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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

Inspection

O Contributions and retain summer   Despetition   Despe	A	For the	e 2014 cale	ndar year, or tax year beginning 01/01 , 2014, and ending	12/31	, 20 14						
Name change   Number and street (or P.O. box if mall a not delivered to otherst address)   Room/faults   ETotophone number   Sc2-809-4466	В	Check r	f applicable:	C Name of organization FREE & ACCEPTED MASONS OF CALIFORNIA	D Employ	er identification number						
Martine and street (in P.O. box 1 mail a not disferend to street address)   Room/eurise   E Telephone number   S62-809-4496		Address	ss change Doing business as Artesia Sunrise Lodge #377 95-6054209									
Post a trum   Post 205   Sc 2-809-4496     Prior terum/termental   Post 205   City or town, state or province, country, and 2IP or foreign postal code   Artesia, CA, 90702   Artesia, CA, 90702   Nephrotenin pending   Post 205, Artesia, CA, 9	$\overline{\Box}$		thange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
Final retear/fermentate   President contents   President   President contents   President   Pr	$\overline{\Box}$											
Amended ethum   Artesia, CA, 99/102   Raine and address of principal officer: Cesar Sampang PM   Role of subcondate includer?   Ves   No representable   Ves   No representation   Ve	H		170 ( ) ( ) ( )									
Application pending	H											
PO Box 1205, Artesia, CA 90702   High and subcondrates includer   Yes   No   Tax-exempt adatus:   Sot(p(g)   Sot(g)   10 ) 4 (freset no.)   4947(p(t)) 0   527   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemption number   F*No.* Tatach a lex (see anisotucions)   High Group oxemptions   High Group oxemptions   High Group oxemptio	님											
Tax-exempt status:   S01(c/3)   S01(c)(1   0   4 (fineart no.)   4947(o)(1) or   527   18 No.* attach a list. (see metructions)   Value   No. attach a list. (see metructions)   Value   Value of formation.   Value of finear of value of finear of value of v	ш	Applica	tion penaing	, ,								
Westame:   Sorter   Westame:	_											
Form of organization   Total   Association   Other > Fratemal   L Year of formation.   1906   M State of legal domicals:   CA	<u> </u>			2301(c/3) 2301(c) 10 / 1 (most may 2 434) (a) (19 2 2 3 2 1								
Briefly describe the organization's mission or most significant activities: To promote and enhance brotherhood among members and their families.    Programs and their families   Programs and their families	7			the state of the s	<del>-                                    </del>							
The property of the programization's mission or most significant activities: To promote and enhance brotherhood among members and their families.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a).  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a).  5 Total number of votuniteers (estimate if necessary).  6 447  7a Total unrelated business revenue from Part VIII, column (O), line 12.  7a Total unrelated business taxable income from Form 999-T, lippe 20 E V/E D.  8 Contributions and grants (Part VIII, line 1b).  8 Contributions and grants (Part VIII, line 1b).  9 Program service revenue (Part VIII, column (A), lines 3, 4, aphd 70 ☐ Prior Year Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, aphd 70 ☐ Prior Year Survey Column (A), lines 3, 4, aphd 70 ☐ Prior Year Survey Column (A), lines 4.  10 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).  11 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  9 45 1,419  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  9 45 1,419  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Total fundraising expenses (Part IX, column (A), lines 1-3).  9 45 1,419  16 Professional fundraising fees (Part IX, column (A), lines 25).  17 Total ilabilities (Part X, line 18).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Total assets (Part X, line 18).  19 Total assets (Part X, line 18).  19 Total assets (Part X, line 18).  10 Total assets (Part X, line	_				Do im State	or legal domicile: CA						
members and their families.    Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.	غلا	_										
4 Number of independent voting members of the governing body (Part VI, line 1b)	_	1	•		enhance br	othernood among						
4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	ဦ		members	and their families.								
4 Number of independent voting members of the governing body (Part VI, line 1b)	ᇣ											
4 Number of independent voting members of the governing body (Part VI, line 1b)	Ver	2		<del>-</del>		its net assets.						
4 Number of independent voting members of the governing body (Part VI, line 1b)	မ္	3			<u> </u>	447						
B Net unrelated business taxable income from Form 99P-T, For Year    Current Year   Current Year	- ಇಶ	4		• • • • • • • • • • • • • • • • • • • •		0						
B Net unrelated business taxable income from Form 99P-T, For Year    Current Year   Current Year	ě	5	Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a)	. 5	1						
B Net unrelated business taxable income from Form 99P-T, For Year    Current Year   Current Year	₹	6	Total nur	nber of volunteers (estimate if necessary)	. 6	447						
Net unrelated business taxable income from Form 990-T, light 1   10   10   10   10   10   10   10	Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line 12	. 7a	0						
8 Contributions and grants (Part VIII, line 1h)		b	Net unrel	ated business taxable income from Form 99D-T, lime 24 = 1\/ED	. 7b	0						
10		1	*****	Prior	Year	Current Year						
10	_	8	Contribut	tions and grants (Part VIII, line 1h)	22.905	23,579						
10	Ę			service revenue (Part VIII, line 2g)								
11 Other revenue (Part VIII, column (A), lines 5, 60, 86, 86, 96, 100, 30, 11, 11, 11, 12, 12, 13, 14, 15, 14, 15, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	<u>8</u>	1 -	Investme	nt income (Part VIII column (A) lunes 3 4 and 40	12.845	16.266						
