

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



Form **990** 

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

OMB No. 1545-0047 2013

Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www ire nov/form990.

Open to Public

		UB SCIVICE	Information about Form 550 and its instructions is at www.na.ge							
<u>A</u>	For the	2013 cale	ndar year, or tax year beginning 1 January , 2013, and ending	31 Dec	cember	, 20 13				
В	Check if	applicable	C Name of organization Hawaiian Lodge Free & Accepted Masons		D Employer identification number					
$\sqcup$	Address	change	Doing Business As Domestic Fraternal Lodge		99-0038171					
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number					
	Initial ret	um	1227 Makiki Street			808-949-7809				
	Terminat	ted	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	d return	Honolulu, HI 96814-1332		G Gross n	ecerpts \$	369330			
	Applicat	on pendina	F Name and address of principal officer:	H(a) is this a g	roup return for	subordinates? Ves	<b>✓</b> No			
_	· •••		Michael P. Lopez, 1227 Makiki Street, Honolulu HI, 96814-1332			s included? 🔲 Yes				
	Tay-ava	mpt status:	□ 501(c)(3)			list. (see instructio				
는	Website		://hawaiianlodgefreemasons.org	H(c) Group	evemotion	number >				
÷			Corporation ☐ Trust ☐ Association ☑ Other ► Fraternal L Year of formation	· • · · · · · · · · · · · · · · · · · ·		of legal domicile:	HI			
) D	art I	Summ		. 1032	in out	or logis dominato.				
			escribe the organization's mission or most significant activities: A domes	tio fratarno	l Macani	o Lodge bestow	ing and			
_	] 1				i Masulii	C Fooda pasiom	ing and			
Activities & Governance		maintaini	ng the tenets of Freemasonry with its members and those who seek members	inip.						
Ъ										
ě	2		is box $ ightharpoonup$ if the organization discontinued its operations or disposed of			its net assets.				
g	3		of voting members of the governing body (Part VI, line 1a)				5			
مخ م	4	Number	of independent voting members of the governing body (Part VI, line 1b)				366			
ě	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a) .		5		3			
₹	6	Total nur	nber of volunteers (estimate if necessary)		6		14			
¥	7a	Total uni	elated business revenue from Part VIII, column (C), line 12		7a		-0-			
	Ь	Net unre	lated business taxable income from Form 990-T, line 34		7b		-0-			
				Prior Ye	ear	Current Ye	ear			
	8	Contribu	tions and grants (Part VIII, line 1h)		27493		26083			
ž	9		service revenue (Part VIII, line 2g)		-0-		-0-			
Revenue	10	•	ent income (Part VIII, column (A), lines 3, 4, and 7d)		260373		342005			
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2327		1242			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		290193		369330			
_	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		-0-		-0-			
	14		paid to or for members (Part IX, column (A), line 4)		-0-		-0-			
_	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		15948	<u></u>	16124			
88	10				-0-		-0-			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		-0-		-0-			
8	b		draising expenses (Part IX, column (D), line 25)				100010			
144	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		270991		102018			
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		286939		118142			
_	19	Revenue	less expenses. Subtract line 18 from line 12		3254		251188			
Assets or	3			ginning of Ci	urrent Year	End of Ye	ar			
150	20	Total ass	sets (Part X, line 16)		6551146		6876337			
		Total lial	bilities (Part X, line 26)		-0-		-0-			
ž	22	Net asse	its or fund balances. Subtract line 21 from line 20		6551146		6876337			
P	art II	Signa	ture Block							
U	nder pena	atties of penj	ry, I declare that I have examined this return, including accompanying schedules and statement	ents, and to	the best of	my knowledge and	l belief, it is			
tn	ue, comed	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any know	ledge.					
			That the select		14 M	AN 2014	1			
Si	gn	Sign	efture of officer	Da	ate	<del></del>				
Н	ere		Robert A Schon, Truster							
		Typ	e or print name and title				<del></del>			
_		<del></del>	pe preparer's name Preparer's signature Date	)	Charat	PTIN				
_	aid				Check self-em					
	repare	1		F=		: - 1				
U	se On				m's EIN ▶	<del></del>				
14	av the !!		address ► s this return with the preparer shown above? (see instructions)	1 170	one no.	🗌 Ye	s □ No			
				4400004	<u> </u>		990 (2013)			
ro	r raper	WORK HOCK	action Act Notice, see the separate instructions. Cat. No.	112021		FURIT	(KU13)			



