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# PROCESS AS ORIGINAL

201304

### **Return of Organization Exempt From Income Tax**

Under section 601(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning MAY 1, 2012 and endin	g A	PR 30, 20	13
Вс	pplicable	C Name of organization		D Employer ider	ntification number
		I THE MOST WORSHIPFUL GRAND LODGE OF FREE			
X	Address	AND ACCEPTED MASONS OF WASHINGTON	_		
	Nama	Doing Business As		91	-0226945
_	inibei	Number and street (or P.O. box if mail is not delivered to street address)  Room	/sinte	E Telephone nun	
$\vdash$	Termin-	4970 BRIDGEPORT WAY W			53) 625-7891
⊨	⊒ated ∏Amenda	u		G Gross receipts \$	13,603,951.
누	Applica	City, town, or post office, state, and ZIP code UNIVERSITY PLACE, WA 98467			
L	_itlòn pending			H(a) Is this a grou	
		F Name and address of principal officer.DAVID OWEN		for affiliates?	
		47 ST HELENS AVE, TACOMA, WA 98402	7 503		s included? Yes No
		mpt status: 501(c)(3) X 501(c) ( 10 ) ◀ (insert no.) 4947(a)(1) or	527	·	ch a list. (see instructions)
		NWW.FREEMASONS-WA.ORG	<del></del> J	H(c) Group exem	
			Year (	of formation: 185	8 M State of legal domicile: WA
P		Summary			
8		Briefly describe the organization's mission or most significant activities: A FRATE	RNA	L, MASONI	<u>C</u>
ä		ORGANIZATION			
Ę	_	Check this box 🕨 🗔 if the organization discontinued its operations or disposed of	more	than 25% of its ne	et assets.
<u>§</u>		lumber of voting members of the governing body (Part VI, line 1a)			3 5
Activities & Governance		lumber of independent voting members of the governing body (Part VI, line 1b)			4 4
8	5 T	otal number of Individuals employed in calendar year 2012 (Part V. line 2a)			5 16
Ę	6 T	otal number of individuals employed in calendar year 2012 Francy integral Control of volunteers (estimate if INTERNAL REVENUE SERVICE			6 0
₹	7a1	otal unrelated business revenue from Rago/III, columRBCEN/ED			7a 0.
	1 d	Net unrelated business taxable income from Form 990-T, line 34		<u> </u>	7ь 0.
		MAR 1 8 2015		Prior Year	Current Year
4	8 0	Contributions and grants (Part VIII, line 1h)	. Ц		0.
Revenue	9 F	Program service revenue (Part VIII, line 2g) BATCHING UNIT	L	1,374,46	7. 3,210,036.
. §	10 h	nvestment income (Part VIII, column (A), lines 3, 4 and 741 1		1,476,71	2. 2,939,995.
æ	11 (	nvestment income (Part VIII, column (A), lines 3, 4 and 16 to 1 and 16 or 10 o			0. 0.
		otal revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12)		2,851,17	9. 6,150,031.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	. 🗀		0.
G	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		542,16	0. 582,757.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.
훒	ь	Total fundraising expenses (Part IX, column (D), line 25)			;
ā	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,982,83	7. 2,297,078.
	1	Total expenses. Add lines 13-17 (must equal Part IX; column (A), line 25)		2,524,99	
	1	Revenue less expenses. Subtract line 18 from line 12		326,18	
58	1	TOTAL OLD MEDICAL CONTROL OF THE TOTAL CONTROL OF THE CONTROL OF T	Re	inning of Current Ye	
Assets or	20 1	Total assets (Part X, line 16)		33,255,74	
Seg.	21	Total liabilities (Part X, line 26)		328,21	
e e		Net assets or fund balances. Subtract line 21 from line 20	_	32,927,53	
Ē	art II	Signature Block		<u> </u>	41 30120212421
Hoc	for none	ties of perjuny of declary than have examined this return, including accompanying schedules and	statem	ente and to the heet	of my knowledge and helief it is
true	entrod	t, and complete/Declaration of preparer (other than officer) is based on all information of which pr	enarer	hac any knowledne	or my knowledge and belief, it is
1100	, сопес		сраго	That any knowledge.	2//
٥.		Signature of officer		Date	713
Sig		•			•
He	re	DAVID OWEN, GRAND SECRETARY  Type or print name and title			
_				ate Check	k PTIN
<b>.</b>	ا ر	Print/Type preparer's name  Preparer's signature  CONSTRUCTOR PACC CDA		الأمام مما	<b>└</b>
Pai	,	STEVEN BASS, CPA STEVEN BASS, CPA	ΙÚ		mptryed P00004800
		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	<b>▶</b> 41-0746749
Use	Only	Firm's address 3000 NORTHUP WAY, SUITE 200			(405) 050 5555
		BELLEVUE, WA 98004		Phone no.	
_		S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · ·	X Yes No
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Eam	990 (2012) AND ACCEPTED MASONS OF WASHINGTON 91-0226945 Page 2
	t III   Statement of Program Service Accomplishments
	Check of Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	FREEMASONS OF WASHINGTON WILL BE RECOGNIZED AS A RELEVANT AND
	RESPECTED FRATERNITY, COMMITED TO ATTRACTING ADN RETAINING ALL MEN OF
	HIGH QUALITY WHO STRIVE FOR SELF IMPROVEMENT AND THE OPPORTUNITY TO
	MAKE A POSITIVE DIFFERENCE IN THEIR COMMUNITY.
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  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Coda:) (Expenses \$
	MASONIC HOME-PRINCIPAL ACTIVITY IS TO PROVIDE CARE TO INDIGENT MASTER
	MASONS, THEIR WIDOWS OR ORPHANS, OR TO MEMBERS OF THE ORDER OF THE
	EASTERN STAR.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
	,
40	(Code) (Expenses \$
•••	/ (Company)
	· · · · · · · · · · · · · · · · · · ·
	Ottown (Control Control Contro
4d	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► Form 990 (2012)
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	990 (2012) AND ACCEPTED MASONS OF WASHINGTON 91-0226	945	P	<u>age 3</u>
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,' complete Schedule A			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? If "Yes," complete Schedule C, Part I	3_		_X_
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 98-197 If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٥		a		_x
9	Schedule D, Part III	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
40	If "Yes," complete Schedule D, Pert IV	-		<del>-</del> ^-
10		ا مما	x	
	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	1		
	as applicable.	1 1		ł
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l l	7.7	
	Part VI	118	<u> </u>	├—
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١ ا		١
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l I		
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		X_
đ	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			۱
	Part X, line 157 If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	116	<u> X</u>	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	:		l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ł l	•	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	{	<b>[</b>	{
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		l	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	Lx_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