12 Total revenue—add lines 3 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 3 )	ž	•	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 te)		<del> </del>						
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1	Total reve	enue—add lines 8 through 11 (must equal Part VIII column (A) line 12)								
Here Paid Peparer Suprasses (Part IX, column (A), line 4)		<del></del>				· · · · · · · · · · · · · · · · · · ·						
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  8,177  8,374  16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0  17 Other expenses (Part IX, column (D), line 25) 0  18 Total fundraising expenses (Part IX, column (D), line 25) 1  18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,902 31,215  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1  19 Revenue less expenses. Subtract line 18 from line 12 18,485 18,711  20 Total assets (Part X, line 16) 835,453 847,417  21 Total liabilities (Part X, line 26) 19,992 2,592  22 Net assets or fund balances. Subtract line 21 from line 20 833,461 844,825  Part II Signature Block  Under penalties of perjury, I decigat 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. Destigration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Under penalties of perjury, I decigat 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. Destigration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Under penalties of perjury, I decigat 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. Destigration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Firm's name ROBERT NOCHE  Firm's name ROBERT NOCHE  Firm's address ROSSO Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730 Phone no. 909-972-3051						<del>                                     </del>						
Total fundraising expenses (Part IX, column (A), line 11e)		1		· · · · · · · · · · · · · · · · · · ·								
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 45,024 . 41,008 . 19 Revenue less expenses. Subtract line 18 from line 12	808			· · · · · · · · · · · · · · · · · · ·								
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 45,024 . 41,008 . 19 Revenue less expenses. Subtract line 18 from line 12	ě	1 .		· · · · · · · · · · · · · · · · · · ·		<u> </u>						
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 45,024 . 41,008 . 19 Revenue less expenses. Subtract line 18 from line 12	Š	1										
19 Revenue less expenses. Subtract line 18 from line 12												
Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  33,461  844,825  Part II Signature Block  Under penalties of penjury, 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.  Sign  Paid  Print/Type preparer's name  Preparer/Sugnature  Preparer/Sugnature  Preparer/Sugnature  Date  O8/13/15  Check If Self-employed  PO388291  Print/Type preparer's name  ROBERT NOCHE  Firm's name ROBERT NOCHE  Firm's address ROBERT NOCHE  Firm's address 88350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730  Phone no. 909-972-3051												
20 Total assets (Part X, line 16)		19	Revenue									
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. Detraration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Cesar Sampang, Secretary Type or print name and title  Print/Type preparer's name  ROBERT NOCHE Firm's name ➤ ROBERT NOCHE Firm's address ➤ 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730 Phone no. 909-972-3051	ō			<del></del>		<del></del>						
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true, correct, and complete. Descaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Cesar Sampang, Secretary Type or print name and title  Paid  Preparer  ROBERT NOCHE Firm's name ▶ ROBERT NOCHE Firm's address ▶ 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730 Phone no. 909-972-3051	P											
Sign Here Cesar Sampang, Secretary Type or print name and title  Paid Preparer Use Only Firm's name ▶ ROBERT NOCHE Firm's address ▶ 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730  Pote  Date  Date  Date  O8/13/15 Check ✓ if self-employed P00388291  Firm's EIN ▶ 20-1912087  Phone no. 909-972-3051						my knowledge and belief, it is						
Sign   Signature/of officer   Date    Cesar Sampang, Secretary   Type or print name and title    Paid   Preparer   Check   if self-employed   Proparer   Signature   Preparer   Signature   Preparer   Preparer   O8/13/15   Check   if self-employed   Print's name   Preparer   Preparer   Print's name   Preparer   Preparer   Print's personal   Print's perso	tru	е, соггес	t, and compl	ete. Detlaration of preparer (other than officer) is based on all information of which preparer has any kno	owledge.							
Here Cesar Sampang, Secretary  Type or print name and title  Paid Preparer Use Only  Print/Type preparer's name Preparer/Asignature Preparer/Asig				Jung Dang	8.1	4.2014						
Type or print name and title  Paid Preparer Use Only  Print/Type preparer's name ROBERT NOCHE Preparer Firm's name ➤ ROBERT NOCHE Firm's name ➤ ROBERT NOCHE Firm's address ➤ 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730 Phone no. 909-972-3051	Sig	gn	Sign	ature/of officer	Date *	!						
Paid Preparer  ROBERT NOCHE  Firm's name ► ROBERT NOCHE  Firm's address ► 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730  Print/Type preparer's name Preparer Surhaturs  08/13/15  Check ✓ if self-employed P00388291  Pill PTIN P00388291  Po0388291  Po0388291  Po0388291	He	ere	Ces	sar Sampang, Secretary								
Paid Preparer Use Only  ROBERT NOCHE  Firm's name ► ROBERT NOCHE  Firm's address ► 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730  Possible Propagation of Check of Self-employed Self-employed P00388291  Firm's address ► 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730  Phone no. 909-972-3051						···						
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Firm's address ► 8350 Archibald Ave Ste 230, RANCHO CUCAMONGA, CA 91730 Phone no. 909-972-3051		Preparer Control of the Control of t										
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Form 990 (2014)

