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## 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number St. John's Lodge No. 9 Free and Accepted Masons Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) 91-0227019 Name change O Box 30069 E Telephone number Initial return City or town ZIP code State (206) 623-0261 Seattle WA 98113-0069 Terminated Foreign country name Foreign postal code Foreign province/state/county Amended return G Gross receipts \$ 1,432,379 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? K Eric Koteles 17621 - 30th Dr. SE, Bothell, WA 98012-6621 H(b) Are all subordinates included? 10 ) **◄** (insert no ) If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) X 501(c) ( 4947(a)(1) or J Website: ▶ www seattlemasons org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association L Year of formation M State of legal domicile 1860 WA Summary Part I Fraternal Organization-Taking good men Briefly describe the organization's mission or most significant activities: Activities & Governance and making them better through fellowship and community service 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a). 5 4 Total number of volunteers (estimate if necessary). 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 3,772 7.546 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 124.421 37.311 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 41.083 131.967 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 71.581 68,878 Benefits paid to or for members (Part IX, polumn (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5–10) 26.859 27,252 Professional fundraising fees (Part IX, column (A), line 11e).

Total fundraising expenses (Part IX, column (A), line 25) 
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16a 0 17 114.823 105.213 18 Total expenses Add lines 13–17 (must equal Part-IX, column (A) line 25). 213,263 201,343 19 Revenue less expenses. Subtract line 18 from line 12. -172.180 -69,376 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4.588,702 4,519,370 21 Total liabilities (Part X, line 26) 510 Net assets or fund balances. Subtract line 21 from line 20 4,588,236 4.518.860 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5/14/2014 Sign Signature of officer Here James R. Maher Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN **Paid** SELF-PREPARED RETURN self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address Phone no

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

Yes

Х

orm 9	90 (2013) St John's Lodge No 9 Free and Accepted Masons	91-0227019	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission Fraternal Organization-Taking good men and making them better through fellowship and community service		
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.	. Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	. Tyes	X No
	If "Yes," describe these changes on Schedule O	res	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 31,580 including grants of \$ ) (Revenue	 ie \$	<del></del>
	Charitable Donations to Other Organizations		
		,	
4b	(Code ) (Expenses \$ 37,298 including grants of \$ ) (Revenue	ne \$	
	Scholarships and Emergency Assistance to Individuals		/
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue		<u> </u>
	(Code:		/
4d	Other program services (Describe in Schedule O.)		
+u	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total program service expenses ► 68.878		

	One of the darker of the darke		_	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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 Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	v	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ŋ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del> -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			<u></u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			ĺ
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ł
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		<b></b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	20		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Χ.
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			l
	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			l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	_		
25-	III, or IV, and Part V, line 1	34		X.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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	256		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		_X_
<b>5</b> 0	organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
<b>J</b> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			ĺ
	VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		$\cap$
J-J	19? Note. All Form 990 filers are required to complete Schedule O	38		x
		1 20	000	(2042)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	[		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			 
	gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>
2a	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  2a 4	<b> </b> -		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<del> </del>
•	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		X
b 40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		-^-
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country.	-7a		<del>  ^</del>
~	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _ '		
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>y</u> 7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- <u></u>		$\vdash \vdash$
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			<del>  ``</del>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			i
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	'	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	<u> </u>	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		├
b	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<b> </b>		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Х	T ^

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

	Check if Schedule O contains a response of note to any line in this Part VI.	•		LX
Sect	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		<b>V</b>	
A	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	<del></del>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		<del>  ^-</del>
ı a	one or more members of the governing body?			"
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
J	stockholders, or persons other than the governing body?	76		<sub>v</sub>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
•	the year by the following:			
а	The governing body?	8a	X	┟──┘
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			<del>  ^</del>
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Χ	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Χ	<del>  -</del>
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?  The organization's CEO, Executive Director, or top management official	450		<del>  </del>
	Other affine and the state of t	15a		X
J	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		<del>  ^-</del>
16a	·			
. 54	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ioa		<del>  ^-</del>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		J
Sect	ion C. Disclosure	,		Ь
17	List the states with which a copy of this Form 990 is required to be filed	-		<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(	c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply.		.,	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		, and	l
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization:   James R. Maher (206)818-90  24528 147th Avenue SE, Kent, WA 98042	15		
	ADOM TAKE EVENION SE KONT MAN UVINO			

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	
	Employees, and Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
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•			

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"

For

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employees) 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.

