations office for review upon request
Part VI 19 All copies, documents are available for reveiw in the office upon request
Part VII No officers are compensated for their duties they are volunteers
Part VI 1(a) There are no differences in officers voting rights, they all have one vote
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APR 2 0 2021
OGDEN, UTAH