Form 990 (2012)

THE MOST WORSHIPFUL GRAND LODGE OF FREE AND ACCEPTED MASONS OF WASHINGTON

	990 (2012) AND ACCEPTED MASONS OF WASHINGTON 91-0226	<u>945</u>	P	age 4
Par	t IV   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			i
	United States on Part IX, column (A), line 1? # "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,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer *Yes* to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		X
248	Did the organization have a tax-exempt bond usue with an outstanding principal amount of more than \$100,000 as of the			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. II *No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\Box$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			$\overline{}$
•	any tax-exempt bonds?	24c		ĺ
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	$\vdash$	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			i
		25b		1
00	Schedule L, Part I	2.70		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ		i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	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			i
	instructions for applicable filing thresholds, conditions, and exceptions):	١		-
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	l	l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			İ
	Part V, line 1	34	Х	Ь
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
-	Note, All Form 990 filers are required to complete Schedule O	38	X	
_				(2012)

232004 12-10-12

91-0226945 Page 4

Form	990 (2012) AND ACCEPTED MASONS OF WASHINGTON 91-0226	<u>945</u>	Pi	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	برومون		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 15 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 99DT 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			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>x</b> _
h	If "Yes," enter the name of the foreign country:			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Oid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5ь		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	~~		
Oa	any contributions that were not tax deductible as charitable contributions?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>ua</u>		
D		6ь	. 1	
_	were not tax deductible?	60		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7_		х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b>		
	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract?	7e		<del></del>
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	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?	8_		<del></del>
9	Sponsoring organizations maintaining donor advised funds.	_ !		, '
	Did the organization make any taxable distributions under section 4966?	9a		<del> </del> -
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		├
10	Section 501(c)(7) organizations, Enter:			
	Initiation fees and capital contributions included on Part VIII, Ine 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	۱ ،	-1	
11	Section 501(c)(12) organizations. Enter:		<u>.</u>	
	Gross income from members or shareholders		ľ	
ь	Gross Income from other sources (Do not net amounts due or paid to other sources against	1	1	1
	amounts due or received from them.)		İ	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a	-	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	l	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del> </del>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	
	Note, See the instructions for additional information the organization must report on Schedule O.		1	İ
b	Enter the amount of reserves the organization is required to maintain by the states in which the		l	
	organization is licensed to issue qualified health plans		İ	
	Enter the amount of reserves on hand	ļ	ļ	<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
		Forn	ո 990	(2012)