Page 2

Part	Checklist of Required Schedules		1.0	T
_	the state of the s		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, 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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
	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		,
	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		,
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	11e		~
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		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		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		~
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		v
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		v
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		~
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		,
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		v
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		V
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	IV 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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	20		
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	23 24a		
	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), 501(c)(4), and 501(c)(29) 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		
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		
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 "Yes," complete Schedule L, Part II	26		v
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v v
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
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	29		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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		V
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>V</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		
	19? Note. All Form 990 filers are required to complete Schedule O	38	. 000	(004.4)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c	~	İ
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 1	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_م		,
	account)?	4a	<u> </u>	<u> </u>
þ	If "Yes," enter the name of the foreign country:		<u> </u>	ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
E0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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		1	l
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		1
_	· ·	7c	-	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	<del>                                     </del>	├
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		]
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		}	
а	Initiation fees and capital contributions included on Part VIII, line 12	┧	1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		ļ
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		1	1
a b	Gross income from other sources (Do not net amounts due or paid to other sources	┪		İ
•	against amounts due or received from them.)			1
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   12b	<del></del>		<del>                                     </del>
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		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	]		
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		I

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	•	<u>.</u>
0000	on A. Governing Dody and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	٧	
b	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	~	1
b	Each committee with authority to act on behalf of the governing body?	8b		~
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	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	1	~
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		~
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14	·	~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		4
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a	-	1
-	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		
Secti	on C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict of interest or the conflict or the c	erest :	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and rec			
	Cesar Sampana, (562)809-4496	JUI US		

•	· · · · · · · · · · · · · · · · · · ·
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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos neck s pe	c) ition more	than o	one n an	<b>(D)</b> Reportable	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	l	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Cesar Sampang	5									
Secretary	0			~				7,200	0	0
Jose Villaflor	3	l				ļ				
Master	0			~				0	0	0
Christian Otbo	3									
Senior Warden	0			~				0	0	0
Ramil Pekson	3	1								
Junior Warden	0			~	<u> </u>	<u> </u>	_	0	0	0
Ed Fontanilla	3					l				
Treasurer	0	<u>L.</u> .		~			L	] 0	0	0
			ŀ							
										_