Form 99	0 (2013) Page 2										
Part I											
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	A domestic fraternal Masonic Lodge bestowing and maintaining the tenets of Freemasonry with its members and those who seek										
	membership.										
2	Did the organization undertake any significant program services during the year which were not listed on the										
_	prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?										
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others										
	the total expenses, and revenue, if any, for each program service reported.										
	(O d D A) (O d D A) (D d d d d d d d d d d d d d d d d d d										
4a	(Code: Part IX/24a ) (Expenses \$ 12000 including grants of \$ -0- ) (Revenue \$ -0-)										
	Presented twelve (12) - \$ 1000.00 College Scholarships to deserving university students.										
	***************************************										
4b	(Code: Part IX/24b) (Expenses \$ 450 including grants of \$ -0-) (Revenue \$ -0-)										
	Provided support to Masonic Widows of Hawaiian Lodge during the holidays and other members during times of illness.										
	4										
4c	(Code: Part IX/24c ) (Expenses \$ 400 including grants of \$ -0-) (Revenue \$ -0-)										
	***************************************										
	***************************************										
	***************************************										
	***************************************										
4d	Other program services (Describe in Schedule O.)										
	(Expenses \$ 113 including grants of \$ -0-) (Revenue \$ -0-)										
4e	Total program service expenses ▶ 12963										

rant i	Checklist of Required Schedules		· . ·	
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		1
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		<b>✓</b>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u></u>
		For	m <b>99</b> (	<b>)</b> (2013)

Part	Checklist of Required Schedules (continued)			
			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		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	:	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
		Fai	004	1 (2012

r ai t	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	<del>,</del>	· .	
4 -			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-	į		
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		
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 3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del>  •  </del>		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		1
<b>L</b>	•	70		<u> </u>
Ь	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
e-				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ۔۔ ا		
	gifts were not tax deductible?	6b		L.,
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لا
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ!		
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.		l	
а	Did the organization make any taxable distributions under section 4966?	9a	L	L
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	]		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]	1	
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		ľ
	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	l	l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		<b></b>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b></b>	† <u>'</u>
4	Note. See the instructions for additional information the organization must report on Schedule O.		$\vdash$	
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans		]	
С	Enter the amount of reserves on hand	† '		
		145	<del> </del>	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	<del> </del>	$\vdash$
D	ii i es. Has il lieu a funti (20 lu tepul these davinents) (il ivo. provide an explanation in schedule U .	1.440		1

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S				
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management	<u>···</u>	<u> </u>	<u> </u>	
	,,,, a dotoning 200, and indiagonom		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.				
Ь	Enter the number of voting members included in line 1a, above, who are independent .    1b 0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ال بــا	
	any other officer, director, trustee, or key employee?	2		✓	
3 Did the organization delegate control over management duties customarily performed by or under the direct					
ā	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>/</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4 5</b>		<b>/</b>	
5 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?	6	_	-	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint		•	<del> </del>	
•••	one or more members of the governing body?	7a	/		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
_	stockholders, or persons other than the governing body?	7b	✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8a	✓	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		:	,	
Coati	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ada )	<u> </u>	
Secu	on b. Policies (This Section B requests information about policies not required by the internal never	ue Ci	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	<del></del>	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<del></del> -	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-			
12	Did the organization have a written whistleblower policy?	12c		/	
13 14	Did the organization have a written document retention and destruction policy?	14		7	
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	1		
b	Other officers or key employees of the organization	15b	✓		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ا ـ ـ ـ ـ ا	
	with a taxable entity during the year?	16a		1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b		┞─┘	
Section	on C. Disclosure			l	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		•		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, 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 ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and	
-	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: ► Robert Schultz, Trustee and Alberto Alarcon, Treasurer/Trustee - 1227 Makiki St. Honolulu Hi 96814				