<u> </u>	990 (2012) AND ACCEPTED MASONS OF WASHINGTON 91-0226	945	Р	age 6
Par	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a	'No' r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	78		X
p	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		i	v
_	persons other than the governing body?	7b	-	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
_	The governing body?	8a_	X	
b	• • • • • • • • • • • • • • • • • • • •	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	ĺ	_x_
501	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)			_^_
350	AIGH B. POlicies (This Section B requests information about policies not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	of "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- <del></del> -	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	· · · · · ·	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ŧ	a The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	i	ļ	
	taxable entity during the year?	16a		X
t	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to saleguard the organization's			
	exempt status with respect to such arrangements?	16b		
60	ction C. Disclosure			
JU				
17	List the states with which a copy of this Form 990 is required to be filed WA			
	List the states with which a copy of this Form 990 is required to be filed ▶WA	vallat	le	
17	List the states with which a copy of this Form 990 is required to be filed WA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallat	le	
17	List the states with which a copy of this Form 990 is required to be filed ▶WA	vallat	) le	-
17	List the states with which a copy of this Form 990 is required to be filed \( \bar{VA} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)			-
17 18	List the states with which a copy of this Form 990 is required to be filed WA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.			
17 18	List the states with which a copy of this Form 990 is required to be filed \( \bar{VA} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d fina:	ncial	
17 18 19	List the states with which a copy of this Form 990 is required to be filed \( \bar{VA} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d fina:	ncial	
17 18 19	List the states with which a copy of this Form 990 is required to be filed WA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the part of the person who possesses the books are records of the organization of the part of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the organization of the person who possesses the books are records of the person who possesses the books are records of the person who possesses the books are records of the person who possesses the person of the person who person the pers	d fina:	ncial	

	ST WORSHIE CEPTED MAS			-				DDGE OF FREE	91-0226	945 Page
Part VII Compensation of Officers	s, Directors, T	rus	tee	s, i	Key	/ Ei	npl	oyees, Highest C		Jas rage
Employees, and Independ							•			
Check if Schedule O contains a re	esponse to any qu	jestic	on ir	ı thi:	в Ра	ut VI	1			
Section A. Officers, Directors, Trustees, K	(ey Employees, a	nd H	ligh	est	Сог	npe	nsat	ed Employees		
1a Complete this table for all persons required to b	e listed. Report com	pens	atıor	n for	the (	calen	dar y	rear ending with or within	the organization's tax yea	r.
List all of the organization's current offi Enter -0- in columns (D), (E), and (F) if no comp List all of the organization's current key List the organization's five current highest occompensation (Box 5 of Form W-2 and/or Box 7 of	pensation was pair y employees, if any ompensated employe	d. y. Se es (o	e in: other	struc than	ctio	ns fo	or de er, di	finition of "key employe	e." loyee) who received repo	
<ul> <li>List all of the organization's former office reportable compensation from the organization</li> </ul>	cers, key employee	es, a	nd t	nighe	est d					00,000 of
<ul> <li>List all of the organization's former dire</li> </ul>	ectors or trustees	that	rec	eive	d, s	n the	cat	pacity as a former direct	tor or trustee of the or	ganization,
more than \$10,000 of reportable compensation					-			•		
List persons in the following order: individual and former such persons.	trustees or directo	ırs, ir	nstit	utio	na! t	irust	ees;	officers; key employee	s; highest compensate	id employees;
Check this box if neither the organization	on nor any related	oma	niza	tion	cor	nne	nsat	ed any current officer, o	firector, or trustee	
(A)	(B)	<u> </u>		(0				(D)	(E)	(F)
Name and Title	Average	١		Pos	tion	١		Reportable	Reportable	Estimated
· · · · · · · · · · · · · · · · · · ·	hours per	box.	unle:	heck (	rson i	lod el	haan	compensation	compensation	amount of
	week	offic	er en	dád	recto	x/trus	tee)	from	from related	other
	(list any	ē						the	organizations	compensation
	hours for	핗	21			Ä		organization	(W-2/1099-MISC)	from the
	related organizations	퓔	rest		z	age age		(W-2/1099-MISC)		organization and related
	below	불	trons		ngga	E 2	۱.,	,		organizations
	line)	ndividual frustes or directo	institutional trestee	룛	Kay echphyte	Highest compensated employee	Para de			l vigarization.
(1) DAVID P OWEN	40.00		-	Ť	_		_			
GRAND BECRETARY		$ \mathbf{x} $		X		1	l	56,100.	0.	1,700
(2) DEAN W HEINEMANN	20.00									
GRAND MASTER		x		X				0.	0.	
(3) SAM ROBERTS	2.00									
SENIOR GRAND WARDEN		X			_		_	0.	0.	
(4) DONALD MUNKS	2.00	1 1								
JUNIOR GRAND WARDEN		X				L		0.	0.	
(5) BRUCE VESPER	2.00	ļ ļ							_ '	
DEPUTY GRAND MASTER		X		Щ		<u> </u>	L	0.	0.	
		4				1				
				$\Box$		ऻ_	<u> </u>		<u> </u>	
	ļ	4								
		$\sqcup$			-	<u> </u>	<u> </u>			
	<u> </u>	1					l			
		$\sqcup$	Щ		<u> </u>		₩		<del></del>	
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						T				

