

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Α	For the	2009 cal	endar yea	ar, or tax y	ear beginn	ing					and e	nding						
B c	heck if ap	plicable	Please	C Name of	organization	St Jol	nn's <u>l</u>	_odge No	9 Free	and A	ccept	ed Mas	D Er	nployer	ıdentifi	ication nur	nber	
	ddress o	change	use IRS label or	Doing Bi	usiness As								91-02	27019				
	lame cha	ange	print or	Number	and street (or	PO box if ma	ul is no	t delivered to	street a	ddress)	Ro	om/suite	E Te	elephone	numbe	r		
	nitial retu	ırn	type See	P. O. Box	30069						İ		(206)	623-02	261			
Пт	erminate	ed	Specific Instruc-	City or to	own, state or	country, and ZI	P + 4		_									
┌┐४	mended	return	tions	Seattle				W	4	98	113-0	069	<b>G</b> Gr	oss rece	ipts \$		_51	2,606
□	pplicatio	n pending	F N	ame and ac	dress of pri	ncipal officer						H(a) is t	his a gr	oup retu	rn for a	ffiliates?	Yes	X No
			Alvın W	Jorgense	n 10420 S	pringwood	Drive	F Bonne	v I ak	e WA	98390	1	-	-			Yes	<b>■</b> №
				_	10 ) <b>∢</b> (ins		=	947(a)(1) oi		527	0000	1				instructions		
		mpt status			<del> </del>	errio )	<u> </u>	547 (a)(1) U	<u> </u>	] 527		1	•		•		,	
				masons.o		<del></del>		<del>-</del>		-				emption n				<u> </u>
		rganization		rporation	Trust	Association		_ Other ▶			L Yea	r of forma	tion	1860	J M S	State of leg	al domicile	<u>WA</u>
P	art I		nmary															
	- 1	•		-		ssion or mo	-		tivities	s <u>Fr</u> a	aterna	l Organ	izatio	n-Takır	ng gọc	od men a	nd makir	ng
•		them be	tter throu	ugh fellow:	ship and c	ommunity s	ervic	e.				·						
ğ																		
ĕ				<del></del>				. <b></b>						- <b></b>	- <b></b> -			
Activities & Governance	2					ation discor								25% o	1	et assets	1	
٠ •	3			-	-	verning boo									3			260
tres	4		-		-	ers of the g	jover	nıng body	(Part \	/I, line	1b) .				4			260
훒	5				s (Part V, I	-			•	•			•		5			6
ď	6					ıf necessar									6			30
	7a	_				ue from Pa				e 12		• •	•	•	7a			0
	b	Net unre	elated bu	isiness tax	cable incor	ne from For	m 99	0-1, line 3	<u> 4 .</u>		_	1	Deine	· Voor	7b	<u> </u>	urrent Year	0
		Contribu	itiona an	d granta (	Dod VIII Ju	no 1h)						<del>-</del>	Prior	Year	2,080		irrent rear	4,801
e	8	Contributions and grants (Part VIII, line 1h)								• •	<u> </u>		<u>_</u>	<u>2,080</u> 0			4,001	
Revenue	10									•				0			56,552	
Şe,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											- 0		- 1 \	0,332		
	12					rust equal Pa					•				2,080		-14	51,751
	13					rt IX, colum				12)	-				4,491			18,765
	14					t IX, column			,	•		7,,10,1				0		