(A) Name and Title	(B) Average hours per	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Hans U. Wehl	2 00									
Trustee	0.00		ļ	<u> </u>						
(2) Charles R Brockway	2.00									
Trustee	0.00		-	<u> </u>						
(3) Saturo Tashiro		•								
Trustee	0.00		_	<u> </u>	_	<u> </u>				
(4) Russell Johnson	3.00			١.,						
Senior Warden	0.00		ļ	X						
(5) Eric Koteles	5.00									
Worshipful Master	0 00		<u> </u>	X	_					
(6) James F Russell	20 00									
Secretary	0 00		<u>L</u>	X	_			16,200		
(7) James R Maher	5.00	1	}		1					
Treasurer	0 00		┖	X	L		L	7,200		
(8) Terry A Grove	1 00	•								
Tyler	0 00			X				1,140		
(9) Adam Creighton	1 00	1	l							
Musician	0 00			X			$ldsymbol{ld}}}}}}$	720	_	
(10)							l			
(11)									-	
(12)										
(13)										
(14)										

Р	Section A. Officers, Directors, Tr	<u>rustees, Key Er</u>	nplo	/ees	<u>s, a</u>	nd	<u>High</u>	<u>est</u>	Compensated	Employees (co	ntinue	ed)	
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		oriei pensatio rom the janizatio d related anizatior	n t
(15)													
(16)										<del></del>			_
(17)										<u>.</u>			
(18)													
(19)								<b></b>					
(20)													
(21)							!	<del>                                     </del>					
(22)										2.			
(23)													
(24)									•	-			
(25)								<del> </del>					
1b	Sub-total							<b>&gt;</b>	25,260 0	C	+		0
c d	Total (add lines 1b and 1c)		•						25,260				<u>U</u>
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to those	listed	l ab	ove						`L,		<u>~</u>
	Teportable dompendation from the organization				<u> </u>					<del></del>		Yes	No
3	Did the organization list any former officer, di				•	yee	e, or h	nigh	est compensate	d			
	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum						 ما مداد				3_		Х
4	the organization and related organizations gre												
	ındividual	• •				,					4		Х
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndividual	5		X
Sec	tion B. Independent Contractors	res, complete	00/10	00.0	, 0 ,	0, 0	Juon	001.	3011	· · ·			
1	Complete this table for your five highest comp compensation from the organization. Report of year	•								•		×	
	(A) Name and business add	lress							(B) Description of ser	vices	(C Comper		
													0
								$\vdash$					0
								├		<del></del>			<u>0</u> 0
								$\vdash$					0
2	Total number of independent contractors (included more than \$100,000 of compensation from the	-	nited •	to t	hos	e lis	sted a		ve) who received	d			

Part VIII Statement of Revenue

Form 990 (2013)

		Check if Schedule O contain	s a response or	note to any line	in this Part VIII.			X
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	. <u>1a</u>	0				
	b	Membership dues	. <u>1b</u>	5,060				
	С	Fundraising events .	<u>1c</u>	0	l			
	d	Related organizations .	<u>1d</u>	0				
		Government grants (contribution		0				
ie ig	f	All other contributions, gifts, gra						
를 힘	_	similar amounts not included ab		2,486				
a Co	g	Noncash contributions included in I			7.540			
	<u>h</u>	Total. Add lines 1a-1f .	· · · · · · · · ·	Business Code	7,546			
Program Service Revenue	2a				0			
ek ek	b				0			
9	C	•••••			0			
ξ	d				0			
Š	e				0	· ·	···	
gra	f	All other program service reven	ue		0			
F	g	Total. Add lines 2a-2f			0			
	3	Investment income (including di						
		other similar amounts)		▶	390,216			
	4	Income from investment of tax-e	exempt bond pro	ceeds ►	0			
	5	Royalties	<u> </u>		0			
			(ı) Real	(ii) Personal				ļ
	6a	Gross rents						
	b	Less rental expenses					:	
	C	Rental income or (loss)	0	0			i	ļ
	d	Net rental income or (loss)	(i) Securities	(II) Other	0			
	7a	Gross amount from sales of assets other than inventory.						
	b	Less cost or other basis	1,034,035	0				
		and sales expenses	1,299,830	o				}
	С	Gain or (loss)	-265,795					
	d	Net gain or (loss)		. •	-265,795		<u></u>	
ne		Gross income from fundraising						
Other Revenue		events (not including \$ of contributions reported on line						
ē	_	See Part IV, line 18 .		<u>_</u>				
된		Less direct expenses			·		\	]
	9a	Net income or (loss) from fundra Gross income from gaming acti	vities.	•	0	· · · · · · · · · · · · · · · · · · ·		
	ь	See Part IV, line 19 Less direct expenses						
		Net income or (loss) from gamir		<u> </u>	0	<del></del>	<del></del>	
	1	Gross sales of inventory, less	ig acuvilles .	<u>.</u> ▶			<del> </del>	
	100	returns and allowances .	<b>a</b>	582				
	ь	Less cost of goods sold.		582			]	
		Net income or (loss) from sales			0			
	<del>-</del> Ť	Miscellaneous Revenue	<u></u>	Business Code				-
	11a				0			
	b				0			
	С				0			
	ď	All other revenue			0			
	е	Total. Add lines 11a-11d .		▶	0			
	112	Total revenue. See instructions	2	<b>&gt;</b>	131.967	0	ol o	l n

## Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns. All other	organizations mus	st complete column	(A)				
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, 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	31,580	31,580						
2	Grants and other assistance to individuals in the								
	United States. See Part IV, line 22	37,298	37,298						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the	:							
	United States See Part IV, lines 15 and 16	o							
4	Benefits paid to or for members	0			,,				
5	Compensation of current officers, directors,								
	trustees, and key employees	25,320							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	o							
7	Other salaries and wages	0			<del></del>				
8	Pension plan accruals and contributions (include				<del></del>				
•	section 401(k) and 403(b) employer contributions)	o							
9	Other employee benefits	0		-					
10	David Bita and								
		1,932							
11	Fees for services (non-employees):								
a	Management	0							
b	Legal	0	. =						
C	Accounting	0	1.						
d	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17	0		<u></u>	-, -				
T	Investment management fees	44,145							
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	0							
12	Advertising and promotion .	1,000							
13	Office expenses	5,542							
14	Information technology	2,610							
15	Royalties	0							
16	Occupancy	3,975							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings .	4,466							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	1,729							
24	Other expenses. Itemize expenses not covered	<u> </u>							
	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	Lodge Events	29,131							
b	Dues and Subscriptions	6,370			<del></del> ·				
С	Miscellaneous	6,245							
d		0,2,10	–						
	All other expenses	- 0							
25	Total functional expenses. Add lines 1 through 24e	201,343	68,878	0	0				
26	Joint costs. Complete this line only if the	201,040							
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation Check here								
	following SOP 98-2 (ASC 958-720)								

Form 990 (2013) St. John's L
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<b>(</b>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	331,344	2	339,940
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees  Complete 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 employers and			
İ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use		- 8	<u> </u>
	9	Prepaid expenses and deferred charges	<del></del>	9	<del></del>
	10a	Land, buildings, and equipment: cost or			
	'04	other basis. Complete Part VI of Schedule D 10a 6,224			
	b	Less accumulated depreciation 10b 6,224	0	10c	
	11	Investments—publicly traded securities	3,815,066	11	4,149,638
	12	Investments—other securities. See Part IV, line 11.	442,292	12	29,792
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,588,702		4,519,370
	17	Accounts payable and accrued expenses	1,000,102	17	1,010,010
	18	Grants payable	<del></del>	18	<del></del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
Ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	ol ol	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	466	25	510
	26	Total liabilities. Add lines 17 through 25	466	26	510
		Organizations that follow SFAS 117 (ASC 958), check here▶ and		•	
es	1	complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	<del></del>	27	<b> </b>
ala	27 28	Temporarily restricted net assets	<del></del>	28	<del> </del> -
<u>Б</u>	29	Permanently restricted net assets	<del></del>	29	<del> </del>
Š	25		<del></del> _		
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets	30	Capital stock or trust principal, or current funds	4,588,236		4,518,860
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ
et	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	_32	
ž	33	Total net assets or fund balances	4,588,236		4,518,860
	34	Total liabilities and net assets/fund balances	4,588,702	34	4,519,370

