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, IRS COPY

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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

\overline{A}	For the 2	011 calendar year, or tax year beginning 1 January , 2011, and en	dina 31 De	cember	, 20 11	
	Check if ap			D Employe	er identification nu	ımber
$\bar{\Box}$	Address ch				99-0038171	
\exists	Name char		/suite	E Telephor		
\exists	Initial return		,	808-678-2817		
\Box	Terminated	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	000 070 2017	
\exists		l.,		G Gross re	counts \$	260052
H	Amended r	D. J.	14-51-45-		for affiliates? Yes	
	Application	91-896 Makule Road,#106 Ewa Beach HI 96782-1638		a group return i til affiliates in	_	
					list (see instructio	
 	Tax-exemp				•	
_		anization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Fraternal L Year of form		p exemption	of legal domicile.	——
	art I	Summary	nation 1632	IVI State	or legal domiche	
		riefly describe the organization's mission or most significant activities: A di	amactic frater	al Maconi	c Lodge bestou	·ina
		and maintaining the tenets and precepts of Freemasonry with its members and the				/ii iy
9		ind maintaining the tenets and precepts of Freemasonity with its members and th	ose who seek	membersn	<u>p.</u>	
ш						
Governance	,	the ell this have North to the accomplished and the accomplished the accomplished to t		- OFO/ -4.		
é		theck this box \(\sigma\) if the organization discontinued its operations or dispose	u or more thai	1 1	its net assets.	_
•ಶ	I	lumber of voting members of the governing body (Part VI, line 1a)		3		5
Activities	4 N	lumber of independent voting members of the governing body (Part VI, line 1	D)			480
2	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5		3
Ø.	6 T	otal number of volunteers (estimate if necessary)		6		10
√ 3	∣ ⁄a ı	otal unrelated business revenue from Part VIII, column (C), line 12		7a		-0-
, _ ;	b N	et unrelated business taxable income from Form 990-T, line 34	T Bellevi	. 7b		-0-
\mathbf{z}			Prior Y		Current Ye	
3	1	contributions and grants (Part VIII, line 1h)		35512		30465
Ę,	1	rogram service revenue (Part VIII, line 2g)		-0-		<u>-0-</u>
CANNREGENULIN	1	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		185346		227161
2	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-0-		2426
\$		otal revenue—add lines 8 through 11 (must equal Parti VIII, column (A), line 12)		219858		260052
	13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)		-0-		-0-
Ø		enefits paid to or for members (Part IX, column (A), line 4) 1.6.2012		-0-		-0-
es	1	alaries, other compensation, employee benefits ([Part IX, Column (A), lines 5 10)		16319		16880
Expenses		rofessional fundraising fees (Part IX, column (A), Line-11e)	-0-		-0-	
ă	1	otal fundraising expenses (Part IX, column (D), line 25) 🗩 🗔 🐪 🔠 -0-				
ш	1	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		150037		140872
	ı	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		166356		157752
	19 R	evenue less expenses. Subtract line 18 from line 12		53502		102300
Net Assets or Fund Balances			Beginning of C	urrent Year	End of Ye	ar —
sets	20 T	otal assets (Part X, line 16)		5825549	_	6440809
A P	21 T	otal liabilities (Part X, line 26)		- 0-	<u> </u>	-0-
		et assets or fund balances. Subtract line 21 from line 20	<u>.l</u>	5825549		6440809
P	art II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying schedules and st			ny knowledge and	belief, it is
tru	e, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any know	rieage	<u> </u>	_
		- Trough le Schult		<u> 2 MA</u>	y 2012	
Siç		Signature of officer	Da	ate '		
He	re	Kossent A Schutz, TRISTE	·			
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [lf PTIN	
	eparer			self-emp	loyed	
	e Only	Firm's name	Fire	m's EIN ▶		
		Firm's address ▶	Ph	one no		
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · · ·	🗌 Yes	□ No
	. D	rk Reduction Act Nation, see the congrete instructions	. 14.00014			190 (2011)