Dono	•

Form		

<del></del>	·'····································
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(6	7)					
(A)	(B)				rtion			(D)	(E)	<b>(F)</b>
Name and Title	Average					than on the second		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation from	compensation from related	amount of other
	week (list any hours for	욕균	ਡ	₽	₹	ag	ਹੁ	the	organizations	compensation
	related	불절	뤃	Officer	9	P See	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호텔	Š		Key employee	8 8	`	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	3		8	뒿				organizations
		8	Institutional trustee	ł		Highest compensated employee				
	<del></del>				_	8	-			
(1) Michael P.Lopez							:	İ		
Worshipful Master	10hr/Wk			✓	✓		L.,	-0-	-0-	<b>ф</b>
(2) Alberto P. Alarcon			١.	١.	]					
Treasurer	4hr/Wk	ļ	✓	✓	✓		_	300./Mo	-0-	<u> </u>
(3) Eduardo L. Abutin				١.	١.					
Secretary	6hr/Wk	<u> </u>	ļ	✓	✓		<u> </u>	600./Mo	-0-	-0-
(4) Jose A. Ragiles		ļ	1	١,	١.		l			
Tiler	6hr/Wk	L	ļ	<b>✓</b>	✓		├	270./Mo	-0-	-0-
(5) Robert A. Schultz			١,				l			
Trustee	2hr/Wk		✓.		<u> </u>	ļ	_	49./Mo	-0-	-0-
(6)	<del></del>	}							ļ	
(7)										
(0)			├┈	-	-	<del> </del>	├	<b>_</b>		
(8)	<b></b>	-								
(0)			₩	-	┢	<u> </u>	-	<del> </del>		
(9)	<del> </del>	1								
(10)			Г							
· · · · · · · · · · · · · · · · · · ·	ļ		<u> </u>		<u> </u>	<u> </u>	<u> </u>			
(11)										
(12)	<b></b>		<u> </u>		<u> </u>		ļ			
70	<del> </del>	<b> </b>	├	$\vdash$	$\vdash$	1	₽	<u> </u>	<b> </b>	
(13)	<del> </del>	1								
(14)	<b></b>	-						<u> </u>		
	l .	ŀ	1	l l	1	1	1	1	1	l