	15		•		-	<u>yee be</u> nefit			nn (A)	. lines :	5–10)	24,168				27,290		
Expenses	16a					() column (A					,	24,100				27,230		
ben	b					င်ဝါပုံကျွဲဂ (D),					C	0					ł	
Ä	17	Other ex	penses	(Part IX, c	column (A)	, lines 11a-	11d,	11f-24f).				1		119	9,823			77,611
	18	Total ex	pensės.	Add/lines	13-/17/(m)	ust equal Pa	art IX	, column (/	A), line	25) .				21	8,482		1:	53,666
	19	Revenue	e less ex	penses S	Subtract lin	e 18 from li	ne 12	2						-21	6,402		-30	05,417
NO Assets or Fund Balances						—— (						Begin	ning of	Current	Year	E	nd of Year	
Sets alan	20	Total as	sets ( <u>Pa</u>	rt X, line:1	6)=1.1	.=====.								5,32	0,554		5 <u>,0</u>	16,195
AAS	21	i otai iia	Dilities (F	an X, line	26)					•					0			0
<b>Z</b> .	22	Net asse	ets or fur	nd balance	es Subtrac	ct line 21 fro	<u>m lın</u>	e 20 .	·					5,32	0,554		5,0	16,195
	rt II		nature				_											
3						have examine Declaration o												
		allu L	Jeliei, it is t	irue, correct,	and Complete	Declaration o	prepa	arei (ouiei uia	iii oilice	i) is base	u on an	illioman	OII OI W	men prep	Jai ei IIa	as any knov	rieuge	
				ノイベ	M	ノ								1		5/15/20	10	
<b>≨</b> jig	ın		Signature	of officer		<del></del>								Date		0, 10,2		
He	re		•	R Maher		)					Treas	surer						
SCARINED				rint name and	title													
ক			arer's				_		Date			heck if					fying numb	er
Pai		signa	ature <b>P</b>			D V D C C C C C	T1 100	.				elf- moloved	<b>-</b>	$\Box$	(see ir	nstructions)		$\wedge$
	parer's	ı Fırm	s name (or		SELF-PRE	PARED RE	TUR	N			e	mployed		<u> </u>	<u> </u>			<b></b> √√
Use	Only		s name (or f-employed	•									EIN	<u> </u>	· 			
			ess, and ZI				_		_				Phone	e no 🕨			<del></del>	
May	y the IF	RS discus	s this re	turn with t	the prepare	er shown ab	ove?	(see instr	uction	s) <u>.                                    </u>						. <u> </u>	Yes_	X No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
-	5 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	<del></del>
_	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
<b>4</b> a	(Code ) (Expenses \$ 0 including grants of \$ 24,765 ) (Revenue \$ 0)
	Charitable donations to other organizations.
4b	(Code ) (Expenses \$ 0 including grants of \$ 24,000 ) (Revenue \$ 0)
	Scholarships and Emergency Assistance to Indivduals
4c	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	•••••••••••••••••••••••••••••••••••••••
	1
44	Other program services (Describe in Schedule O )
+u	
4-	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4e	Total program service expenses ▶ 0