1 011111	330 (2013) St. John's Lodge No. 91 ree and Accepted Wasons	91	-022/019	Pag	ge IZ
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		131	,967
2	Total expenses (must equal Part IX, column (A), line 25)	2			,343
3	Revenue less expenses. Subtract line 2 from line 1	3		-69	,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,588	,236
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	,518	,860
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	1	
	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				
	reviewed on a separate basis, consolidated basis, or both			l	.
	X Separate basis				
b	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	•		$\dashv$	$\stackrel{\frown}{-}$
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
_				ĺ	ł
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	OT		$\longrightarrow$	<del></del>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>		<u> X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
20	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				v
	the Single Audit Act and OMB Circular A-133?	•	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	200	
			Form	33U (	(2013)

## 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. ► Attach to Form 990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** St. John's Lodge No. 9 Free and Accepted Masons 91-0227019 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year). 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . Yes No 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 conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X

	ule D (Form 990) 2013 St. John's Lodge N					91-022			Page 2
Par								ued)	
3	Using the organization's acquisition, a		records, check	any of the following	owing t	hat are a signific	ant		
	use of its collection items (check all th	at apply):							
а	Public exhibition		d Loa	n or exchange	progra	ms			
þ	Scholarly research		e U Oth	er					
C	Preservation for future generation	ons							
4	Provide a description of the organizati Part XIII.	on's collections and	explain how th	ey further the o	organiza	ation's exempt p	urpose ir	n	
5	During the year, did the organization s								1
	assets to be sold to raise funds rather		ied as part of th	e organization	s collec	πionγ	Ye	es	No
Part	Complete if the organization 990, Part X, line 21.	_	o Form 990, P	art IV, line 9,	or repo	orted an amour	nt on Fo	rm	
1a	Is the organization an agent, trustee, or	custodian or other in	ntermediary for	contributions o	r other	assets not			-
	included on Form 990, Part X?						Ye	es 🔃	No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the following t	able	_				
					<u>                                   </u>		Amount		
C	Beginning balance				10			_	0
d	Additions during the year Distributions during the year				10				
e f	Ending balance				11		_		0
	Did the organization include an amoun	nt on Earm 000 Par	 + V. lino 212		· <u> </u>	<u>'                                    </u>		es X	,
2a 	<u> </u>				· · ·	in Dort VIII		<b>"</b>	) <b>NO</b>
b	If "Yes," explain the arrangement in Pa	art Am. Check here	ii the explanation	on has been pr	ovided	IN PAR ANI	<u>· · ·                                  </u>		<u> </u>
Part		anawarad "Vaa" te	- Earm 000 D	od IV / line 10					
	Complete if the organization	(a) Current year	(b) Prior year			(d) Three years bac	(a) F		r haak
1a	Beginning of year balance	(a) Cullent year	(b) Phot year	(c) Two years	O Dack	(u) Three years bac	0	our years	S Dack
b	Contributions			<del>-</del>			<del></del>		
c	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	<del></del>							
f	Administrative expenses .								
g	End of year balance	0	halansa (lina 1	0  5, column (c)\	<u>  U</u>		<u> </u>		0
2 a	Provide the estimated percentage of t Board designated or quasi-endowmer	•	Dalance (line 1	g, column (a))	neid as	<b>i.</b>			
b	Permanent endowment	%	70						
C	Temporarily restricted endowment	▶ %							
	The percentages in lines 2a, 2b, and 2		)%						
3a	Are there endowment funds not in the	possession of the	organization tha	t are held and	admini	stered for the			
	organization by.							Yes	No
	(i) unrelated organizations.				•		3a(i)		
	(ii) related organizations		• • • • • • • • • • • • • • • • • • • •		•		3a(ii)		<b>.</b>
b	If "Yes" to 3a(II), are the related organ		-				3b_		<u>.</u>
4	Describe in Part XIII the intended use		n's endowment	runds.				-	
Part			o Form 000 B	ort IV / June 11	a Caa	Form 000 Bo	-4 V 1:	. 10	
	Complete if the organization								
	Description of property	(a) Cost or oth (investme		Cost or other asis (other)		Accumulated depreciation	(a) B	ook valu	16
1a	Land	<del>. † `</del>	0	0	<del> </del>	· -		-	0
_	Buildings	· -	0			0			
b			UI .	0	4	UI			
b C	Leasehold improvements		0	0	<del>                                     </del>	0			0
	•								0