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)					-			
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		0	F)	
	Name and title	Average	Average box, unless person is both an Re			Reportable	Reportable			nated				
		hours per week (list any				Y	or/trust	<u> </u>	compensation from	compensation fr related	om		unt of her	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	불률	Former	the	organizations		compe		1
		related organizations	중절	₫	8	9	र् <u>ड</u> हू	줱	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		n the ization	
		below dotted	호를	2		용	& S		(44-2) 1099-14113C)				elated	
		line)	로	5		8	8					organi	zations	i
			8	<b>8</b> €			Highest compensated employee							
				Ľ		L	8.							
(15)														
			ļ								-	<del></del>	<del></del>	
(16)							İ							
					<u> </u>	<u> </u>	ļ	L			+			
(17)		<b></b>	ł											
				<u> </u>	<u> </u>	ļ	<u> </u>	ļ	ļ					
(18)		ļ	1					]	i					
		<del>                                     </del>	<b></b>			├_	-	⊢			-			
(19)			1					l		ļ				
(20)	<del>.,</del>		-	┝	H	┢	_	├	<b></b>	<del>  </del>				
(20)		<b></b>	-						ŀ	ļ				
(04)					-	├	ļ	⊦		<del> </del>	_			
(21)			ł											
(00)		<del> </del>		⊢		$\vdash$		⊢	<del>                                     </del>	<del></del>				
322)		<del> </del>	1			}		1						
(23)		<del> </del>	<del> </del>			┢		╁	<u> </u>		-+			
(23)		<del> </del>	1		l						- }			
(24)			<del>                                     </del>			$\vdash$		-	<del> </del>	<u> </u>	-			
124)		<del> </del>	1					ľ			- 1			
(25)	· · · · · · · · · · · · · · · · · · ·		<del> </del>		<del>                                     </del>					-	_			
<u> </u>		<del> </del>	1							]				
1b	Sub-total		<u> </u>	٠	٠.	·		▶	1219./Mo		-0-			-0-
C	Total from continuation sheets to Part	VII. Section	n A					<b>•</b>	-0-		-0-			-0-
d	Total (add lines 1b and 1c)							<b>•</b>	1219./Mo		-0-	·		-0-
2	Total number of individuals (including bu							e) w	ho received m	ore than \$100	0,000	of		
	reportable compensation from the organ							•		•	· .			
													Yes	No
3	Did the organization list any former of								oloyee, or high	est compens	sated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150	,000	)? /	f "Ye	s, "	complete Sch	nedule J for	such			
	individual			•				•			•	4		✓
5	Did any person listed on line 1a receive of									zation or indiv	/idual		_	
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hedi	ule J	for s	such person	<u> </u>	·	5		✓_
Section	on B. Independent Contractors								<u> </u>					
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	or t	he c	alenc	lar y	year ending wi	th or within th	e org	anizatio	n's ta	iΧ
	year.							,						
	(A) Name and business add	trace						1	(B) Description of s	enrices		( <b>C)</b> Compens	ation	
	Haire and positions and	11 600						┼	Description of a	NOT VICOS	<u>-`</u>			
								+		<del></del>				
								╁	·-··					
	<del></del>							+	<del></del>			-		
								$\vdash$						
	Total number of independent control	ana (in al!)	L	-		line!	tod A	<u> </u>	hana listad at	ovol veho				
2	Total number of independent contractor received more than \$100,000 of compen							o tr	iose listed ad	ove) wno				
	received more man \$100,000 or compen	Sauon Irom	uie C	нуа	ı IIZƏ	เนอก				,L				

Part	VIII		ha amii lina !a 46!-	Dort VIII		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a -0	_			
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b 20868	3			
Ağ, (	С	Fundraising events 1c	- 1	į		
Gif ia	d	Related organizations 1d 4460	의			
E E	е	Government grants (contributions) 1e -0	4 1			
er S	f	All other contributions, gifts, grants,	1			
혈환		and similar amounts not included above 1f 755	_			
o pr	9	Noncash contributions included in lines 1a-1f: \$	1			
	h	Total. Add lines 1a–1f	26083			
ž	200		-			1
Şe Ç	2a b		+			
8	C		+	· · · · · · · · · · · · · · · · · · ·		
e <u>r</u>	ď					
S E	e		<del>                                     </del>			<del></del>
Program Service Revenue	f	All other program service revenue .	<del>                                     </del>			
5	g	Total. Add lines 2a–2f				·
	3	Investment income (including dividends, interest, and other similar amounts)	342005	342005		
	4	Income from investment of tax-exempt bond proceeds ▶	-0-	-0-		
	5	Royalties	-0-	-0-		
		(i) Real (ii) Personal	_			
	6a	Gross rents				
	b	Less: rental expenses	_		:	
	С	Rental income or (loss)	4			
	d	Net rental income or (loss)	-0-			<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory	-} [			
	b	Less: cost or other basis and sales expenses .	1			1
	١ ـ	· · · · · · · · · · · · · · · · · · ·				1
	l d	Gain or (loss)		-0-		
•			-0-	-0-		
evenue	8a	Gross income from fundraising events (not including \$				
Other Re		of contributions reported on line 1c). See Part IV, line 18 a		;		:
충	b	Less: direct expenses b				
		Net income or (loss) from fundraising events . ▶	-0-			ļ
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	4 1			
	1	Less: direct expenses b	┩╶┤			
	100	Net income or (loss) from garning activities	-0-	-0-		
		Gross sales of inventory, less returns and allowances a	_			
		Less: cost of goods sold b	-			
	C	Net income or (loss) from sales of inventory >	-0-	-0-		
	44.	Miscellaneous Revenue Business Code	<b> </b>			
	11a	Lodge Building Fund Donations Voluntary	870	-0-	<del> </del>	
	b		<del>                                     </del>			
	d	All other revenue Misc	372	-0-	<del> </del>	
	e	All other revenue	1242			
	12	Total revenue. See instructions	369330		<u> </u>	-