Par	t 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,"			l
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	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			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	K	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Q ().	20 mg	4
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X

Form 990 (2009) St John's Lodge No 9 Free and Accepted Masons
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
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	04-		v
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u>X_</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
~	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-0.5		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	131		<u> </u>
~_	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>                                   </u>		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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	1		
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	LX_	

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable . 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 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 this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х required to file Form 8282? . . . . . . . . . . . . . . . . . 7с d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h . . . . . Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . . . . . . . Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?. 9b h 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sect	ion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body	1a		260		162	NO
ь	Enter the number of voting members that are independent	1b		260			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationsh	np with				
	any other officer, director, trustee, or key employee?			]-	2	-	x <sup>-</sup> ′
3	Did the organization delegate control over management duties customarily performed by or u	nder th	ne direct				
	supervision of officers, directors or trustees, or key employees to a management company or	other	person?	ŀ	3		Ιx
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	990 wa	s filed? .	Г	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization	's ass	ets?	. [	5		Х
6	Does the organization have members or stockholders?			. [	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or n	nore m	embers				
	of the governing body?			L	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken	during				
	the year by the following:			_			
а	The governing body?			·	8a	X	
b	Each committee with authority to act on behalf of the governing body?			·  -	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno		ached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul		<u> </u>		9a	L	<u> </u>
	ion B. Policies (This Section B requests information about policies not required by the	e inte	rnal				
Reve	enue Code )						L
100	Does the organization have local chapters, branches, or affiliates?			Г	400	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of	f cuch		·  -	10a		<del>  ^-</del>
D	affiliates, and branches to ensure their operations are consistent with those of the organization		Chapters,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b		iling the	·  -	100		
•••	form?	CIOIC	iiiig tiic		11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•				<u> </u>	
12a		-			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests t	hat co	uld aive				
	rise to conflicts?			.	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? I	f "Yes,"				
	describe in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?			. [	13		Х
14	Does the organization have a written document retention and destruction policy?			. [	14	Х	
15	Did the process for determining compensation of the following persons include a review and a	approv	al by	ĺ			
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation a	nd decision	?			
а	The organization's CEO, Executive Director, or top management official			. L	15a		X
b	Other officers or key employees of the organization			L	15b		X
	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 a	rrange	ment	_			
	with a taxable entity during the year?			-	<u>16a</u>	<u> </u>	_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization						
	its participation in joint venture arrangements under applicable federal tax law, and taken step	os to s	ateguard		401		
Soot	the organization's exempt status with respect to such arrangements?		<del>-</del> _	l	16b	L	1
	· -						
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar		T /501/a\/0	\			
10	available for public inspection Indicate how you make these available. Check all that apply	ıu 990	-1 (301(6)(3	ys only	y)		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nanta	conflict of	toron			
	policy, and financial statements available to the public.	nents,	COLUMN TO THE	1101031			
20	State the name, physical address, and telephone number of the person who possesses the b	ooke a	nd records	of the			
					5		
	organization:   James R Maher  24528 147th Avenue SE Kent WA 98042		7500701	0-301			

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

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. Use Schedule J-2 if additional space is needed.

- 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.
- 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

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

Check this box if the organization did not compe	nsate any curre	nt off	icer	, dı	rec	tor, or	tru	stee		
(A)	(B)			((	C)	*		(D)	(E) <sup>-</sup>	(F)
Name and Title	Average hours per week	Individual trustee o or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
William Collison Trustee	2	х						0	0	0
Hans U Wehl Trustee	2.	х						0	0	0
Charles R Brockway  Trustee	2.	Х						0	0	0
Saturo Tashiro Trustee	2	х						0	0	0
Alvın W Jorgensen Worshipful Master	5	х						0	0	0
George Rine Senior Warden	5	Х	<u></u>					0	0	0
James F Russell Secretary	20	х						17,400	0	. 0
James R Maher Treasurer	5	х						1,500	0	0
Terry A Grove Tyler	1.			х				300	.0	0
Adam Creighton Musician	1			x				700	. 0	0
	_									

	rt VII Section A. Officers, Directors, Tru (A)	(B)	<u> </u>			C)			(D)	(E)		(F)	
	Name and title	Average	Po	sition	(chec	k all t	hat ap	ply)	Reportable	Reportable		Estima	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	n i s	amour othe compens from t organize and rele organize	nt of er sation the ation ated
								-					
				-									
		÷ -						į					
							ļ						
			_							<u> </u>	$\perp$		
							<u> </u>	<u> </u>			$\downarrow$		
1b	Total		· · ·				•	<u>.</u>	19,900		0		0
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	_	e) Wr	no red	ceive	ed more than \$10	00,000 in			
	reportable compensation from the organization	1011			0					<del></del>		Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci								st compensated		3	103	X
4	For any individual listed on line 1a, is the su									n			
·	the organization and related organizations g		0,00	02 11	"Ye	s, " c	ompl	lete S	Schedule J for su		4	-	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You	ccrue compens	ation	fron	n any	unr	relate	ed or	ganızation for		5	-	X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest concompensation from the organization	npensated indep	pend	ent c	ontra	acto	rs tha	at red	ceived more than	\$100,000 c	f		
	(A) Name and business a	address							(B) Description of sen	vices	Comp	(C) pensation	
													. 0
		_						<u> </u>		-			0
								$\vdash$					0
-								$\vdash$					0
	Total number of independent contractors (in	cluding but not	limite	od to	thos	e lie	ted a	hove	a) who received				0
_	more than \$100,000 in compensation from t				03	J 113	0		o, who received	ļ			