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (co	ntinue	d)		
	(A)	(B)			Pos	C) sition			(D)	(E)		(	F)	
	Name and title	Average (do not check more than box, unless person is bo							Reportable	Reportable			nated	
		hours per officer and a director/tri							compensation	compensation f	rom		unt of	
		week (list any hours for	우吾	Ins	₽	¥ •	e F	ĕ	from the	related organization:	s		her ensation	J
		related	Individual trustee or director	Institutional	Officer	en	ploy	Former	organization	(W-2/1099-MIS	;C)		n the	
		organizations below dotted	호를	ona.		employee	88		(W-2/1099-MISC)				ization elated	
		line)	_ uste	trustee		8	즇		}			organı	zations	
			8	i iii			Highest compensated employee							
		ļ			_	-	_ <u>*</u>	-			+			
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		<b></b>	1											
1b	Sub-total		•	•				<b></b>	7,200		0			0
С	<b>Total from continuation sheets to Part</b>	VII, Sectio	n A					<b>&gt;</b>						
d	Total (add lines 1b and 1c)	<u> </u>						<b></b>	7,200		0			0
2	Total number of individuals (including but			ose	list	ted a	above	e) w	ho received m	ore than \$100	),000 c	of		
	reportable compensation from the organ	ization ► 0												
												_	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete													
	For any individual listed on line 1a, is the											3		<u> </u>
4	organization and related organizations													
	individual											4	1	,
5	Did any person listed on line 1a receive of									ation or indiv	/idual		-+	<u> </u>
	for services rendered to the organization											5		•
Section	on B. Independent Contractors		,											
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	act	ors that receive	d more than	\$100,0	000 of		
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within th	e orga	nizatio	n's ta	K
	year.													
	(A)							1	(B)		_	(C)		
	Name and business add	iress						<u> </u>	Description of s	ervices		ompensa		
None		<u>_</u>						┞						
								$\vdash$						
								+-						
2	Total number of independent contractor	ors (includir	ng bu	t n	ot I	imit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens								0					

Par	VIII	Statement of Revo			nonce ar nota ta	any line in this	Part \/III		
		Check II Scriedule C	Contains a	i les	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ts	1a	Federated campaign	s	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[	1b	22,511	1			•
Am Am	C	Fundraising events .	[	1c	0				
ig Gi	d	Related organizations	-	<u>1d</u>	0	1			
iE,	е	Government grants (cor		1e	0				
ar S	f	All other contributions, g					į		
혈	Ì	and similar amounts not inc	L	1f	1,068	1			
a d	9	Noncash contributions inclu			0				
	h	Total. Add lines 1a-1	17	•	Business Code	23,579			
Ž	22				Busiless Code		Ì		
<u>§</u>	2a b	++8+0+111111111111111111111111111111111						· · · · · · · · · · · · · · · · · · ·	
8	C				<u> </u>				
Ē	ď	*******************							
ري ح	٦				ii				
Program Service Revenue	f	All other program ser							
ē	g	Total. Add lines 2a-2			>	0	1		<u> </u>
	3	Investment income							
		and other similar amo	ounts)		▶	16,266	16,266	0	0
	4	Income from investmen	nt of tax-exem	npt be	ond proceeds►	0	0	0	0
	5	Royalties	<u> </u>		▶	0	0	0	0
			(ı) Real		(II) Personal				•
	6a	Gross rents	20	),850	0				
	b	Less: rental expenses		3,398	<del>,                                     </del>	İ			ı
	С	Rental income or (loss)		,548	-				
	d	Net rental income or				-17,548	0	0	-17,548
	7a	Gross amount from sales of	(i) Securitie	35	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis and sales expenses .							
		•		0					
	C	Gain or (loss)				ł			
	d	Net gain or (loss) .		•					
Other Revenue	8a	Gross income from fo	_						
eve		events (not including \$ of contributions report	od on line 1e			1			
Œ.		See Part IV, line 18 .				ľ			
ŧ	h	Less: direct expenses							
0		Net income or (loss) f			<u> </u>	1			
		Gross income from ga							<del></del>
		See Part IV, line 19 .							
	b	Less: direct expenses	s	b					l
i		Net income or (loss) t			vities >	ļ			
	10a	Gross sales of ir							
		returns and allowance	es	а					
	b	Less: cost of goods s	sold	b					
	C	Net income or (loss) f		f inve	entory 🕨			:	
		Miscellaneous F	Revenue		Business Code				
	11a								
	b								
	C	A II . Al.				-			
	d	All other revenue .			L				
	12	Total. Add lines 11a- Total revenue. See in				22 297	16 266		-17 549

Par	90 (2014)  LIX Statement of Functional Expenses				Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must com				
D	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX (B)	(C)	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,419			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,,			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	7,200			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	1,174			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4,867	· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	16.961	<del></del>		
20	Interest	10,501			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308			
23	Insurance		·····		
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.)				
2	```	7 270			
a b	PER CAPITA/DEGREE/RET FEES  Education and Training	7,279 1,800			
C	**************************************	1,000	··		
d					
e	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	41,008		0	0
26	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)				