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 -0--0-Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . -0--0-Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . -0--0-Compensation of current officers, directors, trustees, and key employees . . . . . 14698 14698 -0-<u>-0-</u> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) -0--0--0--0-Other salaries and wages . . . . . -0--0--0--0-Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) -0--0--0-<u>-0-</u> Other employee benefits . . . . . . . . -0--0--0-<u>-0-</u> 10 Payroll taxes . . . . . . . . . . . . . . . . . . 1426 -0-1426 -0-11 Fees for services (non-employees): Management . . . . . . . 11629 -0-11629 -0-Legai . . . . . . . . -0--0--0--0-Accounting . . . . . . . -0--0--0--0--0-Lobbying . . . . . . . . . -0--0--0-Professional fundraising services. See Part IV, line 17 -0--0-Investment management fees . . . . . 19243 -0-19243 -0-Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . -0--0--0-Advertising and promotion . . . . . . 12 167 -0-167 <u>-0-</u> Office expenses . . . . . . . . . 13 3287 -0-3287 -0-Information technology . . . . . 14 -0--0--0--0-15 Royalties . . . . . . . -0--0--0--0-16 Occupancy . . . . 13541 -0-13541 -0--0-17 2537 -0-2537 18 Payments of travel or entertainment expenses for any federal, state, or local public officials -0--0-19 Conferences, conventions, and meetings . 34359 -0-34359 -0-20 -0--0--0--0-21 -0--0--0--0-22 Depreciation, depletion, and amortization . -0--0--0--0-23 1856 -0-1856 -0-24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) University Scholarships 12507 12000 507 -0-Widows and III Member Greetings Ь 450 450 -0--0-Youth Group Donations -0-400 400 -0-Community Support 113 113 -O--0-All other expenses Officer/Ritual Expense 1929 -0-1929 -0-Total functional expenses. Add lines 1 through 24e 25 118142 12963 105179 -0-Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here 

| ■ | if following SOP 98-2 (ASC 958-720) . . . . . .

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	24561	1	7992
	2	Savings and temporary cash investments	22651	2	22660
•	3	Pledges and grants receivable, net	<b>Ф</b>	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	-0-	5	-0-
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
4	7	Notes and loans receivable, net	400000	<del></del>	400000
Assets	7 8	Inventories for sale or use	-0-	8	-0-
_	9	Prepaid expenses and deferred charges	- <del>-</del>	9	<u>-0-</u> -0-
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 450000	<del></del> <del></del> _		-0-
	ь	Less: accumulated depreciation 10b (4%) 18000	441000	10c	432000
	11	Investments—publicly traded securities	3397894	<del></del>	3575354
	12	Investments—other securities. See Part IV, line 11	-0-	1	-0-
	13	Investments—program-related. See Part IV, line 11	48500		48671
	14	Intangible assets	-0-	<del></del>	-0-
	15	Other assets. See Part IV, line 11	2216540	<del> </del>	2389660
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6551146		6876337
	17	Accounts payable and accrued expenses	-0-	<del></del>	-0-
	18	Grants payable	-0-	<del></del>	-0-
	19	Deferred revenue	-0-		-0-
	20	Tax-exempt bond liabilities	-0-	<del>                                     </del>	-0-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	- <del></del>		- <del>0</del> -
~	· ·	Loans and other payables to current and former officers, directors,		<del>  -                                   </del>	<u>~~~~</u>
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-0-	22	
<u> </u>		Secured mortgages and notes payable to unrelated third parties	-0-	23	-0- -0-
_	23	• • • • • • • • • • • • • • • • • • • •	-0-		
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	<u> </u>	27	-0-
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	•
			- <del>-</del>	<del>                                     </del>	-0-
	26	Total liabilities. Add lines 17 through 25		20	-0-
Ē	27	Unrestricted net assets	22651	27	22660
審	28	Temporarily restricted net assets	48500		48671
8	29	Permanently restricted net assets	-0-	<del>   </del>	-0-
Net Assets or Fund Balances	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	v		
Ö	30	Capital stock or trust principal, or current funds	-0-	30	-0-
Æ E	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-		- <del></del>
Age	32	Retained earnings, endowment, accumulated income, or other funds.		32	<u>_</u>
t o	33	Total net assets or fund balances	6551146	1	6876337
Z	34	Total liabilities and net assets/fund balances	6551146	+	6876337
		- oran manufacture and manufacture	,		55.5001