Part	: VIII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
रे रे	1a	Federated campaigns	0				
Contributions, gifts, grants and other similar amounts		Membership dues	3,090				
g G		•	3,030				
fts, ar		Fundraising events	<u> </u>				
gi		Related organizations <u>1d</u>	0				
in.	е	Government grants (contributions) <u>1e</u>	0				
tio r s	f	All other contributions, gifts, grants, and					L
ig g		similar amounts not included above . 1f	1,711				
tri do	a	Noncash contributions included in lines 1a-1f \$	0				
a So		Total. Add lines 1a–1f	•	4,801			
		Town. Too mico to 11	Business Code	1,001			
nue	2-		Business Code		<del></del>	<del></del>	
eve	2a			0		<del></del>	
Program Service Revenue	b			0			
Κį	С			0			
Ser	d	-		0	_		
E	е			0			
g	f	All other program service revenue		0			
P.	a	Total. Add lines 2a–2f	•	0			
	3	Investment income (including dividends, interest, an					
	"	· · · · · · · · · · · · · · · · · · ·		76 022		•	
		other similar amounts)		76,932			
	4	Income from investment of tax-exempt bond proceed	as 🟲	0			
	5	Royalties	<u>, , ▶</u>	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses .					
	c	Rental income or (loss)	0				
	d	Net rental income or (loss)	•	0			
		Gross amount from sales of (i) Securities	(II) Other				<del></del>
	′"	assets other than inventory . 430,873	<del> </del>				
	[		4				
	b	Less cost or other basis					
	ŀ	and sales expenses <u>664,357</u>				j	
	С	Gain or (loss) <u>-233,484</u>	0	·			<del></del>
	d	Net gain or (loss)	<b>.</b>	-233,484			
•	8a	Gross income from fundraising					
ž		events (not including \$0					
Æ		of contributions reported on line 1c)					
è		See Part IV, line 18 a	l o				
<u> </u>	h	Less direct expenses b					
Other Revenue		Net income or (loss) from fundraising events .		0			
0			<u> </u>	0		· <del>-</del>	
	ya	Gross income from gaming activities.					
		See Part IV, line 19	0				
		Less direct expenses <b>b</b>	0				
		Net income or (loss) from gaming activities	. ▶	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less. cost of goods sold b	0				
	1	Net income or (loss) from sales of inventory	<b></b>	0			
	٣	Miscellaneous Revenue	Business Code			<u> </u>	
	11a		Dusiness Code				
	l .			0		<del>                                     </del>	<del></del>
	b	•••••••		0		<del>                                     </del>	<del></del>
	C			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d	. ▶	0			
	12	Total revenue. See instructions.	. ▶	-151,751	Ö	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	
--	--

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) Do not include amounts reported on lines 6b, (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 24,765 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . 24,000 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . . . . Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees. 25,202 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . . . . Other salaries and wages 0 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . 9 Other employee benefits. ol 10 Payroll taxes 2,088 . . . . . . 11 Fees for services (non-employees): a Management . . . . . . **b** Legal 0 Accounting . . . . 0 0 Professional fundraising services See Part IV, line 17 0 е f Investment management fees . . . . . . 31,689 g Other . . . . . . 0 12 Advertising and promotion 3,200 13 Office expenses . . . . . 6,075 Information technology . . . . 14 0 15 0 16 Occupancy 3.400 17 Travel . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings . . . 0 20 0 Interest . . . . . . . . 21 Payments to affiliates . . . 0 22 Depreciation, depletion, and amortization . 0 0 23 Insurance 2,324 . . . . . . . Other expenses Itemize expenses not 24 covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Lodge Events 24,974 Dues and Subscriptions b 5.608 Miscelleaneous C 341 d 0 0 All other expenses ol 25 Total functional expenses. Add lines 1 through 24f 153,666 0 Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 39.750 1 35,466 1 Cash—non-interest-bearing 2 Savings and temporary cash investments. 2 0 3 0 3 Pledges and grants receivable, net . . . . . . 4 Accounts receivable, net 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Notes and loans receivable, net . . . 7 7 Inventories for sale or use . . . . . . . . 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D **b** Less accumulated depreciation . 10b 0 10c 4,838,512 11 4.538.437 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11. 442.292 12 442,292 13 Investments—program-related See Part IV, line 11... 13 ol ol 14 14 Intangible assets 0 15 0 15 5.320.554 5,016,195 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses . . . 17 18 Grants payable . . . . 18 19 19 Deferred revenue Tax-exempt bond liabilities . . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 ol 23 0 Secured mortgages and notes payable to unrelated third parties . 24 Unsecured notes and loans payable to unrelated third parties. ol 24 0 0 0 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . Temporarily restricted net assets . 28 28 29 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 5,320,554 30 5,016,195 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 5,016,195 33 5,320,554 33 5,016,195 Total liabilities and net assets/fund balances 5,320,554