Part	Statement of Program Service Accomplishments Check If Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
·	A domestic fraternal Masonic Lodge bestowing and maintaining the tenets and precepts of Freemasonry with its members and those
	who seek membership.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	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
	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.
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 24a) (Expenses \$ 9000 including grants of \$ -0-) (Revenue \$ -0-)
	Presented Nine (9) - \$1000.00 College Scholarships to Deserving University Students
	(0 0 0 0 0 0 0 0 0 0
4b	(Code: 24b) (Expenses \$ 1308 including grants of \$ -0-) (Revenue \$ -0-) Provided support to Masonic Widows of Hawaiian Lodge during the holidays and those and other members during times of illness.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code: 24c) (Expenses \$ 800 including grants of \$ -0-) (Revenue \$ -0-)
	Provided support to Masonic Youth Organizations International Order - Rainbow for Girls.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1460 including grants of \$ -0-) (Revenue \$ -0-)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		▼
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		√
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; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	and a
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		√
b	Schedule D, Parts XI, XII, and XIII	12a		· ✓
13		12b		
_	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part,	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		√
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
	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 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37	<u> </u>	/
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	1	

Form **990** (2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	. L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-0-	163	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-0-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors			
	reportable gaming (gambling) winnings to prize winners?	· · 1c	 	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.5	† · –	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	? . 2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	F- <u>-</u>	1	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other autover, a financial account in a foreign country (such as a bank account, securities account, or other finaccount)?			1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		 	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		 	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5b</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d			
	organization solicit any contributions that were not tax deductible?	ба		1
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		
_	gifts were not tax deductible?	<u>6b</u>	}	
7 a	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 \$1.00 made to \$1.0	goods		}
а	and services provided to the payor?	· · 7a	·	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			V
C	Did the organization ricting the donor of the value of the goods of services provided?			
	required to file Form 8282?	· · 7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	-0-		<u> </u>
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract? 7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as req	uıred? 7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C? 7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support			İ
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	soring	l	
	organization, have excess business holdings at any time during the year?	8	_	ļ
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	<u> </u>
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	-	<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			}
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b)41? 12a		
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		ļ	
С	Enter the amount of reserves on hand		<u> </u>	
14a	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 in Schedule C) <u>14b</u>		

Part :		_			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	· ·_ ·	· ·	<u> </u>
Secti	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	1a	5	1.03	-
14	If there are material differences in voting rights among members of the governing body, or		7		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with			
2	any other officer, director, trustee, or key employee?		2		✓
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	-	4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization		5		7
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	✓	<u> </u>
Ь	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	• .		✓	
8	Did the organization contemporaneously document the meetings held or written actions un		7b		
·	the year by the following:	dertaken dunng			
а	The governing body?		8a	1	
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				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	<u> </u>	✓
Secti	on B. Policies (This Section B requests information about policies not required by the	e internal Reve	nue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	"
	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 exem	ot purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv Did the organization regularly and consistently monitor and enforce compliance with the p		12b		_
С	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		1
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 a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		4=		
a	The organization's CEO, Executive Director, or top management official		15a 15b	_	
b	Other officers or key employees of the organization		130	-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	ar arrangement			
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps t		ļ		<u> </u>
Casti	organization's exempt status with respect to such arrangements?	<u> </u>	16b	l	
<u> 3ecu</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	on 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	(. ,,-	-31
	☐ Own website ☑ Another's website ☐ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing docu	ments, conflict	of inte	rest p	olicy,
00	and financial statements available to the public during the tax year.	المحمد المحمد معامد	القائم م	_	
20	State the name, physical address, and telephone number of the person who possesses the be organization: Robert Schultz, Trustee and Alberto Alarcon, Treasurer / 1227 Makiki Street, Honor		s or the)	
	C	700 17			

D	7
rage	•

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.