Form 990 (2012)

THE MOST WORSHIPFUL GRAND LODGE OF FREE 91-0226945 AND ACCEPTED MASONS OF WASHINGTON Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (C) (D) (A) Position Average Reportable Reportable Estimated Name and title (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from related other from organizations compensation dist any the organization (W-2/1099-MISC) hours for from the related (W-2/1099 MISC) organization organizations and related below organizations line) 56.100 0. 0. 0. c Total from continuation sheets to Part VII, Section A ... 56,100. 700 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2012) 232008

### THE MOST WORSHIPFUL GRAND LODGE OF FREE AND ACCEPTED MASONS OF WASHINGTON

91-0226945 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or Revenue excluded from tax under (C) Unrelated (A) Total revenue exempt function business sections 513, or revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns ..... b Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ...... 1d ntributions, (d Other Simi e Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above ..... 9 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f ... Business Code Program Service Revenue 900099 2,611,672 2 a FRATERNAL ORG CONTRIBUTIONS 2,611,672 b RESIDENTS PAYMENTS 531110 310 843 310,843 C FRATERNAL ORG DUES 900099 287,521 287 521 All other program service revenue . . . . g Total. Add lines 2a-2f 3 210 036 Investment income (including dividends, interest, and 1,019,553 1,019,553 Income from investment of tax-exempt bond proceeds Royalties ..... .. ... (i) Real (ii) Personal 6 a Gross rents .... ..... b Less: rental expenses . ... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 9,374,362 b Less: cost or other basis and sales expenses c Gain or (loss) ..... 1,920,442 d Net gain or (loss) . .... 920 442. 920.442 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . . a b Less: direct expenses \_\_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See b Less: direct expenses . . . . . . b c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... b e Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue ... e Total. Add lines 11a-11d Total revenue. See instructions. 2 939 995 150\_031. 3 210 036 Form **990** (2012)

Form 990 (2012) AND ACCEPTED MASONS OF WASHINGTON
Part IX Statement of Functional Expenses 91-0226945 Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

o not include amounts reported on line b, 8b, 9b, and 10b of Part VIII.		to any question in thi (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governme organizations in the United States. See P					
2 Grants and other assistance to indiv					
the United States See Part IV, line 2	1				
3 Grants and other assistance to gove					
organizations, and individuals outsic					
United States. See Part IV, lines 15					
Benefits paid to or for members					
5 Compensation of current officers, di					
trustees, and key employees		57,800.			
6 Compensation not included above, to dis	qualified				
persons (as defined under section 4958(	(f)(1)) and				
persons described in section 4958(c)(3)	(8)				<del></del>
7 Other salanes and wages	🗀	465,380.			
B Pension plan accruals and contributions					
section 401(k) and 403(b) employer con	tributions)	8,514.			
9 Other employee benefits	<u>_</u>	27,840.			
Payroll taxes	[	23,223.			
1 Fees for services (non-employees):	1			ļ l	
a Management					
b Legal		26,025.			
c Accounting		24,900.			
d Lobbying					
e Professional fundraising services. See Pr	art IV, ilne 17			· ·	. <u> </u>
f Investment management fees		69,888.			
g Other, (If line 11g amount exceeds 10%	of time 25,			1	
column (A) amount, list line 11g expense	es on Sch O.) 🔼			<u> </u>	
2 Advertising and promotion					
3 Office expenses		42,377.			
4 Information technology		16,782.		ļ	
5 Royalties				<del> </del>	
B Occupancy		84,129.	****		
7 Travel		15,703.			
8 Payments of travel or entertainment	t expenses			İ	
for any federal, state, or local public					
9 Conferences, conventions, and med	etings			<del> </del>	
O Interest				<del>    -   -   -   -   -     -     -  </del>	
21 Payments to affiliates		100 222		<del> </del>	<del></del>
2 Depreciation, depletion, and amorti	zation	188,332.	<del>-</del>	<del> </del>	<del></del>
3 Insurance		35,122.		<del> </del>	<del></del>
Other expenses. Itemize expenses not co above. (List miscellaneous expenses in 1 24e amount exceeds 10% of line 25, col	line 24e   1 line  lumn (A)				
amount, list line 24e expenses on Sched a OPERATION OF MASON		1,112,456.	<del></del> -	<del> </del>	_ ·
b DISTRIBUTIONS TO I		285,814.		<del>                                     </del>	
	TODGES	163,456.		<del> </del>	
c <u>OTHER</u> d <u>OFFICER &amp; COMMITTE</u>	- <del> </del>	104,047.		<del>                                     </del>	
	PE EVE	128,047.		<del> </del>	<del></del>
e All other expenses	through 24s	2,879,835.		<del>                                     </del>	
		<u> </u>		<del> </del>	
•	- 1				
reported in column (B) joint costs from a					
educational campaign and fundraising s	OHOREBUT.			1	