Form **990** (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . (A) **(B)** Beginning of year End of year 19,273 1 17,658 2 2 Savings and temporary cash investments . . . . . 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 7 7 8 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 604,115 10b Less: accumulated depreciation . . . . 342,007 274,483 10c 262,108 Investments—publicly traded securities . . . . . 541,696 11 567,650 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments-program-related. See Part IV, line 11 . . . 13 13 14 14 15 15 835,453 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 847,417 16 17 1.992 17 2,592 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . 26 26 1,992 2,592 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Net Assets or Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . 0 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 833,461 844,825 33 33 833,461 844,825 34 Total liabilities and net assets/fund balances . . . . . . 835,453 34 847,417

Page	12
, ugo	

					9
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	::	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	·	2	2,297
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	1,008
3	Revenue less expenses, Subtract line 2 from line 1	3		1	8,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		83	3,461
5	Net unrealized gains (losses) on investments	5		3	0,075
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
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		84	4,825
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		1		
2a					~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled 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		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			j	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
		-	For	n <b>990</b>	(2014)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

	TED MASONS OF CALIFORNIA		95-6054209
Part I 0	rganizations Maintaining Donor Adv	vised Funds or Other Similar Fur	ids or Accounts.
C	omplete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
	mber at end of year		
	ate value of contributions to (during year)		
	ite value of grants from (during year) .		
4 Aggrega	ate value at end of year		
5 Did the	organization inform all donors and donor	advisors in writing that the assets r	neid in donor advised
	re the organization's property, subject to the		
6 Did the	organization inform all grantees, donors, a charitable purposes and not for the bene	and donor advisors in writing that gra	or any other purpose
	ng impermissible private benefit?		
	conservation Easements.		· · · · · · · · · · · · · · · · · · ·
	complete if the organization answered	"Yes" to Form 990. Part IV. line 7.	
	e(s) of conservation easements held by the		A CONTRACTOR OF THE PROPERTY O
	ervation of land for public use (e.g., recrea		f a historically important land area
	ection of natural habitat		of a certified historic structure
	ervation of open space	_ , , , , , , , , , , , , , , , , , , ,	
	te lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	nt on the last day of the tax year.	·	Held at the End of the Tax Year
a Total nu	mber of conservation easements		2a
	reage restricted by conservation easement	ts	2b
	of conservation easements on a certified l		
<b>d</b> Number	of conservation easements included in	(c) acquired after 8/17/06, and not	on a
			- · 2d
3 Number	of conservation easements modified, trans	sferred, released, extinguished, or ten	minated by the organization during the
tax year			
	of states where property subject to conse		
	ne organization have a written policy re		
	s, and enforcement of the conservation ea		_
6 Staff and	d volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
<u> </u>			and the standard matter and the same
	of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	ements during the year
<b>▶</b> \$	ch conservation easement reported on line	2(d) above esticks the requirements of	f coction 170/h\/4\/P\(i\)
	tion 170(h)(4)(B)(ii)?	• ,	
	(III, describe how the organization reports		
9 In Part >	sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial statements that describes the
	ation's accounting for conservation easeme		
_	rganizations Maintaining Collection		Other Similar Assets.
	complete if the organization answered		
1a If the or	ganization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance shee
	f art, historical treasures, or other similar		
public s	ervice, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these items.
	ganization elected, as permitted under S		
	f art, historical treasures, or other similar		ducation, or research in furtherance of
	ervice, provide the following amounts relat		
(i) Reve	nue included in Form 990, Part VIII, line 1 ts included in Form 990, Part X		<b>▶</b> \$
(ii) Asse	ts included in Form 990, Part X		<b>&gt;</b> \$
2 If the or	rganization received or held works of art,	, historical treasures, or other simila	r assets for financial gain, provide the
TOLOWIN	g amounts required to be reported under S	FAS TTO (ASC 930) relating to these I	lens.
a Revenue	that ideal is Commono Book Mill Paris		<b>&gt;</b> \$