- 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.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)	<u> </u>			Cincer, anders	.,
(4)					ition			(5)		-
(A)	(B)			eck	more	e than o			(E)	(F)
Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
	week		_		_			from	related	other
	(describe	or di	nstr	Officer	e	결호	Former	the	organizations (W-2/1099-MISC)	compensation
	hours for related	rect idu	Ĕ	è	E E	oye est	тeг	organization (W-2/1099-MISC)		from the organization
	organizations	or al	mal		Key employee	# CQ		,,		and related
	in Schedule O)	Individual trustee or director	Institutional trustee		8	pen				organizations
	0,	ā	tee			Highest compensated employee	ļ			
					-	ä				
(1) Bernard C. Baldueza										
Worshipful Master	10hr/Wk			✓	1			-0-	-0-	-0-
(2) Alberto P. Alarcon										
Treasurer	4Hr/Wk		✓	✓	1			300./Mo	-0-	-0-
(3) Orlando S. Ragudos										
Secretary	6hr/Wk			✓	1	✓		600./Mo	-0-	-0-
(4) Jose A. Ragiles										
Tyler	6Hr/Wk			✓	1			270./Mo	-0-	-0-
(5) Robert A. Schultz							ĺ			
Trustee	2hr/Wk		✓					49./Mo	-0-	-0-
(6)										
			<u> </u>	_			<u> </u>			
_(7)										
(0)			_		.	<u> </u>		1		
(8)	-									
(0)			\vdash				\vdash			
(9)	 									
(10)		-			1	-			 -	
1.07										
(11)	· · ·		_							
<u> </u>										
(12)										
			L	L	L		L_			
(13)										
					L					
(14)										
	1							1		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ontinue	ed)		
						C) ation							_	
	(A) Name and title	(B) (do not check me box, unless person			more			(D) Reportable	(E) Reportable		(F) le Estimated			
		hours per week			dad		or/trus		compensation	compensation f	rom	amo	ount of ther	
		(describe	or di	Instr	Officer	Key	High	Former	the	organization		compensation		
		hours for related	Individual trustee or director	Institutional trustee	ěř	Key employee	est co loyee	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)	orgar	nization	
		organizations in Schedule	trus	nal tru		oyee	ompe						related izations	
		O)	e	eatsr			Highest compensated employee							
(15)							ă				<u> </u>			
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)									_					
(24)												 .		
(25)														
1b	Sub-total							<u> </u>	1219./Mo		-0-			-0-
c	Total from continuation sheets to Part							>	-0-		-0-	•		-0-
d								<u> </u>	1219./Mo		-0-			-0-
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) W	ho received mo	ore than \$100),000 c	of		
													Yes I	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to													
4	For any individual listed on line 1a, is the								nd other comp			3	- '	✓
_	organization and related organizations	greater that												
	individual			•								4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		√
	on B. Independent Contractors	<u>.</u>												
1	Complete this table for your five highest of compensation from the organization. Repyear.													
	(A) Name and business add	ress							(B) Description of se	ervices	Co	(C) ompens	ation	
None														
												_		
	Total number of independent contractor	rs (includir	na bu	t no	ot I	ımıtı	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compens								None	-,				

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
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	24130				
G F	С	Fundraising events 1c					
# F	d	Related organizations 1d	5280				
S, ₩	e	Government grants (contributions) 1e					
Si Si	f	All other contributions, gifts, grants,					
the left		and similar amounts not included above 1f	1055				
<u> </u>	g						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		30465			
			Business Code				
len	2a						
æ	b					•	
ice	С						_
ρe	d						
E	e						
Program Service Revenue	f	All other program service revenue .					
P S	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including divide	ends, interest,				
		and other similar amounts)	▶	227161	227161		
	4	Income from investment of tax-exempt bo	ond proceeds ►	-0-	-0-		
	5	Royalties	▶	-0-	-0-		
		(ı) Real	(II) Personal			•	
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨	-0-	-0-		
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis	:				
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	-0-	-0-		
ne	8a	Gross income from fundraising					
Ve		events (not including \$					
Other Reven		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
ㅎ	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising	events . 🕨	-0-			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activate	vities ▶	-0-	-0-		
	10a	Gross sales of inventory, less					
		returns and allowances a					
	ь	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inve		-0-	-0-	***	
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	Lodge Building Fund Donations	Voluntary	2426	2426		
	b		-				
	C	All all and an annual an					
	d	All other revenue		0400			
	12e	Total. Add lines 11a–11d Total revenue. See instructions		2426	200507		
	12	rotal revenue. See instructions		260052	229587		I

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).