Form 99	0 (2013)			Pa	ge 12
Part	XI 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		30	<u>69330</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	18142
3	Revenue less expenses. Subtract line 2 from line 1	3		2	<u>51188</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65	<u>51146</u>
5	Net unrealized gains (losses) on investments	5		!	54760
6	Donated services and use of facilities	6			-0-
7	Investment expenses	7			19243
8	Prior period adjustments	8			-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		68	76337
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:  Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.		ļ		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		1		1
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		L
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.		i		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth in			
	the Single Audit Act and OMB Circular A-133?	• •	3a		<b>/</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the		1	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b		<u></u>
			Fort	ո 990	(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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

<u>Hawaii</u>	an Lodge Free and Accepted Masons			99-0038171
Par		r Advised Funds or Other Similar Fe		ounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	<b>(b)</b> Fu	inds and other accounts
1	Total number at end of year	None		None
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
	funds are the organization's property, subject	_		
6	Did the organization inform all grantees, dor			
	only for charitable purposes and not for the			
	conferring impermissible private benefit? .	· · · · · · · · · · · · · · · · · · ·		· · · 🔲 Yes 🗌 No
Part	Conservation Easements.			
		ered "Yes" to Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held t			
	Preservation of land for public use (e.g.,	ecreation or education) 🔲 Preservation	of an historic	ally important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	rtion in the for	
	easement on the last day of the tax year.		*** **	Held at the End of the Tax Year
а	Total Harrison of correct various cases Horizon		· · · <u></u>	None
b	Total acreage restricted by conservation eas	ements	<u>2b</u>	
C	Number of conservation easements on a cer			
d	Number of conservation easements includ		1	
	historic structure listed in the National Regis			1
3	Number of conservation easements modified	l, transferred, released, extinguished, or t	erminated by	the organization during the
	tax year >			
4	Number of states where property subject to			
5	Does the organization have a written pol			
	violations, and enforcement of the conservat			
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservati	on easements	during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements duri	ng the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported		s of section 1	
	***			· · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, the		financial state	ements that describes the
	organization's accounting for conservation e			
Part	Organizations Maintaining Colle			milar Assets.
		ered "Yes" to Form 990, Part IV, line		
1a				
	works of art, historical treasures, or other	<u>-</u>		
	public service, provide, in Part XIII, the text of			
b	If the organization elected, as permitted un			
	works of art, historical treasures, or other		education, o	r research in furtherance of
	public service, provide the following amount			
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X	, line 1		<b>&gt;</b> \$
2	If the organization received or held works			r financial gain, provide the
	following amounts required to be reported u			
a	Revenues included in Form 990, Part VIII, lin	e1		<b>\$</b>
b	Assets included in Form 990, Part X			<b>▶</b> \$