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

e Other

. •

0

Schedule D (Form 990) 2013 St John's Lodge No.			91-0227019 Page
Part VII Investments—Other Security Complete if the organization	rities. answered "Yes" to Form 990	n Part IV line 11h See For	m 990 Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives	0	<del></del>	
(2) Closely-held equity interests	0		<del></del>
(3) Other			
(A) (B)	<b>I</b>		<del></del>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 0		
Part VIII Investments—Program Re		0 Dort IV/ line 11e See Fee	m 000 Dort V line 12
	answered "Yes" to Form 99	(c) Method of	
(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			<del></del>
(5)			
(6)	<del>-</del>		<del></del>
(8)			
(9)		-	<del></del>
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	• 0		
Part IX Other Assets.			
Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 11d See For	m 990, Part X, line 15
	(a) Description		(b) Book value
		·	<u> </u>
(2)			<del> </del>
(4)	<u> </u>		<del> </del>
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part	X, col (B) line 15)	· · · · · · · · · · · ·	
Part X Other Liabilities.	answered "Yes" to Form 99	0 Part IV line 11e or 11f S	oo Form 900 Part Y
line 25	ranswered tes to roim 99	o, Pait IV, line Tie of Till S	ee Fullii 990, Fall A,
(a) Description of liability	(b) Book value		
(1) Federal income taxes	0	1	
(2) Payroll Taxes Payable	510		
(3)			
(4)		ļ	
(5)		{	
(6)		-	
(7) (8)		{	
(9)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 510	1	
2. Liability for uncertain tax positions. In Part XIII, p			to that remarks that

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part		Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	]	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities		
b	Prior year adjustments	1 1	
C	Other losses	1 1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		<u></u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
_	Other (Describe in Part XIII.)	1	
	Other (Describe in a dit Ain.) ,	I I	
b	•	4c	n
С	Add lines 4a and 4b	4c	0
c 5	Add lines 4a and 4b	4c 5	0
c 5 Part	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information	5	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
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c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
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c 5 Part Provi	Add lines 4a and 4b.  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line	0
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Schedule D (Form 99	90) 2013 St	John's Lodge No.	9 Free and Acce	oted Masons		91-022701	9	Page 5
Part XIII	Suppleme	ntal Information	(continued)			<del></del> .		
					· ·			
					• • • • • • • • • • • • • • • • • • • •			
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								<b></b> .

## SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047 2013

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Inspection Employer Identification number

General Information on Grants and Assistance St John's Lodge No. 9 Free and Accepted Masons Department of the Treasury Internal Revenue Service Name of the organization Partl

91-0227019

amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ed to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.
Does the organization maintain records to substantiate the	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures	art I Grants and Other Assistance to Gov	Part IV, line 21, for any recipient that re

						) · ) · · · · · · · · · · · · · · · · ·	.5)	
Ę	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ξ								
(2)			:					
ල								
(4)								
(5)								
(9)								
6								
(8)								
6)								
(10)								
(1)								
(12)								
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and	government organiz	zations listed in the lin	e 1 table .			
m	Enter total number of other organizations listed in the line 1 table.	ganizations lis	ted in the line 1 tab	Θ			•	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Schedule I (Form 990) (2013)

St John's Lodge No. 9 Free and Accepted Masons

Schedule I (Form 990) (2013)

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

Cost of Serving Dinner to Homeless Youth (f) Description of non-cash assistance Clothing, Food and Toys Grocery Store Gift Card Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Book Book Book 1,000 4,000 973 (d) Amount of non-cash assistance 24,400 6,925 (c) Amount of cash grant Part III can be duplicated if additional space is needed 10 15 10 9 34 (b) Number of recipients Thanksgiving Donations to Needy Families Christmas Donations fo Needy Families Emergency Assistance to Individuals (a) Type of grant or assistance **Educational Scholarships** Homeless Teen Feed က ß 9

## 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.

OMB No 1545-0047 Open to Public Inspection **Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