	Check if Schedule O contains a respons	se to any question i	in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	-0-	-0-		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	-0-	-0-		
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the			l	
	United States. 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	14628	-0-	14628	-0-
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-	-0-
7	Other salaries and wages	-0-	-0-	-0-	-0-
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	-0-	-0-	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10	Payroll taxes	2252	-0-	2252	-0-
11	Fees for services (non-employees):	2202		2202	
· ·	Management	11977	-0-	11977	-0-
b	Legal	-0-	-0-	-0-	-0-
c	Accounting	-0-	-0-	-0-	-0-
d	Lobbying	-0-	-0-	-0-	-0-
e	Professional fundraising services See Part IV, line 17	-0-			-0-
f	Investment management fees	18370	-0-	18370	-0-
g	Other	-0-	-0-	-0-	-0-
12	Advertising and promotion	188	-0-	188	-0-
13	Office expenses	6247	-0-	6247	-0-
14	Information technology	-0-	-0-	-0-	-0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	9479	-0-	9479	-0-
17	Travel	4453	-0-	4453	-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 .	42427	-0-	42427	-0-
20	Interest	-0-	-0-	-0-	-0-
21	Payments to affiliates	-0-	-0-	-0-	-0-
22	Depreciation, depletion, and amortization .	-0-	-0-	-0-	-0-
23	Insurance	1808	-0-	1808	-0-
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	University Scholarships	9000	9000	-0-	-0-
b	Widows and Member Assistance	1308	1308	-0-	-0-
C	Youth Group Donations	800	800	-0-	-0-
d	Public Schools Support	1460	1460	-0-	0-
е	All other expenses Ritual Supplies	33355	-0-	33355	-0-
25	Total functional expenses. Add lines 1 through 24e	157752	12568	145184	-0-
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			}	
	from a combined educational campaign and		İ	j	
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			İ	
	10110WING 30F 30-2 (A3C 330-120)				

Part X **Balance Sheet** (A) (B) End of year Beginning of year 12801 5468 1 22630 2 Savings and temporary cash investments 22619 2 -0-3 -0-3 4 -0-4 -0-5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of -0-5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) -0-6 -0--0-7 -0-7 -0-8 -0-8 -0-9 -0-9 Prepaid expenses and deferred charges Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 458000 Less: accumulated depreciation 10b (2%) 8000 30000 10c 450000 b 2640530 11 3243493 11 Investments—publicly traded securities -0-12 Investments - other securities. See Part IV, line 11 -n-12 Investments—program-related. See Part IV, line 11 48448 13 48523 13 14 -0-14 -0-15 3071151 15 2670695 5825549 6440809 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 -0-17 -0-17 Accounts payable and accrued expenses -0--0-18 18 19 -0-19 -0-20 -0-20 -0--0--0-21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. -0-22 -0-23 Secured mortgages and notes payable to unrelated third parties . . . -0-23 -0--0-24 -0-Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X -0--0-25 26 Total liabilities. Add lines 17 through 25 . . . -0-26 -0-Organizations that follow SFAS 117, check here ▶ 📝 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 22619 27 22630 27 48448 48523 28 28 29 -0-29 -0-Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds -0-30 -0-30 31 -0-31 Paid-in or capital surplus, or land, building, or equipment fund . . . -0-32 Retained earnings, endowment, accumulated income, or other funds. 32 -33 5825549 33 6440809 Total liabilities and net assets/fund balances 5825549 34 6440809