Page	2

Part	III Organizations Maintaining	Collectio	ns of Ar	t, Hist	orical T	reasures	or O	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession,								
_	Public exhibition			a ſ	7 1 000	or exchang	10 DY00	rama		
8	Scholarly research									
b	Preservation for future generations			9 [			~~~~~			
С 4	Provide a description of the organizat	s tion'e coller	tions and	d evnla	in how t	hav furthar	the or	anization'e eve	mot numos	a in Part
•	XIII.	IION S CONS	JUDIS AIR	u <del>u</del> xpia	iii iiow u	ney lululei	uio Oi (	janization s exe	intr purpos	o III rait
5	During the year, did the organization									
	assets to be sold to raise funds rather			ed as p	art of the	organizati	on's co	ollection?	· ☐ Yes	✓ No
Part										
	Complete if the organization	answered	i "Yes" t	o Form	1 990, P	art IV, line	9, or	reported an ar	mount on F	orm
	990, Part X, line 21.									
18	Is the organization an agent, trustee,									_
	included on Form 990, Part X?								· U Yes	☑ No
b	If "Yes," explain the arrangement in Pa	art XIII and	complete	the fol	lowing ta	able:				
							<u>                                   </u>		Amount	
C	Beginning balance						10	<del></del>		<del></del>
d	Additions during the year						10	<del></del>	·	
0	Distributions during the year						16			
f	Ending balance						11			
28	Did the organization include an amoun									☑ No
	If "Yes," explain the arrangement in Pa	art XIII. Che	ock here r	the ex	planatio	n has been	provid	ed in Part XIII	<del> </del>	
Par	Endowment Funds.		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			and IV line	10			
	Complete if the organization	(a) Current		(b) Prio		(c) Two year		(d) Three years ba	ck (e) Four y	nam baak
4	Desiration of year balance	(a) Curion	you	(D) FIIO	- year	(C) 1WO year	S Dack	(u) Tillee years ba	CK (e) FOCI y	
1a	Beginning of year balance	·····							_	
þ	Contributions							· · · · · · · · · · · · · · · · · · ·	<del></del>	
С	Net investment earnings, gains, and losses				:					
d	Grants or scholarships									
•	Other expenditures for facilities and		1							
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current	year end	balance	(line 1g	, column (a	)) held	as:		
8	Board designated or quasi-endowmen	nt 🕨	9	16						
Ь	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2	2c should e	qual 1009	%.						
3a	Are there endowment funds not in the	e possessio	on of the	organiz	ation the	at are held	and ad	lministered for t	_	
	organization by:									es No
	(i) unrelated organizations								.  3a(i)	
	(ii) related organizations								.  3a(ii)	
b	If "Yes" to 3a(ii), are the related organi								. <b>[3b]</b>	
4	Describe in Part XIII the intended uses		anization	's endo	wment fi	unds.				
Par				_	000 5				D 1 1 1 1 1	40
	Complete if the organization									
	Description of property	(a) (	Cost or other (investment)			or other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land	.	· · · · · · · · ·			250000				250000
b	Buildings					200000		18000		182000
c	Leasehold improvements									<u>z_</u>
d	Equipment	. 🗀		1						<u>-</u>
8	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal	Form 990	, Part X	, columr	(B), line 10	)(c).)			432000