St John's Lodge No. 9 Free and Accepted Masons	91-0227019
Form 990, Part VI, Section B, Line 11B: The completed 990 return is forwarded to the	
organization's board of directors for review. Any comments or clarifications are given and	
corrections made if needed	•••••
Form 990, Part VI, Section C, Line 19: The organization is a private fraternal organization	
The documents described are made available to the members upon request and are not availa	ble
to the public	•••••
Form 990, Part VIII, Line 7 During the tax year, the organization wrote off investments in	•••••
five private placement investments that were determined to be worthless	•••••
	•••••
	•••••
	•••••
	•••••
	•••••
•••••••••••••••••••••••••••••••••••••••	
•	

Schedule O (Form 990 or 990-EZ) (2013)	
Name of the organization	Employer identification number
St. John's Lodge No 9 Free and Accepted Masons	91-0227019
•	

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

								Cash	Noncash
1 F	ederated Campaigns .						1		
2 N	Membership dues						2	5,060	
3 F	undraising events.						3		
4 R	Related organizations						4		
<b>5</b> G	Sovernment grants (contr	ibutions)			 		5		·
	II other contributions, gift								
<u>C</u>	Contributions from Member	ers						88	
V	liscellaneous Income				 		_	2,398	
_									
_									
_			-						
C	Other contributions total.			 	 	· · ·	6	2,486	
<u>7</u> T	otal <u></u>		• •		<u> </u>		7	7,546	0

## St. John's Lodge No. 9 Free and Accepted Masons

# Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

		•	•													
								Description of	Basis Method	Cash	Cash	Cash	Cash	Cash	Cash	Cash
									Depreciation	Ö	ర	Ö	Ö	Ö	Ö	Ö
other	sesuedxe	887,330	412,500	0	Expense	of sale and	cost of	Improve-	ments							
Cost, other	basis and expenses					Cost or other basis	(Enter one field only)	Donated	vatue							
ss	es	1,034,035	0	0		Cost or o	(Enter one		Cost	100,000	12,500	100,000	100,000	100,000	5,664	881,666
Gross	sales							Gross sales	brice	0	0	0	0	0	5,904	1,028,131
		Total Public Securities	ic Securities	Total Other Sales				Date	plos							
		Total Publ	<b>Total Non-Public Securities</b>	Total			•	Acquisition	method	Cash	Cash	Cash	Cash	Cash	Cash	Cash
			ř					Date	acquired							
								•	Purchaser	Write Off Worthless	Write Off of Worthle	Write Off of Worthle	Write Off of Worthle	Write Off of Worthle		
				i		Check if	purchaser	īs a	pusiness							
					Check if	gain/loss is gain/loss is	from sale from sale of	of public non public	securities	×	×	×	×	×		
					Check if Check if	gain/loss is	from sale	of public	securities						×	×
									CUSIP #							
									Description	1   Conversational Computing Co	2 Conversational C5 Computing	3 Alistar Theraputics LLC	4 Mediquest Theraputics	5 Chanen Painter & Co Ltd	6 Testamentary Portfolio	7 Mutual Fund Portfolio

## Part VIII, Line 10 (990) - Gross Sales of Inventory

Total:	582	582	(
		Cost of	
Category	Gross Sales	Goods Sold	Net
1 Company Store Logo Items	582	582	(

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Podesed	-		T Your	The K		Reginning				•
			200	•						2		_	•
			morove-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Regioning	Fnding
			2									6	D
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Lodge Equipment				×				6,224	6,224	6,224		0	0

•.

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

					Total: [	0	4,257,358	4,179,430
		Check If		Check If			Beginning	Ending
		Publicly	Check If	Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
,	Description	Securities?	Derivatives	Interests	Face Value	Donation	Cost	Cost
-	Oppenheimer G71-0500799	×					3,732,683	4,065,757
7	Oppenheimer G71-0520540	×					82,383	83,881
က	3 Blood Cell Storage				29,792.00		26/67	29,792
4	Alistar Theraputics, LLC				100,000 00		100,000	Ó
2	Conversational C5 Computing Corp Restricted				12,500.00		12,500	0
9	Conversational Computing Corp Restricted				100,000 00		100,000	0
7	Mediquest Theraputics				100,000 00		100,000	0
8	Channen Painter & Co Ltd				100,000 00		100,000	0

## Part X, Line 25 (990) - Other Liabilities

			Total:	466	510
		Description		Beginning	End
1_1_	Federal income taxes				0
2	Payroll Taxes Payable			466	510