_	4	•
Page		4

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)				50052
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>			57752
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>			02300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			582	<u> 25549</u>
5	Other changes in net assets or fund balances (explain in Schedule O)			51	12960
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))			644	10809
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in			i
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. L	2a		✓
ь	Were the organization's financial statements audited by an independent accountant?		2b		✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigning	~			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	າin [ື			
	Schedule O.				
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year w	ere			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	າ in			Ì
	the Single Audit Act and OMB Circular A-133?	L.	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		7		i
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;	3b		<u> </u>
			Forn	9 90	(2011)

SCHEDULE, D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

Vame o	f the organization	 -	Employe	er identification number
Hawai	ian Lodge Free and Accepted Masons			99-0038171
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Ful	nds or A	Accounts. Complete if the
-	Organization anowored 100 to 10	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year	None	•	None
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 funds are the organization's property, subject			
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit?	ors, and donor advisors in writing that grabenefit of the donor or donor advisor, or	ant funds for any c	can be used other purpose
Par	t II Conservation Easements. Comp	lete if the organization answered "Yes"	' to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply).		
	Preservation of land for public use (e.g., r	ecreation or education) Preservation of	of an hist	orically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certif	ied historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contributi	ion in the	form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements .		[2a None
b	Total acreage restricted by conservation easi	ements	[2b
C	Number of conservation easements on a cert	tified historic structure included in (a)	[2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Regist	er		2d
3	Number of conservation easements modified tax year ►	, transferred, released, extinguished, or ter	rminated	by the organization during the
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written poli violations, and enforcement of the conservat	cy regarding the periodic monitoring, in:	-	handling of · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easeme	ents during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	ements o	during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization re			
	balance sheet, and include, if applicable, the organization's accounting for conservation ea		nancial s	tatements that describes the
Part	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other	Similar Assets.
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8.	•	
1a	If the organization elected, as permitted und works of art, historical treasures, or other s public service, provide, in Part XIV, the text of	similar assets held for public exhibition, e	ducation	, or research in furtherance of
b	If the organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	revenue	statement and balance sheet
	works of art, historical treasures, or other spublic service, provide the following amounts	similar assets held for public exhibition, e		
	•			. ▶ \$
	(ii) Assets included in Form 990. Part X			. • \$
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported un	nder SFAS 116 (ASC 958) relating to these	items:	
а	Revenues included in Form 990, Part X	91		. ▶ \$
	Assets included in Form 990, Part X			•

Part								
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and o	ther reco	rds, chec	k any of the	follo	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	_j rams	
b	☐ Scholarly research		е	Othe	r 			
С	☐ Preservation for future generations							
4	Provide a description of the organization XIV.	's collections	and expla	ain how t	hey further t	he or	ganization's exe	empt purpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather that							
Part	IV Escrow and Custodial Arrang	ements. Co	mplete i	f the org	anization a	nswe	red "Yes" to F	
	line 9, or reported an amount or							
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part >	(IV and comp	lete the fo	llowing t	able:			Amount
С	Beginning balance					10	s	
d	Additions during the year					10		
e	Distributions during the year					10		
f	Ending balance					1		
2a	Did the organization include an amount or							. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in Part		,					
Par			zation ar	swered	"Yes" to Fe	orm 9	90, Part IV, lir	ne 10.
		a) Current year		or year	(c) Two years			
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	—		_				
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the o	current vear er	nd balanc	e (line 10	r column (a)) held	as:	
а	Board designated or quasi-endowment	• • • • • • • • • • • • • • • • • • •	%	· (,,	,		
b	Permanent endowment ► 9	/						•
_								
•	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sl	hould equal 10	00%.					
	Are there endowment funds not in the po			zation tha	at are held a	and ac	Iministered for	the
	organization by:		· ·					Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizati							. 3b
4	Describe in Part XIV the intended uses of							
Part	VI Land, Buildings, and Equipme	nt. See Forr	n 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land				205000			250000
b	Buildings				200000	•••		200000
c	Leasehold improvements							
d	Equipment							·
e	Other	-						
	Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part 2	C, column	(B), line 10	(c).)	•	450000