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Form 990 (2012)	AND	ACCEPTED	MASONS	OF	WASHINGTON	91-0226945	Page 11
Dad V Indiana Char	A						

		Check of Schedule O contains a response to any question in this Part X		<del></del>	<u></u>
	`		(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing		1	<del></del>
		Savings and temporary cash investments	1,116,181.	2	1,103,847.
		Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
-	5	Loans and other receivables from current and former officers, directors,			
- [		trustees, key employees, and highest compensated employees. Complete		ı	
		Part II of Schedule L		_5	
-	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		j	
		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	479,326.	7	450,663
	8	Inventories for sale or use	<u>132,886.</u>	8	127,001.
		Prepaid expenses and deferred charges		9	
1		Land, buildings, and equipment: cost or other			•
-		basis. Complete Part VI of Schedule D 10,039,379.		ĺ	
- 1	ь	Less: accumulated depreciation	3,679,696.	10c	3,603,652
1	1	Investments · publicly traded securities	27,695,978.	11	31,714,827
1	2	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
1	5	Other assets See Part IV, line 11	151,682.	15	328,885
1	6_	Total assets, Add lines 1 through 15 (must equal line 34)	33,255,749.	16	37,328,875.
1	17	Accounts payable and accrued expenses		17	
1	18	Grants payable	17,000.	18	21,000
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20_	
;   2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,	t		•
		key employees, highest compensated employees, and disqualified persons.	•		
'		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
- }		parties, and other liabilities not included on lines 17-24). Complete Part X of	***		
		Schedule D	311,217.		325,956
-+2	26	Total liabilities. Add lines 17 through 25	328,217.	26	346,956
- 1		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and		٠.	1
8		complete lines 27 through 29, and lines 33 and 34	1 277 005		1 250 704
	27	Unrestricted net assets	1,377,905.	27	1,359,794
3   2	28	Temporarily restricted net assets	31,549,627.	28	35 622 125
{   '	29	Permanently restricted net assets	JI, J47, 041.	29	35,622,125
[		Organizations that do not follow SFAS 117 (ASC 958), check here			
2	••	and complete lines 30 through 34.		20	
	30	Capital stock or trust principal, or current funds		30	
<b>T</b>	31 ~~	Paid in or capital surplus, or land, building, or equipment fund		31	_
֪֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32 33	Retained earnings, endowment, accumulated income, or other funds	32,927,532.	32	36 091 010
		Total net assets or fund balances	<u> </u>	33	<u>36,981,919</u> .

	THE MOST WORSHIPFUL GRAND LODGE OF FREE				
_	990 (2012) AND ACCEPTED MASONS OF WASHINGTON	91-0226	945	Pag	ge 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI ,	<u> </u>			
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)		,15		
2	Total expenses (must equal Part IX, column (A), line 25)		87		
3	Revenue less expenses Subtract line 2 from line 1		, 27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 32	,92		
5	Net unrealized gains (losses) on investments	5	<u>78</u>	4,1	<u>91.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10 36	<u>,98</u>	<u>1,9</u>	<u> 19.</u>
Pai	t XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		٠.,	<u>.</u>	<u>                                      </u>
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual X Other SER SCH	0 0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews	d on a	1 1		′'
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa-	te basis,	'		1
	consolidated basis, or both:				. '
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	redule O.		İ	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ulred audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	Ĺ	L
			Form	990	(2012)

### SCHEDULE D

(Form 990) .

**Supplemental Financial Statements** 

▶ 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. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revanue Service

► Attach to Form 990. ► See separate instructions.

THE MOST WORSHIPFIII. GRAND LODGE OF FREE

	AND ACCEPTED MASONS OF WASHINGTON	91-0226945
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
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 full	nds
	are the organization's property, subject to the organization's exclusive legal control?	
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 purpose confe	
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	/, lme 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
."	Preservation of land for public use (e.g., recreation or education)	
1	Protection of natural habitat  Preservation of a certified in	historic structure
-	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution c	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
8	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	```` <del>  </del>
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
<u> </u>	conservation easements	Cimilar Assets
Pa	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 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	bulance about made of out bistorical
Þ	of the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these dems:	<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1	. • \$
_	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>.</b> .
a	· · · · · · · · · · · · · · · · · · ·	
b	Assets Included in Form 990, Part X	<b>&gt;</b> \$
	Fig. 1. D. 1. A. A. M. A	Cahadula D. War and Cont.
23205 12-10	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2012