Page	2

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its							
	collection items (check all that apply):							
a	Public exhibition				or exchang			
b	Scholarly research		e	∪thei				
C	Preservation for future generations			.:   41	سمطاست کا دیا	4h		mat numaco io Dort
4	Provide a description of the organizat XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	s of art,	historical tr e organizati	reasures	s, or other simi	lar ☐ Yes ☐ No
Part	IV Escrow and Custodial Arra							<u> </u>
	Complete if the organization	•	to For	n 990. P	art IV. line	9. or r	eported an an	nount on Form
	990, Part X, line 21.			•	•	ŕ	•	
1a		custodian or oth	er intern	nediary fo	or contribut	tions or	other assets r	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing to	able:			
_				•			1	Amount
С	Beginning balance					1c		
d						1d		
e						1e		
f	Ending balance					1f		
2a	Did the organization include an amour		art X, line	21, for e	scrow or co	ustodial	account liabilit	y? 🗌 Yes 🗌 No
þ	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the e	kplanatio	n has been	provide	d in Part XIII .	🗆
	V Endowment Funds.							
	Complete if the organization		to For	n 990, P	art IV, line	10.		
		(a) Current year	<b>(b)</b> Pn	or year	(c) Two year	rs back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions		·					
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
8	Other expenditures for facilities and				Ĭ .			
	programs					1		ļ
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year en	d balanc	e (line 1g	, column (a	i)) held a	ıs:	
а	Board designated or quasi-endowmer	nt ▶	_%					
b	Permanent endowment ▶	%	-					
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	e organi	zation tha	at are held	and adı	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.			
Part				000 5	and B.C. Since	. 44 - 0		Dark V. Kana 10
	Complete if the organization	1					1	(d) Book value
	Description of property	(a) Cost or oth		` '	or other basis ther)		Accumulated preciation	(u) Book value
1a	Land	,	0		0			0
b	Buildings		544,527		0		283,650	260,877
С	Leasehold improvements		0		0		0	0
d	Equipment		0		0		0	. 0
е	Other	.	59,588		0		58,357	1,231
Total.	Add lines 1a through 1e, (Column (d) m	nust equal Form 99	0. Part	(, column	(B), line 10	Oc.)	▶ [	262,108

Part VII	Investments—Other Securities.	Farm 000 Bart IV line	14b Cos Form 000 Bart V line 10
	Complete if the organization answered "Yes" to		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives	•	
(2) Closety-t	neld equity interests	•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	blanch and form 000 Part V and Ølifon 101		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		
Part VIII	Complete if the organization answered "Yes" to	Form 900 Part IV line	11a Soc Form 000 Part V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(1) (2)			
(3)			
(4)			
(5)			
(6)	Matters		
(7)			
(8)		***************************************	
(9)			
	n) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
		· · · · · · · · · · · · · · · · · · ·	
_(8)			
(9)	000 Dat V and /D Kno 45		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · • • • • • • • • • • • • • • •
Part X	Other Liabilities.	Form 000 Port IV line	11a or 11f Coo Form 000 Dort V
	Complete if the organization answered "Yes" to line 25.	Form 990, Fart IV, line	rite or iti. See Form 990, Part X,
1.	(a) Description of liability (b) Book va	oluo I	
(1) Federal in			
(2)	come taxes		
(3)			
(4)		<del></del>	
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
	) must equal Form 990, Part X, col. (B) line 25)		
	uncertain tax positions. In Part XIII, provide the text of the f	ootnote to the organization	's financial statements that reports the
	liability for uncertain tax positions under FIN 48 (ASC 740).		

Part		er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	<del></del>	
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 (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<del> </del>	
b	Other (Describe in Part XIII.)	$\dashv$	
c	Add lines <b>4a</b> and <b>4b</b>		
5 Post			
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per neturn.	
	Total expenses and losses per audited financial statements	. [1]	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·   <del></del>	
2	Donated services and use of facilities		
a	Prior year adjustments	<del> </del>	
b	Other losses		
C C	Other (Describe in Part XIII.)		
d	Add lines 2a through 2d		
e	Subtract line 2e from line 1	3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·   •	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	$\dashv$ $\mid$	
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	XIII Supplemental Information.		· · · ·
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	d 2b; Part V, line	l; Part X, line
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al information.	
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#### 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.

20**14** 

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
FREE & ACCEPTED MASONS OF CALIFORNIA	95-6054209
Form 990, Part VI, Section A, Line 6 - Fraternal Lodge members	
Form 990, Part VI, Section A, Line 7a - Fraternal Lodge members	
Form 990, Part VI, Section A, Line 8b - Each committee can only recommend to the officers of the lodge	e.
Form 990, Part VI, Section B, Line 11b - No review was or will be conducted.	
Form 990, Part VI, Section C, Line 19 - No documents available to the public	*** ** ** ** ** ** ** ** ** ** ** ** **
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