Part VII	Complete if the organization					
<del> </del>	(a) Description of security or c (including name of secur	ategory	(b) Book value		(c) Method of ost or end-of-ye	valuation
1) Financial	derivatives					
	neld equity interests					
3) Other						
(A)						
(B)				<u> </u>		
(C)						
(D) (E)					•	
(F)						<del></del>
(G)						· · · · · · ·
··· <u>···</u> ······························						
otal. (Column (	(b) must equal Form 990, Part X, col. (B) line	12.) ▶				
Part VIII	Investments—Program Re Complete if the organization	elated.	m 990, Part IV, I	ine 11c. See	e Form 990	, Part X, line 13.
	(a) Description of investm		(b) Book value		(c) Method o ost or end-of-ye	f valuation.
(1) Life Me	mbership Fund		486	71 End of Yea	ar Market Val	ue
(2)						
(3)						
(4)	<del></del>				– . – . – . – . – . – . – . – . –	
<u>(5)</u>				_		,
(6)						
77			ľ			
					·	
(8)						
(8) (9) Fotal. (Column	(b) must equal Form 990, Part X, col. (B) line	13.) ▶	486	71		
	(b) must equal Form 990, Part X, col. (B) line Other Assets. Complete if the organization				e Form 990	
(8) (9) <b>otal.</b> (Column Part IX	Other Assets. Complete if the organization				e Form 990	(b) Book value
(8) (9) fotal. (Column Part IX (1) Mutual	Other Assets.	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) Total. (Column Part IX (1) Mutual (2)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) Total. (Column Part IX (1) Mutual (2) (3)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) Total. (Column Part IX (1) Mutual (2) (3) (4)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) fotal. (Column Part IX (1) Mutual (2) (3) (4) (5)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) otal. (Column Part IX (1) Mutual (2) (3) (4) (5)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) otal. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization	n answered "Yes" to For			e Form 990	(b) Book value
(8) (9) fotal. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization Funds (Building Fund)	n answered "Yes" to For (a) Description	m 990, Part IV, I	ine 11d. Se	e Form 990	(b) Book value
(8) (9) otal. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization Funds (Building Fund)  umn (b) must equal Form 990, Pa	n answered "Yes" to For (a) Description	m 990, Part IV, I	ine 11d. Se	e Form 990	(b) Book value 238966
(8) (9) <b>otal.</b> (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization  Funds (Building Fund)  Imm (b) must equal Form 990, Par Other Liabilities. Complete if the organization	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) Total. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966 238966
(8) (9) otal. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) Otal. (Column Part IX (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal i (2) None (3)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) Otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal i (2) None (3) (4) (5)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) Otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal i (2) None (3) (4) (5) (6)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal i (2) None (3) (4) (5) (6)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal i (2) None (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  rt X, col. (B) line 15.)  n answered "Yes" to For	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966
(8) (9) (otal. (Column Part IX  (1) Mutual (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) None (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization  Funds (Building Fund)  umn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	n answered "Yes" to For  (a) Description  Int X, col. (B) line 15.)  In answered "Yes" to For  (b) Book value	m 990, Part IV, I	ine 11d. Se		(b) Book value 238966 238966

ר פעים רו	P	age	4
-----------	---	-----	---

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	None
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	r Heturn.	
1	Total expenses and losses per audited financial statements	1	None
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	formation.	
		***************************************	

### **SCHEDULE 0** (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Hawaiian Lodge Free and Accepted Masons	99-0038171				
Part III - Section 4d: In support of its 2012-2013 Scholarship Program, Hawaiian Lodge presented scholarship recipients and their parents					
with flower leis. Additional office supplies and postage in support of the scholarship program was exp	pended.				
Part VI - Section A - Line 6: Hawaiian Lodge has approximately 375 members with full voting rights. H	awaiian Lodge issues no shares nor				
benefits its members financially; outside of the member's publicly held rights.					
Part VI - Section A - Line 7a and 7b: Lodge Officers are elected annually. Lodge decisions are by the majority vote of the members present.					
Part VI - Section A - Line 8a and 8b: Monthly business meetings are thoroughly documented.					
Part VI - Section A - Line 10a and 10b: Hawaiian Lodge is one of ten Masonic Lodges in Hawaii that are	subordinate to the Grand Lodge of				
Hawaii. All Lodges operate under the same governing documents.					
Part VI - Section A - Line 11a: All financial documents are openly shared by all members of the Lodge	s Officers, Trustees and the Lodge				
Membership when requested.					
Part VI - Section A - Line 15a and 15b: All salaries paid to Lodge employees are within the standards f	or other Masonic Lodges in the state.				