				ADAE AE ED		
<b>~</b>		r WORSHIPFU				226945 Page 2
	dule D (Form 990) 2012 AND ACCI t III Organizations Maintaining C	EPTED MASON				
	Using the organization's acquisition, accessi					
3	(check all that apply):	AI, and other records	s, check any or me	oloming that be b	Jigiiiii aarit aasa arii	is concentrations
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	e		itango programo		
C	Preservation for future generations	·				
4	Provide a description of the organization's co	elections and explain	how they further t	he organization's ex	empt purpose in P	art XIII.
-	During the year, did the organization solicit or					
•	to be sold to raise funds rather than to be ma					Yes No
Par	t IV   Escrow and Custodial Arran					
	reported an amount on Form 990, Par	_	to ii tilo organizza			,, 4,10 0, 0
1a	Is the organization an agent, trustee, custodi		lary for contribution	s or other assets no	t included	
	on Form 990, Part X?					Yes No
ь	If "Yes," explain the arrangement in Part XIII					
_				٠		Amount
c	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
f	Ending balance				ا مد ا	
2a	Did the organization include an amount on Fe					Yes No
	If "Yes," explain the arrangement in Part XIII.					
Pai						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance	31 549 627	30,427,272	46,593,411,	42,974,58	7. 44.335.942.
b	Contributions	1,902,023,	690,867	950 121.	905,17	7. 706,659,
c		2 849 963	1,887,048	-14,890,799,	4,551,47	0. 1.382.985.
d	Grants or scholarships					
0	Other expenditures for facilities					
	and programs	679,488,	1,455,560,	2,225,461.	1,837,82	3, 450,999,
ſ	Administrative expenses				ļ	
9	End of year balance	35,622,125,	31,549,627	30,427,272.	46,593,41	1, 42,974,587,
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
С	Temporanly restricted endowment ▶ 10	<u>0.00</u> %				
	The percentages in lines 2a, 2b, and 2c shou					
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the organization	<u></u>
	by·					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?		. <i></i>	. 325
4	Describe in Part XIII the intended uses of the					
Pa	rt VI   Land, Buildings, and Equipm	ient. See Form 990,	, Part X, line 10.			
	Description of property	(a) Cost or ot	4 7 5		Accumulated	(d) Book value
	· · · · · · · · · · · · · · · · · · ·	basis (investm		(other) de	epreciation	
<b>1</b> a	Land		166.			37,166.
þ	Buildings	6,828,2		3,	680,112.	<u>3,148,107.</u>
	1	1 45 '	110 I	i	45 110 i	Λ

Schedule D (Form 990) 2012

404,871. 13,508.

3,603,652.

45,118.

147,323.

2,563,174.

c Leasehold improvements .. ... .. .. .. .. ..

45,118.

160,831.

2,968,045.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

			GRAND LODGE O		
Schedule D (Form 990) 2012  Part VII Investments - C	AND ACCE	PTED MASONS	OF WASHINGTON	9	1-0226945 Pag
(a) Description of security or catego	Washers some stee	(b) Book val		I valuation: Cost or e	nd-of-year market value
			(c) mounce of	vadatori. cost or c	ind or you market value
(1) Financial derivatives		• • • • • • • • • • • • • • • • • • • •			
(3) Other				-	
	·				· · · · · · · · · · · · · · · · · · ·
(B)					
(C)		<del></del>			
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990,	Part X, col (B) line 1	(2.) ▶			
Part VIII investments - P					
(a) Description of inve	stment type	(b) Book val	ue (c) Method of	rvaluation: Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					<del></del>
	<del></del>				
(8)				<del></del>	
<u>(9)</u> (10)					·
Total. (Col. (b) must equal Form 990.	Bart V cal (Q) line 1	215	<del></del>		······
Part IX Other Assets. S	ee Form 990 Part	X. line 15			
	00.00000,1.20.	(a) Description			(b) Book value
(1)		<u>```</u>			<del>  '</del>
(2)		····			
(3)					
(4)					
(5)					
(6)					
(7)					<u> </u>
(8)					
(9)					
	<del> </del>	<del></del>		<del></del>	<del>                                     </del>
Total. (Column (b) must equal For	m 990, Part X, col	(B) line 15.)		<u></u>	<u> </u>
Part X Other Liabilities		Part X, line 25	(h) Pook volus	<del></del>	
<del></del>	scription of liability		(b) Book value		•
(1) Federal income taxes	D Outran		225 056		,
2) FUNDS HELD FO	OR OTHERS	<del></del>	325,956	<b>'-</b>	
(3)	- · · · · ·			<b>-</b>	•
(4)				-	•
<u>(5)</u>				┪	
(6)		<del></del>	-	⊣	
(7)	<del></del>		<del> </del>	-	
(8)			<del> </del>		
(9)	·			┥	
(10)					
(10)				7	
(10) (11) Total. (Column (b) must equal For	m 990 Pert Y col	(B) line 25.)	325,956		