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial	derivatives	3243493	Cost	
	eld equity interests			
(3) Other Mu	ıtual Funds	2670695	Cost	
(A) (B)	·			
(B) (C)			 	
(D)			<u> </u>	
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)	L Car Faura 000 Part V	lua - 40	
Part VIII	Investments – Program Related			<u> </u>
	a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) None		-0-		
(2)				
(3) (4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X line 15		
- Circuix) Description		(b) Book value
(1) None				
(2)				
(3)				
(4)	 			
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(9)		·		
(10)				
Total. (Colui	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	-0-		
(2) None (3)				
(4)		. =		
(5)				
(6)				
(6) (7)				
(8)				
(9)				
(10)				i
(11)	h) must aqual Form 000. Part V and (D) line 05 \			ļ
i otai. (Column (l	b) must equal Form 990, Part X, col. (B) line 25.) ▶			

P.	ac	10	

	10 D (01111 000) 20 11			, ago :
	Reconciliation of Change in Net Assets from Form 990 to Audit			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	F	1	None
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses	F	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)	-	8	
9 10	Total adjustments (net). Add lines 4 through 8		10	
	XII Reconciliation of Revenue per Audited Financial Statement			11773
1 1	Total revenue, gains, and other support per audited financial statements.		1	None
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u>'</u>	HOHE
	Net unrealized gains on investments	<u>.</u>		
a	Donated services and use of facilities		-	
b		·	-	
C	Recoveries of prior year grants		-	
d	Add lines 2a through 2d		2e	
e	Subtract line 2e from line 1		3	<u> </u>
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u> -	-
4				
a	· • • • • • • • • • • • • • • • • • • •	- 	-	
b				_
С 5	Add lines 4a and 4b		4c	
	XIII Reconciliation of Expenses per Audited Financial Statemen			oturn
		-	U A	None
1	·		-	None
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	_ 1		
a			-	
b	——————————————————————————————————————		-	
C			-	
d	Other (Describe in Part XIV.)		2e	_
e	Subtract line 2e from line 1		3	<u> </u>
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		⊢ ³	
-				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4: Other (Describe in Part XIV.)		-	
b		- 1	1	
С 5	Add lines 4a and 4b		4c	<u> </u>
	XIV Supplemental Information	.,,	1 3	<u></u>
		Part III. lines to and 4.1	Dort I	V lines 1h and Ohi
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line			
	dditional information.	35 24 and 45.7 1100 0011	·picto	tino part to provide
A119 CA				
				•••••

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

3 011	
	Open to Public
	Inspection
Employer identific	ation number

Hawaiian Lodge Free and Accepted Masons	99-0038171		
Part III Section 4d: Hawaiian Lodge provided support to Aiea Elementary School with minor facility repairs and general landscaping and			
sanitation projects.			
Part VI Section A Line 6: Hawaiian Lodge has approximately 485 Members with full voting rights. Haw	aiian Lodge Issues no shares nor		
benefits its members financially; outside of the member's publicly held rights.			
Part VI Section A Line 7a and 7b: Lodge Officers are elected annually. Lodge decisions are by the ma	ority vote of its members.		
Part VI Section A Line 8a and 8b: Monthly business meetings are thoroughly documented.			
Part VI Section A Line 10: Hawaiian Lodge is subordinate to the Masonic Grand Lodge of Hawaii with r	no joint financial dealings.		
Part VI Section A Line 11: All financial documents are openly shared by all members of the Lodge Gov	erning Body, the Lodge Trustees and		
the Lodge Membership when requested.			
Part VI Section A Line 15a and 15b: All salaries paid to Lodge employees are within the standard for or	ther Masonic Lodges in the state.		
Part XI Line 5: Proceeds from Mutual Fund redemptions used to partially fund renovations to the Hono	olulu Masonic Temple.		
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