Part XI **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . Were the organization's financial statements audited by an independent accountant? . 2b If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?. 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . 3a Х If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form **990** (2009)

## SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

200

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

91-0227019 St John's Lodge No 9 Free and Accepted Masons Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an 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 . . . 2a 2b C Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06 . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items b Assets included in Form 990, Part X. 

Part	III Organizations Maintaining	Collections of	Art, His	torical 7	reasures,	or Ot	her Similar A	ssets (c	ontinu	red)
3	Using the organization's acquisition, use of its collection items (check all t		ther reco	ds, chec	k any of the	follow	ing that are a si	gnıficant		
а	Public exhibition	шат арріу).	а □	Loan	or exchange	e nroar	ame			
a b	Scholarly research		e 🗀	Other	=	e progr	airis			
	<b>=</b>	tions	• 🗀	Other						
C A	Preservation for future genera			41	<b></b>					
4	Provide a description of the organiza Part XIV		-		•	_			ose in	
5	During the year, did the organization assets to be sold to raise funds rather	er than to be main	tained as	part of the	he organiza	tion's c	collection?.	Y		No
Part	IV Escrow and Custodial Are IV, line 9, or reported an are					answe	ered "Yes" to I	Form 990 	), Par 	t 
1a b	Is the organization an agent, trustee included on Form 990, Part X?  If "Yes," explain the arrangement in			•		ns or o	ther assets not	☐ Ye	es 🔲	No
				_				Amount		
С	Beginning balance					10	;			
d	Additions during the year	· · · · · · · · · · · · · · · · · · ·				10	1			
е	Distributions during the year .					. 1€				
f	Ending balance					. 11	:			0
2a b	Did the organization include an amo If "Yes," explain the arrangement in		Part X, lıı	ne 21?				Y	es X	No
Part			ization a	answere	d "Yes" to	Form	990, Part IV, I	ine 10	•	•
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba		ur years	back
1a	Beginning of year balance .									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs		ŀ							
f	Administrative expenses		·				-	-		
g	End of year balance .	0		0						
2	Provide the estimated percentage of				<u> </u>			<del></del>		
- а	Board designated or quasi-endowne	-	%	uo.						
b	Permanent endowment	%								
c	Term endowment	%								
3a	Are there endowment funds not in th		he organi	zation th	at are held :	and ad	ministered for t	he		
	organization by.	io possession or t	no organi	200011	at are nota	and da		l I	Yes	No
	(i) unrelated organizations							3a(i)		-110
	(ii) related organizations		•	•				3a(ii)	-	_
b	If "Yes" to 3a(ii), are the related orga	 Inizatione listed a	s required	Lon Sche	dule R2			3b		-
4	Describe in Part XIV the intended us		-			•	• •			
Part						art X li	ne 10			
	Description of investment	(a) Cost or ot	her basis	( <b>b</b> ) Co:	st or other s (other)	(c)	Accumulated epreciation	( <b>d</b> ) Bo	ook valu	e
1a	Land	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	2431					<del></del>	0
		· · <del> </del>	0		0 0		0			0
b	Buildings	.	0							
C C	Leasehold improvements	·	0		0		0			0
d	Equipment	•	0		0		0			0
<u>e</u>	Other	d) must smist Far		art V act		0.10/5	0	<u> </u>		<u>0</u>
TOLA	I. Add lines 1a through 1e (Column (i	u) must equal For	ш ээ <u>о,</u> Р	art A, COI	uitiit (D), IIN	C IU(C)	<u> </u>			U