Schedule D (Form 990) 2012

THE MOST WORSHIPFUL GRAND LODGE OF FREE AND ACCEPTED MASONS OF WASHINGTON 91-0226945 Page 4 Schedule D (Form 990) 2012 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 6,934,222 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12: Net unrealized gains on investments 784,191 2b b Donated services and use of facilities ...... c Recoveries of pnor year grants ............ d Other (Describe in Part XIII.) 2d 784,191. 2e 6,150,031. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . ...... b Other (Describe in Part XIII.) c Add lines 4a and 4b ..... Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 6,150,031 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements ......... 2,87<u>9,835.</u> 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a\_ 2b **2**e 2,879,835. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b .... .879.835. Total expenses. Add fines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE GRAND LODGE HAS OBTAINED EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)(10) OF THE INTERNAL REVENUE CODE. HOWEVER, CERTAIN OTHER REVENUES, SUCH AS ADVERTISING OR RENTAL INCOME MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE GRAND LODGE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

THE GRAND LODGE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION TOPIC 740, INCOME TAXES (TOPIC 740). TOPIC 740

CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT

Schedule D (Form 980) 2012

THE MOST WORSHIPFUL GRAND LODGE OF FREE Schedule D (Form 990) 2012 AND ACCEPTED MASONS OF WASHINGTON 91-0226945 Page 5
Schedule D (Form 990) 2012 AND ACCEPTED MASONS OF WASHINGTON 91-0226945 Page 5 Part XIII Supplemental Information (continued)
EVALUATED THE GRAND LODGEOS TAX POSITIONS AND CONCLUDED THAT THE GRAND
LODGE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.
SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE GRAND LODGEOS TAX
RETURNS FOR 2010 AND THROUGH THE CURRENT TAX YEAR ARE OPEN FOR EXAMINATION
BY THE INTERNAL REVENUE SERVICE.
Schedule D (Form 990) 2012

12-10-12

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury

Internal Revenue Service	Attach to tolicos of sos E2. Inspection
Name of the organization	THE MOST WORSHIPFUL GRAND LODGE OF FREE Employer identification number AND ACCEPTED MASONS OF WASHINGTON 91-0226945
FORM 990, PART	VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
GOVERNING BODY	BEFORE IT IS FILED.
FORM 990, PART	VI, SECTION B, LINE 15A: COMPENSATION FOR THE GRAND
SECRETARY AND	OTHER GRAND LODGE EMPLOYEES IS APPROVED BY THE FINANCE
COMMITTEE OF T	THE GRAND LODGE.
FORM 990, PART	VI, SECTION C, LINE 19: THE ORGANIZIATIONS GOVERNING
DOCUMENTS AND	FINANCIAL STATEMENTS ARE GENERALLY NOT AVAILABLE OT THE
GENERAL PUBLIC	<u> </u>
FORM 990, PART	XII, LINE 1:
THE GRAND LODG	EE USES THE MODIFIED CASH BASIS OF ACCOUNTING.
FORM 990, PART	XII, LINE 2C:
THE PROCESS HA	AS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE R (Form 990)  Department of the Treasury  Compile	Related Organizations and Unrelated Partnerships  Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	and Unrelated Partner: [192] to Form 990, Part IV, line 33, 3  See separate instructions.	rtnersnips 18 33, 34, 35, 36, ol ctions.	r 37.		ZUTZ Open to Public Inspection	og (c
Name of the organization THE MOST WORSHIPFUL AND ACCEPTED MASONS	GRAND LODGE OF WASHINGTO	OF FREE			Employer identification number 91 – 0226945	fication nu 945	ımber
Part I Identification of Disregarded Entitles (Complete	if the organization answered "Yes" to Form 990, Part IV, line 33.)	to Form 990, Part IV, line 33	•				
(a) Name, address, and ElN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Drect controlling entity	_
Part II Identification of Related Tax-Exempt Organization organizations during the tax year.)	ions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	inswered "Yes" to Form 990,	Part IV, line 34 bec	ause it had one or	more related tax-exe	ampt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chamty status (if section 501(c)(3))	(f) Diract controlling entity	Section 6 12(b)(13) Controlled entity7 Yes No	12(b)(13) 0(tod 15/
WASHINGTON MASONIC LIBRARY AND MUSEUM FOUNDATION - 91-1214866, 4970 BRIDGEPORT WAY W INTVERSITY PLACE NA 98467	COLLECTS AND MAINTAINS LIBRARY AND MUSEUM OF MASONIC BOOKS AND	WASHINGTON	501	170(B)(1)(A) NC	TONE		×
CHARI	SERVICES FOR AGING MASONS IN NEED OF CARING AND						<b>&gt;</b>
UNIVERSITY FLACE, WA 98467	COMPASSION	WASHINGTON	501	170(B)(1)(A) NG	NONE		<
For Paperwork Reduction Act Notice, see the Instructions	s far Form 990.				Schedule R (Form 880) 2012	IE orm 000	