organization's liability for uncertain tax positions under FIN 48

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives	0		
Closely-held equity interests .	0	· · · · · · · · · · · · · · · · · · ·	
Other Alistar Theraputics, LLC	100,000		
Conversational C5 Computing Corp Restricted Se	12,500		
Conversational Computing Corp Restricted	100,000	C	
Mediquest Theraputics	100,000		
Blood Cell Storage	29,792		
Channen Painter & Co Ltd	100,000	С	
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	442,292		
Part VIII Investments—Program Relate	d. See Form 990, Part X,	, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	0		
	0		
	0		
	0		
	0		
	0	)	
	0		
	0		
	0		_
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	)	
Part IX Other Assets. See Form 990, P			
(a	n) Description	<b>(b)</b> Boo	
	<del> </del>		0
			0
			0
			0
			0
-			0
			0
			0 0
	<del></del>		0
Total. (Column (b) must equal Form 990, Part X, o	col (R) line 15.)		0
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) A mount	0	
T cacrar moonic taxes		<u></u>	
<del></del>	<del></del>	0	
		0	
		0	
		<u> </u>	
		<u> </u>	
		<u> </u>	
		0	
	<u> </u>	<u></u>	
	<del> </del>		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of	the footnote to the organiz	<u> </u>	

	St John's Lodge No. 9 Free and Accepted Masons	91-0227019	
Schedule D (Form		<del></del>	Page <b>5</b>
Part XIV	Supplemental Information (continued)		
	•		
	***************************************		
	••••••		· <b></b> -
			• • • • • • • • • • • • • • • • • • • •
	••		
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
			· • • • • • • • • • • • • • • • • • • •
	•••••	• • • • • • • • • • • • • • • • • • • •	
	•••••		
		_	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047

Open to Publi

▶ Attach to Form 990.

**Employer identification number** 

John's Lodge No. 9 Free and Accepted Masons	ccepted Mason	SI			-	91-	91-0227019
Part I General Information on Grants and Assistance	on Grants	and Assistance					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tain records to so award the gran	substantiate the aments or assistance?	ount of the grants or as	ssistance, the grantees	s' eligibility for the gran	ts or assistance, and	X Yes No
Describe in Part IV the organization's procedures for monitori	nization's proce	dures for monitoring	ng the use of grant funds in the United States	Is in the United States			
Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient that re	Assistance to ine 21, for any	Governments a	ind Organizations i	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	. Complete if the org	janization answered eceived more than \$	"Yes" to 5,000. Use
Part IV and Schedule I-1 (Form 990) if additional	le I-1 (Form 9	90) if additional sp	space is needed				•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
					-		

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

0

0

Page 2

St John's Lodge No 9 Free and Accepted Masons

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

	(f) Description of non-cash assistance								onal information					
	(e) Method of valuation (book, FMV, appraisal, other)								e 2, and any other additional information		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
	(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, line				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
pace is needed.	(c) Amount of cash grant	20,000	4,000	0	0	0	0	0	to provide the information required in Part I,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1 990) if additional s	(b) Number of recipients	20	17	0	0	0	0	0	<del>-</del> .					
Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Type of grant or assistance	Scholarships	Emergency Assistance to Individual Familes						Part IV Supplemental Information. Complete this part					

#### **SCHEDULE 0** (Form 990)

### **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Inspection Employer identification number

St John's Lodge No 9 Free and Accepted Masons	91-0227019
Form 990 Part VIII Line 7a & 7b Organization maintains its assets in investment accou	unts comprised
of a portfolio of mutual funds. These funds are rebalanced quarterly and involve multip	ole purchases
and sales Amounts reported are totals not individual transactions.	
	••••
••••••	
•	•••••
•••••••••••••••••••••••••••••••••••••••	
	•••••
	•••••
••••••	
•••••••••••••••••••••••••••••••••••••••	
······································	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

,	Cash	Noncash
1 Federated Campaigns		1
2 Membership dues	3,090	2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above:		
Membership Contributions	180	
Company Store Purchases	274	
Miscellaneous Income	1,257	
Other contributions total	1,711	6
7 Total	4,801	$\frac{3}{7}$ $\frac{0}{0}$

į	
The state of the s	Š
ı	둳
1	ē
1	2
I	_
1	þa
	ř
	he
	ō
	of Assets (
	se
	As
	¥
	_
	al
	5
	ō
	i fr
	Gain/Loss from Sale
	۲
	- Gain/L
	Sa
	٠
	(066)
	6)
	7
	ne
	Ξ
	Ħ
1	>
	Par
	٩

•					•			Description of	Basis Method																				
		ı								Cash																			
! 									Depreciation																				
Cost other	basis and expenses	664,357	0	0	Expense	of sale and	cost of	-avordmi	ments																				
Tool of	basis and					her basis	field only)	_	value																				
٥٤	es es	430,873	0	0		Cost or other basis	(Enter one field only)		- 1	664,357																			
Super	sales							Gross sales	pnce	430,873																			
Totals		Public Securities	ic Securities	Other sales				Date	sold																				
		Publ	Non-Publ					Acquisition	method												_								
						_		Date	acquired																				
									Purchaser																				
						Check if	purchaser	8 8	business																				
					Check If	gain/loss is	from sale of	non public	secunties																				
					Check if	gain/loss is	from sale	of public	secunties	×																			
									CUSIP #	Various																			
									Description	Oppenheimer & Co Account																			
									Index		2	က	4	လ	9	7	∞	თ	9	÷	15	13	4	15	16	42	48	19	20

### Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported	
X Cost	
End of year market value (FMV)	
	0

					0	5,280,804	4,980,729
	Check if		Check if			Beginning	Ending
	Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
	Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
Description	Secunties?	Denvatives	Interests	Face Value	Donation	Cost	Cost
G71-0500799	X					4,747,603	4,454,568
G71-0520540	X					76,429	76,783
G71-1602677	X					14,480	7,086
outics, LLC				100,000 00		100,000	100,000
al C5 Computing Corp Restricted Series F				12,500 00		12,500	12,500
al Computing Corp Restricted				54,642 00		100,000	100,000
eraputics				34,893 40		100,000	100,000
orage				29,792 00		29,792	29,792
nter & Co Ltd				100,000 00		100,000	100,000
							0
							0
						_	0
							0
					-		0
							0
							0
							0
						-	0
							0
							0
	G71-0500799 G71-0520540 G71-0520540 G71-1602677 Dutics, LLC al C5 Computing Corp Restricted Series F al Computing Corp Restricted Beraputics Discrepance on the Corp Restricted	Description  Description  G71-0500799  X G71-0520540  X G71-1602677  X Duttes, LLC all C5 Computing Corp Restricted Series F all Computing Corp Restricted Description  Description  Description  Description  X Description  Desc	Description  Description  G71-0500799  X  G71-0520540  X  G71-1602677  Duttes, LLC  all C5 Computing Corp Restricted Series F  all Computing Corp Restricted  Derivatives  Derivatives  Table 1  Derivatives  Table 2  Deriv	Description  Description  Description  CG71-0500799  X  CG71-0520540  X  CG71-1602677  X  Description  X  Denvatives  Denvatives  Denvatives  Denvatives  Interests  Closely-Held Equity Interests  X  CG71-0520540  X  CG71-1602677  X  Denvatives  D	Publicly Traded   Secunties?   Closely-Held Equity   Interests   Face Value	Publicly Traded Secunties?   Closety-Held Equity   Interests   Face Value   at Time of Denvatives   Interests   Face Value   Donation	Publicly Traded   Secunites?   Check if Financial Denvatives   Financial Denvatives   Interests   Face Value   Balance Book Value at Time of Donation   Cost