Page 2 Schedule R (Form 990) 2012 Section 612(b)(13) controlled entity? Code V-UB) ceneral or Percentage amount in box managing ownership 20 of Schedule perting? K-1 (Form 1065) Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or furst during the tax year.) 3 Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Percentage ownership 91-0226945 Ξ Share of end-of-year assets e ate allocations? Disproportion-Yes Ξ Share of total income ε Share of end-of-year assets Type of entity (C corp, S corp. or trust) Ē (f) Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) THE MOST WORSHIPFUL GRAND LODGE OF FREE ⊜ date or foreign country) 20 Schedule R (Form 990) 2012 AND ACCEPTED MASONS OF WASHINGTON ত্ত (d)
| Direct controlling | entity Primary activity ê (C)
Legal
domicile
(state or
foreign Primary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization 232 162 12-10-12 Part III Part IV

# Schedule R (Form 990) 2012 AND ACCEPTED MASONS OF WASHINGTON

91-0226945 Page

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note Comparing in a second part and the parts in the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and the Comparing in a second part and comparing	Note. Complete the 1 this state of the art state of the Test is, if of No form as controlled entity  a Receipt of (interest planus eight) and the art state of the art of the following transactions with one or more related organizations regards and the art of the following transactions with one or more related organization regards organization or the art of the	and transaction thresh Method of determining
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THE MOST WORSHIPFUL GRAND LODGE OF FREE AND ACCEPTED MASONS OF WASHINGTON

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Perthership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) (b) (c) Name, eddress, and EIN Primary activity Legal domicil of entity (state or foreign country)	(b) Primary activity	 Predominant income same (related, unrelated, 500 excluded from Eax under section 512-514) Yeas	Are in Samuel Sa	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- fourth abscribes?	(i) Code V-UBI amount in box 20 of Schedule K-? (Form 1065)	General or managing partner?	(k) Percentage ownership
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Form 8868 (Rev. 1-2013)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Monti</li> </ul>	Extension,	complete only Part II and check this	s box		
Note. Only complete Part II if you have already been granted					
<ul> <li>If you are filing for an Automatic 3-Month Extension, com</li> </ul>					
Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the origin	al (no c	opies nee	ded).
		Enter filer's	identifyi	ng number,	see instructions
Type or Name of exempt organization or other filer, see in			Employe	r identificatio	on number (EIN) or
print THE MOST WORSHIPFUL GRAND					0.5045
File by the AND ACCEPTED MASONS OF WAS					26945
due date for Number, street, and room or suite no. If a P.O. bo	ox, see instruc	tions.	Social se	curity numb	er (SSN)
City, town or post office, state, and ZIP code For UNIVERSITY PLACE, WA 9840		fress, see instructions			
					01
Enter the Return code for the return that this application is fo	r (file a separa	ne application for each return)			( <u>011</u> )
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01			··	
Form 990-BL	02	Form 1041-A			08
Form 4720 (Individual)	03	Form 4720			09
Form 990-PF	04_	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already grain	06	Form 8870			12
• The books are in the care of ▶ 4970 BRIDGEP® Telephone No. ▶ 253-625-7891	_	FAX No. ▶			67
<ul> <li>If the organization does not have an office or place of business.</li> </ul>					▶ ∟
If this is for a Group Return, enter the organization's four d	$\overline{}$				
box If it is for part of the group, check this box			all memb	ers the exte	nsion is for.
4 I request an additional 3-month extension of time until		H 15, 2014 .	- ארטים	20 2	013
5 For calendar year, or other tax year beginning			g APR Final i	. 30, 2	013
6 If the tax year entered in line 5 is for less than 12 month Change in accounting period	is, check reas	on: Initial return	) <i>r</i> ınaı ı	elum	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY AND ACCURATE RETURN.	Y TO CO	LLECT THE DATA NEE	DED F	OR A C	OMPLETE
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069. e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60	069, enter any	refundable credits and estimated			
tax payments made, include any prior year overpaymen			<u> </u>		
previously with Form 8868.			85	\$	0.
c Balance due. Subtract line 8b from fine 8a. Include you	ır payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See i			Bc_	\$	0.
Signature and Verifi Under penalties of perjury, I declare that I have examined this form, ir it is frue, correct, and complete, and that I am authorized to prepare the	ncluding accomp	st be completed for Part II of panying schedules and statements, and to	-	of my knowled	ge and belief,
		ananam tota		_	
Signature Title	▶ GRAND	SECRETARY	Date		
				rom E	1868 (Rev. 1-2013)

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